



## Ordinary Deposit Account (Book Based) Notice of Withdrawal

**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 complete Panel A overleaf)

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

### WITHDRAWAL INSTRUCTION

**WARNING** - Your Deposit Book must be enclosed with this form.

I / We, the holder(s) of the account no.  wish to withdraw € , ,  -

**OR**

If you wish to *close* the account please place an X in box

### 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

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



**PANEL A CHANGE OF ADDRESS - see note 2**

I / We, request you to amend my/our address on Account No.  to:

**New Address**  
(BLOCK CAPITALS)

Eircode

One current and valid proof of name document and two current and valid proof of address documents must be included with all Change of Address requests, see note 2.

**PANEL B THIS SECTION MUST BE SIGNED AND WITNESSED WHERE PANEL A HAS BEEN COMPLETED**

I / We, the holder(s), verify the instruction specified in Panel A

Signature (1)\*  Signature (2)\*

**Witness:** I confirm that the holders(s) named above have signed in my presence and the holder(s) requesting the change of address have provided current and valid proof of name documentation and two current and valid original proof of address documents (not older than 6 months) displaying the new quoted address. Please refer to Note 3 for acceptable ID documents. I also confirm that the proof documentation provided has been photocopied and the photocopies have been marked as 'original sighted' and are enclosed with this form.

Proof of Name Type*	Applicant 1	Applicant 2
Proof of Name Ref*	Applicant 1	Applicant 2
Customer's Date of Birth* (as per proof documentation)	Applicant 1	Applicant 2

Please note, all original proof documentation or certified<sup>1</sup> photocopies of original proof documentation must be returned with this form to; State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2

WITNESS Name\* (BLOCK CAPITALS)

WITNESS Address\* (BLOCK CAPITALS)

WITNESS Signature\*

WITNESS Occupation\*

Date\*  D D M M Y Y Y Y

Witness Contact Telephone Number\*

*IMPORTANT*  
*Witness Official Stamp\**

**IMPORTANT NOTES - To be read before filling out this form**

**1.GENERAL INFORMATION**  
Please complete the form in BLOCK CAPITALS using black or blue ink. Please note, all fields containing \* are mandatory fields and must be completed. This application must be signed by all Holders named on the account. Repayment requests are subject to 7 working days notice from the date of receipt.

Your Repayment will be dispatched to you at your registered address. Please note all cheques must be lodged to a bank account in the name(s) of the payee(s). Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. If you have not previously provided evidence of your identity to our satisfaction we will advise you and we will not proceed with the processing of your requested Repayment until evidence of your identity has been received and verified by State Savings.

The completed form together with any original documentation or certified<sup>1</sup> copies of original documentation should be returned to:- **State Savings, FREEPOST, Repayments Section, GPO, Dublin 1, D01 F5P2.**

**2.CHANGE OF ADDRESS**  
All requests for a change of address must be accompanied by original documents or certified<sup>1</sup> copies of original documents as follows; **ONE** current and valid proof of name document and **TWO** current and valid proof of address documents (not older than 6 months) displaying the new quoted address. Acceptable proof documentation is listed in Note 3. All original documents supplied will be returned to you. Should you have any queries or difficulty in providing this documentation, please contact us on 0818 20 50 60 / 01 705 7200.

**3.WITNESS PANEL & ACCEPTABLE ID DOCUMENTATION**  
Being the holder of a State Savings product, you are required to confirm your identity to the National Treasury Management Agency (NTMA) by providing your Name, Date of Birth and identity documentation (proof of name and address) and signing where indicated. In the event that **Panel A** has been completed please ensure that you complete and sign **Panel B**. Please also ensure that all necessary proof documentation has been appropriately witnessed, as set out in Panel B, by one of the following: a Post Office Official, Member of An Garda Síochána or a practising Solicitor / Commissioner for Oaths. **Acceptable proof of address documentation** includes original or <sup>1</sup>certified copies of any one of the following: Current (not older than 6 months) and valid Household bill (electricity, telephone, gas), Bank, Building society or Credit Union statement, official document from the Revenue Commissioners or the Department of Employment Affairs and Social Protection. **Acceptable proof of name documentation** includes original or certified copies of any one of the following: Current and valid EU Driving Licence or Passport. All original documents will be returned to you.

**4. PERSONAL DATA**  
The NTMA is the data controller (for the purposes of the Data Protection Acts 1988 and 2003 and, with effect from 25 May 2018, the General Data Protection Regulation (GDPR)) for all personal data supplied by you. For further information on our General and Specific Terms and Conditions, including the collection and processing of your personal data, please contact us at 0818 20 50 60 / 01 705 7200 or at service@statesavings.ie. Please note we can also supply you with a specific information document with regard to our Evidence of Identity and Personal Data policies upon request. This document is also available at your local Post Office.

<sup>1</sup>Certified Copy - You may bring the original documents to any Post Office where a Post Office Official can photocopy the original to certify it is a true copy of the original. Alternatively you can bring the original documents to a Member of An Garda Síochána or a practising Solicitor/Commissioner for Oaths where they can photocopy the original and stamp it to certify it is a true copy of the original.