

## EBS Members Savings Fixed Save

Use Black Pen Only

### ACCOUNT DETAILS

Account No.:

Customer No. 1:

Customer No. 2:

### PERSONAL DETAILS

	First Named	Second Named
Full Name: (Mr/Mrs/Ms/Miss/etc.)	<input type="text"/>	<input type="text"/>
Postal Address: (All communication will be sent to the first applicant's address)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Phone:	(H) <input type="text"/> (W) <input type="text"/>	(H) <input type="text"/> (W) <input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>

### ACCOUNT OPERATION

Interest Rate:	<input type="text"/> %	Start Date:	<input type="text"/>
Term:	<input type="text"/>	Term Expires:	<input type="text"/>

1. The rate of return is fixed for the term invested.
2. No transactions are permitted except on the maturity date.
3. Total at maturity is the principal plus net interest after deduction of Deposit Interest Retention Tax (DIRT), where applicable.

#### Withdrawal and Account Operation Instructions

All must sign:

Either/any to sign:  This means that either Applicant may request a partial or full withdrawal on this account.

Other Instruction:

### DIRECT MARKETING

If you **DO NOT** wish to receive information about EBS products and services through the **post** or **telephone** please tick this box

If you **DO** wish to receive information about EBS products and services by **email** or **text**, please tick the relevant box. Email  Text

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### EBS YOUR ACCOUNT ONLINE

Please complete the 2 PassPhrases below for additional authentication.

	First Named	Second Named
Mother's Maiden Name: (Maximum 20 Characters)	<input type="text"/>	<input type="text"/>
Day and Month of Birth: (DD/MM)	<input type="text"/>	<input type="text"/>
Nominated Account Numbers:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

### DATA PROTECTION

By signing this application form, I/we understand and agree that I/we am/are authorising EBS Building Society (EBS) and its contractors and agents to retain and process the personal data provided by me/us for the purposes of opening and efficiently administering my/our account.

By Submitting this application I/we are authorising EBS to make such enquiries as it may consider reasonably necessary (including, but not limited, to credit checking, fraud prevention and anti-money laundering checks) in connection with this application.

I/We understand that I/we have the right to access, update and rectify my/our personal data by writing to EBS at The EBS Building, 2 Burlington Road, Dublin 4.

**Note:** Full particulars of EBS' registration as a data controller and data processor under the Data Protections Acts 1988 and 2003 are available from the Office of the Data Protection Commissioner on the online register at [www.dataprotection.ie](http://www.dataprotection.ie). Where we engage third parties to process personal data, we will only do so under contractual arrangements which protect your data.

### DECLARATIONS

I/We accept the Terms and Conditions of the use of this account, a copy of which I/we have received.

I/We declare that I/we have not made any alterations or additions to this standard form, other than the completion of the relevant sections.

	First Named	Second Named
Signed:	<input type="text"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="text"/>

### OFFICE USE ONLY

Staff Signature:	<input type="text"/>	Teller:	<input type="text"/>	Branch:	<input type="text"/>
Customer Present:	<input type="text"/>	Passbook No.:	<input type="text"/>	Branch Stamp	
Alpha Checked By:	<input type="text"/>				
Form Number:	<input type="text"/>				