

# NON-RESIDENT DECLARATION

DECLARATION IN ACCORDANCE WITH SECTION 263,  
TAXES CONSOLIDATION ACT, 1997.



(Declaration and Undertaking to a Relevant Deposit Taker)

## BY NON-RESIDENT INDIVIDUALS

CIF No. 

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### A. DEPOSIT TAKER

Name	<input type="text" value="permanent tsb p.l.c."/>	ACCOUNT NUMBER(S)	<table border="1"><tr><td>9</td><td>9</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	9	9	0																	
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### B. BENEFICIAL OWNER(S) OF INTEREST ON DEPOSIT

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

("Address" in this part means the address of the person's principal place of residence.)

Country of Residence	<input type="text"/>	Country of Residence	<input type="text"/>
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(at the time this declaration was made)

### C. DECLARATION

I/We hereby,

- declare that I/we am/are the beneficial owner(s) of the interest on deposit mentioned at B above and that I/we am/are not resident in the State at the time this declaration is made, and
- undertake to notify you if I/we become resident in the State.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_

# NON-RESIDENT DECLARATION

DECLARATION IN ACCORDANCE WITH SECTION 263,  
TAXES CONSOLIDATION ACT, 1997.



(Declaration and Undertaking to a Relevant Deposit Taker)

## ON BEHALF OF NON-RESIDENT INDIVIDUALS

### A. DEPOSIT TAKER

CIF No.

Name   
Address

#### ACCOUNT NUMBER(S)

### B. BENEFICIAL OWNER(S) OF INTEREST ON DEPOSIT

Name   
Address

Name   
Address

*("Address" in this part means the address of the person's principal place of residence.)*

Country of Residence

Country of Residence

*(at the time this declaration was made)*

### C. DECLARATION

I hereby,

- declare that the person(s) mentioned at B above, the beneficial owner(s) of the interest, is/are not resident in the State at the time this declaration is made, and
- undertake to notify you if the person(s) become(s) resident in the State.

Name   
Capacity   
Address/Business Address

Signature \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_