

CURRENT/DEPOSIT ACCOUNT RE-CLAIM FORM

This form may be used to reclaim funds which were in a Permanent TSB Current or Deposit Account that was closed as a result of up to date Identity & Address documentation not being received during the Bank's Due Diligence project.

NB: These Accounts cannot be re-activated. Please ensure the form is fully completed and that the relevant identity and address documents are enclosed to avoid any delay in processing the claim. **Please refer to the details provided overleaf for further information on the supporting documentation required.**

| | | | |
|--------------------------------------|----------------------|----------------------|----------------------|
| Account (s) being re-claimed: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Account Holder Name: _____ **Account Holder Name:** _____

Date of birth: ____/____/____ **Date of birth:** ____/____/____

Phone No: _____ **Phone No:** _____

Address: _____ **Address:** _____

My/Our preferred method for the transfer of funds:

Tick the relevant payment method & enter the destination IBAN where applicable

| | |
|---|--|
| <input type="checkbox"/> Transfer to PTSB Account | <input type="text" value="I E I P B S 9 9 0"/> |
| <input type="checkbox"/> Transfer to Other Account* | <input type="text"/> |
| <input type="checkbox"/> Draft | <p><small>*Transfers may take 2 to 3 working days to reach a non-permanent tsb account</small></p> <p>Charges - There is a €2.40 charge for any payments made via Euro bank draft</p> |

Is the required supporting documentation attached? (Please tick)

| | |
|---------------------------------|--------------------------|
| Photo ID | <input type="checkbox"/> |
| Address Verification | <input type="checkbox"/> |
| Marriage Cert (if applicable)** | <input type="checkbox"/> |

DECLARATION:

I/We declare that the information I/We have given to PTSB to be strictly true to the best of my/our knowledge and belief.

Account holder(s) signature(s): _____

Account holder(s) signature(s): _____

Date: ____/____/____

What documents do you need?

You can submit your claim by post or by dropping into your local branch. Please bring this sheet along with your documentation. You will need:

In Branch – if you are attending a branch in person, please bring the following:

ID Documentation

One of the following:

- Your original Passport
- Irish/UK or European Driving Licence
- EU Member State Identification Card
- Garda Age Card (up to 25 years of age **ONLY**)
- Original ML10 Form (with photographs signed by An Garda Síochána) **along with** supporting documentation such as:
 - Birth Certificate
 - Credit Card
 - Typed P60
 - Pension Book
 - Employment ID Card
- Public Services Card **along with** supporting documentation listed above

Address Verification

One of the following:

- Household, Health or Motor Insurance document, showing a policy number
 - addressed to you
 - dated within the last **12** months
- Bank, Building Society, An Post Savings or Credit Union Statement, showing an account number
 - addressed to you
 - dated within the last **6** months
- Utility Bill (Gas, Electric, Phone, Refuse Collection, TV Cable Company etc), showing an account number
 - addressed to you
 - dated within the last **6** months
- Your notification of Determination of Tax Credits for the current year
- NCT Test (Notification/Letter/Report)
 - addressed to you
 - dated within the last **6** months
- E-Flow Statement
 - addressed to you
 - dated within the last **6** months
- Penalty Points Notification
 - addressed to you
 - dated within the last **6** months
- Social Welfare Claim/Social Welfare Benefit/ Children's Allowance
 - addressed to you
 - dated within the last **6** months

****Certified copy of Marriage Certificate is required if surname differs on account or any of the supporting identification documentation**

By Post – if you are posting documents, please supply the following:

ID Documentation

Either:

Good quality photocopy of two forms of ID from the following:

(Please ensure information such as Full Name, Serial Number, DOB and Expiry Date are legible on photocopy)

- Your original Passport
- Irish/UK or European Driving Licence
- EU Member State Identification Card
- Garda Age Card (up to 25 years of age **ONLY**)

OR

One Certified Photocopy of ID

- Your original Passport
- Irish/UK or European Driving Licence
- EU Member State Identification Card
- Department of Social Welfare Free Travel Pass

****Documents can be certified by:**

- An Garda Síochána
- Police Officer
- Practising Chartered & Certified Public Accountant
- Notaries Public
- Practising Solicitors
- Embassy/Consular Staff
- Regulated Financial or Credit Institutions
- Justice of the Peace
- Commissioner of Oaths
- Medical Professions (Doctor)

Address Verification

Two original recent utility bills or address documents as listed across (dated within the last **6** months)

Please send postal claims to:

**BBDD Account Re-Claims
Deposit Operations
Permanent TSB
56-59 St Stephens Green
Dublin 2**