

Application Form - Please read conditions overleaf Instalment Savings (Issue 17) - 6 Year Term

Rates Effective 1 October 2023

Section 1. - Other Products you may hold

If you hold any of the following 3 categories of product tick the relevant box, providing any account/customer reference to link this purchase to existing records.

Savings Bonds/Cert/National Solidarity Bond etc. Yes Existing Reference

Deposit Account Yes Deposit Account Yes Existing Reference

Prize Bonds Yes Prize Bonds Yes Existing Reference

Section 2. - Type of Holder (Note - this form is for individuals only. For other application forms telephone 0818 20 50 60 / 01 705 7200)

Sole Complete Section 3 Panel 1

Joint Complete Section 3 Panels 1, 2

Minor aged less than 18 yrs

Consent Signature of nominated Parent/Guardian for a Minor (aged less than 18)

Name (Block Letters)

Signature

Please tick type of holding required above

Section 3 - Holder(s) Details All fields marked with * are mandatory. We may write to applicants who provide a mobile number and email address to outline the registration process for State Savings Online. For more information, please visit StateSavings.ie

	Panel 1 First named holder	Panel 2 Second named holder	All Correspondence will be sent to the address in Panel 1
SSCN	<input type="text"/> See page 2 of main brochure.	<input type="text"/> See page 2 of main brochure.	
* Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>	
* First name(s)	<input type="text"/>	<input type="text"/>	
Middle name	<input type="text"/>	<input type="text"/>	
* Surname	<input type="text"/>	<input type="text"/>	
* PPSN	<input type="text"/>	<input type="text"/>	
* Date of birth	<input type="text"/> DD <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> YYYY	<input type="text"/> DD <input type="text"/> MM <input type="text"/> <input type="text"/> <input type="text"/> YYYY	
* Address line 1	<input type="text"/>	<input type="text"/>	
* Address line 2	<input type="text"/>	<input type="text"/>	
Address line 3	<input type="text"/>	<input type="text"/>	
* County	<input type="text"/>	<input type="text"/>	
Eircode	<input type="text"/>	<input type="text"/>	
Contact Phone no.	<input type="text"/>	<input type="text"/>	
E-mail address	<input type="text"/>	<input type="text"/>	

Section 4 - Method of Payment

I/We have read the General Terms and Conditions and the Specific Conditions and agree to save until further notice an annual sum of:

€ by monthly instalments of €

Method of Payment
Cash Cheque* Other

Minimum €25 and Maximum €1,000 per month

Method of Monthly Payment

Please indicate

At a Post Office Direct Debit

Customers paying by direct Debit:

- Must complete the attached Direct Debit mandate.
- Please note that the deductions from your Bank/Building Society Account will take place on or after the 20th day of each month.

I/We declare that the aggregate of the monthly instalments under the Agreement, together with the monthly instalment(s), on any other such Agreement(s) will not exceed €1,000 in any one month, in accordance with the terms and conditions.

1.

2.

Section 5 - Method of Payment and Source of Funds All fields marked with * must be completed in order to purchase State Savings Products.

Payment Methods	Fill in Purchase Amount	Payment Methods	Fill in Purchase Amount	*Source of Funds (Please tick appropriate option below)	
Cash	€ <input type="text"/>	Personal Cheque	€ <input type="text"/>	<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Other - Please specify
Debit Card	€ <input type="text"/>	Total	€ <input type="text"/>	<input type="checkbox"/> Inherited Funds	

(Cheques to be made payable to NTMA State Savings)

Section 6 - Checklist for Documentation required for First Time Purchases Please see note 2.2 (b) overleaf

Please refer to StateSavings.ie for further details or contact 0818 20 50 60 Monday to Friday.

Completed Application Form Proof(s) of Name Proof(s) of Address Proof(s) of PPSN

Section 7 - Declaration and Signature

I/We have read and accept the General Terms and Conditions and the Specific Conditions including the use of my/our PPSN. Please sign and date.

Signature of 1st Named Holder <input type="text"/>	Date <input type="text"/>	Signature of 2nd Named Holder <input type="text"/>	Date <input type="text"/>
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FOR OFFICIAL USE ONLY

Receipt No. GROF

Office Name

PLEASE ENDORSE ALL CHEQUES WITH THE RECEIPT NUMBER

Signature of Officer:

Date:

DATE STAMP

SEPA DIRECT DEBIT MANDATE

UMR (OFFICE ONLY) | 5 5 |

CREDITOR IDENTIFIER | I E 1 9 Z Z Z 3 0 1 0 4 6 |

By signing this mandate form, you authorise (A) NTMA (and/or its agents) to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from NTMA (and/or its agents).

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Note: your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

PLEASE COMPLETE ALL THE FIELDS FOLLOWING MARKED*

NAME(S) OF BANK ACCOUNT HOLDER* (Name on Debtor's Account)

BANK ACCOUNT HOLDER ADDRESS

EIRCODE*

COUNTRY*

BANK ACCOUNT HOLDER'S IBAN NUMBER*

PLEASE ENTER THE IBAN NUMBER FROM TOP LEFT HAND BOX

BANK ACCOUNT HOLDER IDENTIFER CODE - BIC/SWIFT*

CREDITORS NAME (PLEASE RETURN TO)

STATE SAVINGS, GPO, FREEPOST, DUBLIN 1, IRELAND

TYPE OF PAYMENT: RECURRENT PAYMENT

SIGNATURE(S) OF BANK ACCOUNT HOLDERS* (AUTHORISED SIGNATORIES ON DEBTORS BANK ACCOUNT TO THE LEFT)

1.

2.

DATE OF SIGNATURE(S)* | D | D | M | M | Y | Y | Y | Y |



IMPORTANT –
Before completing this Application Form and in particular Section 7 “Declaration and Signature” you must read the current General Terms and Conditions and the Specific Conditions.
Copies are available on StateSavings.ie and in every Post Office.

The following extract outlines three of the Conditions from the current “General Terms and Conditions and the Specific Conditions”.
(Note: rather than being numbered as 1,2,3 these 3 conditions carry their original reference numbers (2,3,5) as included within the General Terms & Conditions)

2. Evidence of Identity

- 2.1 You are required to confirm your identity to us (including your surname, first name, date of birth and address) for the purposes of:
 - (a) the Agreement (including any Transaction);
 - (b) the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future, and
 - (c) associated legal purposes, including compliance with statutory anti-money laundering obligations and account security and fraud prevention,
- 2.2 We may verify your identity:
 - (a) electronically (by reference to information supplied by you, including your Personal Public Service Number (PPSN)); or
 - (b) manually (by reference to acceptable original or certified copy documentation supplied by you, which may include documents such as your current passport, current EU driving licence, recent utility bill, recent account statement from a bank, building society or credit union, Public Services Card or other official documentation issued to you by the Revenue Commissioners or the Department of Employment Affairs and Social Protection).
- 2.3 Where you have not provided evidence of your identity to our satisfaction, we will advise you and we will not proceed with your application to purchase the Product until evidence of your identity has been verified to our satisfaction. For the avoidance of doubt, no interest, bonus or other amount shall accrue in respect of a Product during the period when evidence of identity is being verified under this condition.

3. Personal Data

- 3.1 The NTMA is the Data Controller (for the purpose of the General Data Protection Regulation (GDPR)) for all personal data supplied by you. The Minister for Finance and the NTMA are each a ‘specified body’ for the purposes of sections 262 to 270 and schedule 5 of the Social Welfare Consolidation Act 2005, as amended, under which the NTMA and the Minister for Finance are both authorised to process personal data including PPSNs for certain purposes.
- 3.2 We will collect, process and use personal data relating to you, including your PPSN and the information referred to in condition 2 (Evidence of Identity):
 - (a) as necessary for the performance of the Agreement (including any Transaction);
 - (b) for the administration of your Product(s) and any other State Savings Product(s) that you may hold now or in the future, and
 - (c) for associated legal purposes, including compliance with statutory anti-money laundering obligations and account security and fraud prevention,
- 3.3 You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined in 3.2.
- 3.4 Personal data may be processed by us, our Agents, and any third party service providers acting on our behalf for the purposes of the Agreement and for associated legal purposes and for any other purpose required for or reasonably incidental to the performance of the Agreement.
- 3.5 We will retain your personal data for as long as you have a holding with State Savings and otherwise in accordance with applicable data protection law and statutory obligations (including under anti-money laundering legislation).
- 3.6 Subject to your consent, your personal data may be used by us, or our Agents, for the purpose of marketing State Savings Products. Where you hold more than one Product, the preferences indicated most recently by you will apply to all Products held by you to which the General Terms and Conditions apply.
- 3.7 You have the right to request access to and a copy of your personal data held by us in accordance with the GDPR, to have your personal data corrected where it is inaccurate or misleading, to have your personal data erased, to object to the processing of your personal data by us, to request data portability in relation to your personal data. Should you wish to avail of any of these rights, please contact the Data Protection Officer, State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2.

You also have the right to lodge a complaint with the Office of the Data Protection Commissioner. See www.dataprotection.ie for more information.

5. Registers

- 5.1 Once your application to purchase a Product has been accepted and evidence of your identity has been provided to our satisfaction under condition 2 (Evidence of Identity), we will record your name(s) and the Principal Amount of the Product in the Register applicable to that Product, which Register shall be the official record of the Holder(s) and the Principal Amount of that Product.
- 5.2 We will not be responsible for any delay that may arise in the processing of your application to purchase due to you submitting an incomplete application or you failing to provide evidence of identity to our satisfaction under condition 2 (Evidence of Identity). In particular, you should note any such delay caused by you may mean that by the time the process referred to in condition 5.1 has been completed, the Product that you applied to purchase may no longer be available. In this event, we will contact you to request your new instructions.
- 5.3 The Registers may be in paper form or electronic form or partly in one form and partly in the other form, in each case, at the absolute discretion of the NTMA.

Mail this form to – State Savings, GPO, Freepost, Dublin 1, D01 F5P2

INSTALMENT SAVINGS HOLDER (1) NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

INSTALMENT SAVINGS HOLDER (1) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

EIRCODE

INSTALMENT SAVINGS HOLDER (2) NAME (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

INSTALMENT SAVINGS HOLDER (2) ADDRESS (IF DIFFERENT FROM A/C HOLDER OVERLEAF)

EIRCODE

INSTALMENT SAVINGS CUSTOMER ACC. NO.

VALUE OF PAYMENT* € _____

(FIRST PAYMENT FROM)

THE MAXIMUM DIRECT DEBIT AMOUNT IS €1,000.00