



# Deposit Account (POSB) Application Form

Please complete this form in BLOCK CAPITALS.

**NOTE** - Deposit Accounts (Post Office Savings Bank) have a variable rate, are subject to maximum limit of €250,000 per individual and can be operated (Deposit/Withdrawals in Post Offices) by a child aged 7 or over without the consent of the nominated Parent/Guardian.

## PANEL A | TYPE OF HOLDER

Note – this form is for sole and joint accounts. For other application forms telephone 0818 20 50 60 / 01 705 7200.

Please tick Account type required above (Please select only ONE from Sole or Joint.)

Sole  (Complete Panel B Section 1) Joint  (Complete Panel B Section 1 & 2) Minor under 18 yrs  (Complete Panel B Section 1 & Panel F Section 3)

## PANEL B | HOLDER(S) DETAILS

All fields marked with \* are mandatory. To notify Ireland State Savings of a change of address, you must complete and return a Change of Address form before proceeding with your application. Please refer to StateSavings.ie for further details or contact 0818 20 50 60 Monday to Friday.

Section 1 First named holder		Section 2 Second named holder		All correspondence will be sent to the address in Section 1
Title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>		
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*	DD MM YYYY	DD MM YYYY		
Address line 1*	<input type="text"/>	<input type="text"/>		
Address line 2	<input type="text"/>	<input type="text"/>		
City/Town*	<input type="text"/>	<input type="text"/>		
County*	<input type="text"/>	<input type="text"/>		
Country*	<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"/>		

## PANEL C | ADDITIONAL CUSTOMER DETAILS

Please note that this information is essential in order for us to process your application, please see section 2 in the Notes section for details on collecting and processing your data.

Where multiple options are available, please select only one box per named holder, if more than one applies, please choose the most relevant to you. Where estimates are required, please base it on your current circumstances or what you think is most likely.

Country of birth*	<input type="text"/>	<input type="text"/>
Nationality*	<input type="text"/>	<input type="text"/>
Employment Status*	Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Homemaker <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/>	Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Homemaker <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/>
Employment Industry Type	<input type="text"/>	<input type="text"/>
Estimated Monthly Net Income* €	<input type="text"/>	<input type="text"/>
Purpose of Account*	Salary <input type="checkbox"/> Bills <input type="checkbox"/> Savings <input type="checkbox"/> Day to Day <input type="checkbox"/> Rainy Day Account <input type="checkbox"/>	Salary <input type="checkbox"/> Bills <input type="checkbox"/> Savings <input type="checkbox"/> Day to Day <input type="checkbox"/> Rainy Day Account <input type="checkbox"/>
Estimated Monthly Lodgement*	€0 - €2.5k <input type="checkbox"/> €2.5k - €5k <input type="checkbox"/> €5k - €7.5k <input type="checkbox"/> €7.5k + <input type="checkbox"/>	€0 - €2.5k <input type="checkbox"/> €2.5k - €5k <input type="checkbox"/> €5k - €7.5k <input type="checkbox"/> €7.5k + <input type="checkbox"/>
Estimated Monthly Cash Deposits*	Greater than 50% <input type="checkbox"/> Less than 50% <input type="checkbox"/>	Greater than 50% <input type="checkbox"/> Less than 50% <input type="checkbox"/>
Source of Funds*	Salary <input type="checkbox"/> Savings <input type="checkbox"/> Proceeds of Sale <input type="checkbox"/> Inheritance <input type="checkbox"/> Pensions/Government Welfare <input type="checkbox"/> Gambling Winnings <input type="checkbox"/> Property/Rental Income <input type="checkbox"/> Charitable Fund Raising <input type="checkbox"/> Gift <input type="checkbox"/>	Salary <input type="checkbox"/> Savings <input type="checkbox"/> Proceeds of Sale <input type="checkbox"/> Inheritance <input type="checkbox"/> Pensions/Government Welfare <input type="checkbox"/> Gambling Winnings <input type="checkbox"/> Property/Rental Income <input type="checkbox"/> Charitable Fund Raising <input type="checkbox"/> Gift <input type="checkbox"/>

## PANEL D | DECLARATION AND SIGNATURE

I/We have read and accept the notes 1 to 3 on the reverse of this application form and agree to the use of my/our PPSN. I/We acknowledge that this account is operated pursuant to the POSB Regulations, 1921 (as amended). Please sign and date.

Signature of First Named Holder	Date	Signature of Second Named Holder	Date
X <input type="text"/>	DD MM YYYY	X <input type="text"/>	DD MM YYYY

## PANEL E | FIRST TIME PURCHASER CHECKLIST (all named holders to provide). See notes overleaf.

Completed Application Form <input type="checkbox"/>	Proof of Name: Current and valid EU Driving Licence or Passport <input type="checkbox"/>	Proof of Address: Document/Letter with your name, address and dated less than 6 months e.g. Household Bill/Bank Statement <input type="checkbox"/>	Proof of PPSN: Document/Letter with your name and PPSN e.g. Public Service Card (Back and Front) / Revenue Document <input type="checkbox"/>
In addition, where a named holder is under 18 years, the following is required:			
Completed Panel F Parent/Guardian Details <input type="checkbox"/>	Proof of Parenthood/Guardianship e.g. Child's Birth Certificate/Court Order <input type="checkbox"/>	Parent/Guardian Proof of Name <input type="checkbox"/>	Parent/Guardian Proof of Address <input type="checkbox"/>



**PANEL F | PARENT/GUARDIAN DETAILS** required where a named holder is under 18 years. All fields marked with \* are mandatory.

	Section 3 Parent/ Guardian (If first named holder is under 18 years)		Section 4 Parent/ Guardian (If second named holder is under 18 years)
Title*	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/>
First name(s)*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Middle name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address line 1*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address line 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Town*	<input type="text"/>	<input type="text"/>	<input type="text"/>
County*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Eircode	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality*	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Signature of First Named Parent/Guardian (if applicable)		Signature of Second Named Parent/Guardian (if applicable)
	X <input style="width: 150px; height: 30px;" type="text" value="Signature"/>		X <input style="width: 150px; height: 30px;" type="text" value="Signature"/>
Date*	<input type="text"/>	<input type="text"/>	<input type="text"/>

**NOTES** - Before completing this Application Form and in particular Panel D "Declaration and Signature" you must read the Notes 1, 2 and 3 below.

**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 Ireland 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](http://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, D01 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 condition 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](http://Dataprotection.ie) for more information.
- 3. REGISTERS**
- 3.1 When evidence of your identity and all requested information has been provided to us in accordance with condition 1 (Evidence of Identity & Other Information) and your application to purchase a Product has been accepted, 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.
  - 3.2 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 or any requested information to us in accordance with condition 1 (Evidence of Identity & Other Information) or otherwise. In particular, you should note any such delay caused by you may mean that by the time the process referred to in condition 3.1 has been completed, the Product (including the relevant "Issue" thereof) that you applied to purchase may no longer be available. In this event, we will contact you to request your new instructions.
  - 3.3 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.
  - 3.4 We will provide written confirmation of registration (including your Registration Date) once the registration process referred to in this condition 3 (Registers) has been completed.
  - 3.5 Any interest or bonus that may accrue in respect