

# **Lost/Stolen Deposit Book Report**

IMPORTANT - The notes overleaf should be read before filling in this form. Any field containing\* is a mandatory field and must be completed.

PANEL A   CUS	TOMER(S) DETAILS
1) Title* First	Name(s)*   (2) Title* First Name(s)*
THE PRISE	
 Gurname*	
	Date of Birth*
Current Address (as pe	er Deposit Account Book (Post Office Savings Bank))*  Contact Telephone Number*
	Eircode
Previous Address (as p	er Deposit Account Book (Post Office Savings Bank))
	Eircode
Former Name Details	(1) Title First Name(s) Surname
(if applicable)	(1) The Trist valiety Surfaile
A + N	
Account Number if known)	Book Status Lost Stolen
Approximate date	Approximate a limit of the limi
	DDDMMYYYY balance in account € , , , , , , , , , , , , , , , , , ,
when last used Any other existing Irela avings account number	balance in account € , , , , , , , , , , , , , , , , , ,
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signa	balance in account balance in account (2) (3)  S PANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED  ture: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of
when last used Any other existing Irela Savings account number  PANEL B   THIS  Declaration and Signal Identity and Personal I	balance in account  (2)  (3)  (3)  (4)  (5)  Compared to the confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signa	balance in account balance in account (2) (3)  S PANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED  ture: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of
when last used Any other existing Irela Bavings account number  PANEL B   THIS  Declaration and Signal dentity and Personal I	balance in account  (2)  (3)  (3)  (4)  (5)  Compared to the confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.
PANEL B   THIS  Declaration and Signar dentity and Personal E  Signature (1)*	balance in account  (2)  (3)  (3)  (4)  (5)  Compared to the confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.
PANEL B   THIS  Declaration and Signar dentity and Personal I  Signature (1)*  Witness I confirm that the control of address are the confirmation of the confirmation	balance in account  (2)  (3)  (3)  (4)  (5)  Compared to the provided state of the provided state of the provided provided provided provided provided provided provided and two currents (not older than 6 months). I also confirm that the proof documentation provided has been photocopied and the photocopies
When last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signar dentity and Personal E Signature (1)*  Witness   confirm that the save been marked as 'ori Witness Name* BLOCK CAPITALS)	balance in account  balance in account  balance in account  (2)  (3)  Compared to the proof of part of the proof of the pr
when last used Any other existing Irela Savings account number  PANEL B   THIS  Declaration and Signal Identity and Personal E  Signature (1)*  Witness   confirm that the and valid proof of addres	balance in account  balance in account  balance in account  (2)  (3)  Compared to the proof of part of the proof of the pr
when last used Any other existing Irela Savings account number PANEL B THIS Declaration and Signar Identity and Personal E Signature (1)*  Witness I confirm that the sand valid proof of address are been marked as 'ori Witness Name* (BLOCK CAPITALS) Witness Address*	balance in account  balance in account  balance in account  (2)  (3)  Compared to the proof of part of the proof of the pr
when last used Any other existing Irela Savings account number PANEL B THIS Declaration and Signar Identity and Personal E Signature (1)*  Witness I confirm that the sand valid proof of address are been marked as 'ori Witness Name* (BLOCK CAPITALS) Witness Address*	balance in account  balance in account  balance in account  (2)  (3)  Compared to the proof of part of the proof of the pr
when last used Any other existing Irela Savings account number PANEL B THIS Declaration and Signar Identity and Personal E Signature (1)*  Witness I confirm that the sand valid proof of address are been marked as 'ori Witness Name* (BLOCK CAPITALS) Witness Address*	balance in account  (2)  (3)  (3)  (4)  (5)  Comparison of the provided specific plane of the provided specific plane of the provided has been photocopied and the photocopies ginal sighted and are enclosed with this form.  (2)  (3)  (3)  (3)  (3)  (3)  (3)  (3)
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signal Identity and Personal E Signature (1)*  Witness I confirm that the sand valid proof of address are been marked as for its witness Name* BLOCK CAPITALS) Witness Address* (BLOCK CAPITALS)  Witness Signature*  Witness Occupation*	balance in account  (1)  (2)  (3)  (3)  (3)  (4)  (5)  CPANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED  ture: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.  Signature (2)*  The holders(s) named above have signed in my presence and have provided current and valid proof of name documentation and two currentess documents (not older than 6 months). I also confirm that the proof documentation provided has been photocopied and the photocopies iginal sighted and are enclosed with this form.  Witness Contact Tel. No*  IMPORTANT  Witness Official
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signal Identity and Personal E Signature (1)*  Witness I confirm that the same been marked as for it Witness Name* BLOCK CAPITALS)  Witness Address* (BLOCK CAPITALS)  Witness Signature*  Witness Occupation* Block Capitals)  Please note, all relevanted as it is in the same in the same is	balance in account  (2)  (3)  SPANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED  ture: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.  Signature (2)*  Signature (2)*  Witness Contact Tel. No*  Witness Contact Tel. No*  Date*  Date*  Date Telephotocopies of proof documentation must be certified by an independent witness, stamped and returned along with this form to:
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signal Identity and Personal E Signature (1)*  Witness I confirm that the same valid proof of addres have been marked as for in witness Name* BLOCK CAPITALS)  Witness Address* (BLOCK CAPITALS)  Witness Signature*  Witness Occupation* Block Capitals)  Please note, all relevant ireland State Savings, File	balance in account  The property of the proof of coumentation must be certified by an independent witness, stamped and returned along with this form to:  REEPOST, Customer Administration, GPO, Dublin 1, Dol F5P2.
when last used Any other existing Irela Savings account number PANEL B   THIS Declaration and Signal Identity and Personal E Signature (1)*  Witness I confirm that the same valid proof of addres have been marked as for in witness Name* BLOCK CAPITALS)  Witness Address* (BLOCK CAPITALS)  Witness Signature*  Witness Occupation* Block Capitals)  Please note, all relevant ireland State Savings, File	balance in account  (2)  (3)  SPANEL MUST BE SIGNED BY ALL HOLDERS AND WITNESSED  ture: Please sign below to confirm you have read and understand the notes overleaf including the notes regarding Evidence of Data. Should the Deposit Account Book be located you must contact Ireland State Savings immediately.  Signature (2)*  Signature (2)*  Witness Contact Tel. No*  Witness Contact Tel. No*  Date*  Date*  Date Telephotocopies of proof documentation must be certified by an independent witness, stamped and returned along with this form to:



## IMPORTANT NOTES - TO BE READ BEFORE FILLING OUT THIS FORM

#### 1. GENERAL INFORMATION

Please complete the form in BLOCK CAPITALS using blue or black ink and return the completed form together with the original or certified opies of proof documentation to:- Ireland State Savings, FREEPOST, Customer Administration, GPO, Dublin 1, D01F5P2. Please note, all fields containing are mandatory fields and must be completed. This form is also available for download at statesavings.ie or on request by calling 0818 20 50 60 / 01 705 7200. We may need to phone you to clarify details relating to your request. We will always ask security questions to confirm your identity and confirm details of your request. We will never ask you to disclose information such as your PPSN, Bank Account details, Passwords etc. If you have any doubts, please immediately phone the Ireland State Savings Team - 0818 20 50 60 / 01 705 7200.

#### 2. SIGNATURE & WITNESS

Please ensure all parties to the account sign Panel B in the presence of an independent witness which must be any one of the following; A Post Office Official, Member of An Garda Síochána, or a practising Solicitor / Commissioner for Oaths.

All reports of a lost/stolen deposit book must be accompanied by original documents or certified¹ 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. 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. **All account holders named on the account must supply this proof documentation.** 

Acceptable proof of address documentation includes original or certified copies of any **TWO** 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.

### Please ensure that all of the required proof documentation has also been appropriately witnessed as set out in Panel B

<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 Siochána 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.

# NOTES ON EVIDENCE OF IDENTITY AND PERSONAL DATA

#### 1. EVIDENCE OF IDENTITY & OTHER INFORMATION

- 1.1 You are required to confirm your identity to us (including your surname, first name, date of birth and address) from time to time 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 obligations relating to the prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies, and account security and fraud prevention.
- 1.2 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, your Public Services Card and/or other official documentation issued to you by the Revenue Commissioners or the Department of Social Protection).
- 1.3 Where you have not provided evidence of your identity to our satisfaction for the purposes set out in condition 1.1, we will advise you and we will not proceed with your application to purchase the Product until your identity has been verified to our satisfaction.
- 1.4 We may also require you to provide certain other information to us about your nationality, employment status, source of funds (e.g. savings or income) and other information for the purposes of compliance with statutory obligations relating to the prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies.
- 1.5 Where you have been requested to provide information pursuant to condition 1.4 and have not done so we will advise you and we will not proceed with your application to purchase a Product until the requested information has been provided to us.

### 2. PERSONAL DATA

- 2.1 This condition 2 (Personal Data) sets out a summary of the personal data that we may process in relation to you in connection with the Products, together with a summary of your data protection rights. A full copy of our Ireland State Savings Data Protection Statement is available at statesavings.ie/help-support/help-articles/state-savings-data-protection-statement. If you would prefer to obtain a hard copy of the Ireland State Savings Data Protection Statement you can also write to us to request a copy at Data Protection Officer, Ireland State Savings, GPO, FREEPOST, Dublin 1. DO1 F5P2.
- 2.2 The NTMA is the Controller (as defined in, and 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.
- 2.3 We will collect, process and use personal data relating to you, including your PPSN and the information referred to in condition 1 (Evidence of Identity & Other Information): (a) as necessary for the performance of the Agreement (including any Transaction); (b) for the administration of your Product(s) and any other Ireland State Savings Product(s) that you may hold now or in the future; and (c) for associated legal purposes, including compliance with statutory obligations relating to prevention of money laundering and terrorist financing and any related guidance issued by relevant regulatory bodies, and account security and fraud prevention.
- 2.4 You acknowledge the collection, processing and use of your personal data (including your PPSN) for the purposes as outlined in 2.3.
- 2.5 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.
- 2.6 We will retain your personal data for as long as you have a holding with Ireland State Savings and otherwise in accordance with applicable data protection law and statutory obligations (including under legislation relating to prevention of money laundering and terrorist financing).
- 2.7 Subject to your consent, your personal data may be used by us, or our Agents, for the purpose of marketing Ireland 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.
- 2.8 Subject in each case to certain exceptions, 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 the restriction of the use of your personal data, to withdraw your consent to the processing of your personal data, where we rely on your consent to process it, 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, Ireland State Savings, GPO, FREEPOST, Dublin 1, D01 F5P2. You also have the right to lodge a complaint with the Data Protection Commission. See dataprotection.ie for more information.

APCO 0035E V102024 Page 2 of 2