



Application for Repayment of:
Savings Bond **Savings Certificate** **National Solidarity Bond**

CUSTOMER(S) DETAILS - Any field containing * is a mandatory field. Please note evidence of identity may be required.

IMPORTANT - Please read the notes overleaf before completing this form.

(1) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Title*	First Name(s)*	Surname*	Contact Telephone Number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address* (If address differs from registered account address, please ensure Panels A and B are completed overleaf)

<input type="text"/>	Eircode
<input type="text"/>	<input type="text"/>

REPAYMENT INSTRUCTION - see note 1

Please note that a separate repayment application is required for each Savings Bond/Savings Certificate/National Solidarity Bond:

I / We, the holder(s) of the National Solidarity Bond/Savings Bond/Savings Certificate No.* request repayment of:

(please place an X in **ONE** option only)*:

The full value OR Partial repayment of € , , -

Do you wish to defer repayment if additional interest is due on your savings within a period of 30 days?* Yes: OR No:

BANK TRANSFER INSTRUCTION - see notes 2 and 3

To have your repayment credited to your SEPA bank account, please supply IBAN details below together with a copy of a bank statement:**

IBAN:

****IMPORTANT: Unless you have already supplied State Savings with a bank statement for the purposes of a repayment, you must now supply a copy of a bank statement header dated within the last 12 months verifying the account holder(s) name, address and IBAN details. Failure to supply the bank statement will result in this request being delayed.**

Declaration: I/We agree to have the value requested above credited to the IBAN provided and have read and understand notes 2 and 3 overleaf relating to documentation required and the potential saving and reuse of the nominated IBAN.

Signatures of ALL holders are mandatory and each holder must sign both declarations on this form. For all holder(s) under 18 years, a nominated Parent/Guardian must sign this form.

Signature 1*	Date*	Signature 2*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

THIS SECTION MUST BE COMPLETED AND SIGNED BY ALL HOLDER(S) - see note 1

Please sign below to confirm you have read and understand the notes overleaf and enclosed document on Evidence of Identity and Personal Data. Please sign and date.
 I/We instruct State Savings to complete my/our chosen request as set out above.

Signature 1*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature 2*	Date of Birth*	Date*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nominated Parent/Guardian where account holder is a minor (aged less than 18)

First Name(s)	Surname	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICIAL USE ONLY

CHC:	<input checked="" type="checkbox"/>	Principal: € <input type="text"/>	Interest: € <input type="text"/>	Total: € <input type="text"/>
All additional doc. included:	<input checked="" type="checkbox"/>	Signature check: <input type="text"/>	Date repaid: <input type="text"/>	

Checklist

Before you submit this request, have you included the following?

For all Repayment requests

Application for Repayment form

Fully completed and signed by registered holder(s).

For Bank Transfer Payments

Copy of bank statement header dated within the last 12 months

If informing State Savings of a Change of Address

TWO current and valid original or certified copies of proof of address documents

Not older than 6 months displaying the new quoted address.

ONE current and valid proof of name document

There is no requirement to return this checklist with your repayment form.



Did you know you can manage your State Savings products online?
Visit statesavings.ie/register for more information.