

Registration Form for a State Savings Customer Number (SSCN)

For existing State Savings customers who have not yet received an SSCN, please complete this form and return it to:

State Savings, Prize Bonds, Fexco Centre, Killorglin, FREEPOST, Co Kerry, V93 WN9T

PANEL A – Customer Details - ALL fields with * below must be o	completed
Title* First Name*	Surname*
Date of Birth* PPSN*	Contact Telephone Number*
DDMMYYYY	
Email	
All correspondence will be sent to your State Savings Registered Address. If this a Change of Address Form (available to download on www.StateSavings.ie) and re	
	tions dated Monday 16th April 2018 including the use of my PPSN (Panel C below
quotes conditions from The General Terms and Conditions and the Specific Cond	litions and a copy is also available on www.StateSavings.ie).
Please sign and date.	D-1- * DD WWV V V
Signature:*	Date:* DDMMYYYYY
PANEL B – Details of Holdings / Prize Bonds Please tick box to choose	ose a product type you hold.
Please supply a State Savings Account Number or Prize Bond Number for a	product that you have purchased*
A Fixed Term Products B Deposit Account	s C Prize Bonds
Account No. Account No.	Prize Bond No.
i.e Savings Bonds i.e Book Based	
- Savings Certificate - Child Save a/c	
- Instalment Savings - Pension Save - National Solidarity Bond - Statement Based	
PANEL C – Extract from The General Terms and Conditions and S	pecific Conditions dated 16th April 2018
1. Evidence of Identity	(b) for the administration of your Product(s) and any other State
1.1 You are required to confirm your identity to us (including your surpame	
1.1 You are required to confirm your identity to us (including your surname, first name, date of birth and address) for the purposes of:	Savings Product(s) that you may hold now or in the future, and (c) for associated legal purposes, including compliance with statutory
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