

Customer Number

# CHANGE OF CORRESPONDENCE ADDRESS NON-PERSONAL SAVINGS / INVESTMENTS ACCOUNTS



Please fill in your details in the white sections below. Please check your details in the shaded sections below and amend if they have changed.  
If you have downloaded this form from our website, you will need to fill in both sections. Please use BLOCK LETTERS and black ink when completing this form.

**DETAILS:**

Organisation Name: .....

**PREVIOUS CORRESPONDENCE ADDRESS:**

.....  
.....  
.....  
.....  
.....

**CURRENT CORRESPONDENCE ADDRESS:**

.....  
.....  
.....  
.....

**OTHER CONTACT DETAILS:**

Daytime Phone Number: ..... Evening Phone Number: .....

Mobile Phone Number: ..... Email Address: .....

**ACCOUNT DETAILS:**

Please specify, by ticking the corresponding box, the account number you wish to update to your current correspondence address:

Account Number:	Type:	Account Holder / Signatory Names:	Mandate (circle as appropriate):
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other
<input type="checkbox"/>	.....	.....	Pay either Single name All must sign Other

Before you sign this form, please read the important information overleaf.

**SIGNATURES:**

I/We declare that I/we have read ALL the important information that is set out on this form and that all statements made and particulars given to you in connection with this instruction are strictly true **to the best of my/our knowledge and belief.**

Signature: ..... Date: ..... Signature: ..... Date: .....

Signature: ..... Date: ..... Signature: ..... Date: .....

**OFFICE USE ONLY:**

Customer identification verified by (please choose one of the following):  
Photo ID  Passbook  Card & PIN

Type: ..... Staff Signature: .....

Ref No. .... Teller No: .....

Office Code & Name: .....

**OFFICE STAMP**

**IMPORTANT INFORMATION:**

**Before you sign this form, please read the following notes:**

1. If you would like to mail this instruction to us, please enclose, for each signatory, photocopies of **two types of photographic identification** e.g. current passport and current driver's licence (issued within the EU only), and photocopies of **two types of address verification** e.g. a utility bill and a bank statement issued in the signatory's name and dated within the last 6 months.
2. If the new address is outside the Republic of Ireland, please provide us with the following:
  - documentary proof of the new address, dated within the last 6 months, and
  - details of any change in the organisation's tax reference number.
3. If any of the accounts are held in joint names and have a transaction mandate of "all must sign", please note that all authorised signatories must sign this form before the address can be changed.