ORDER 22 RULES 10 AND 11

For Use by Minors who have now reached the Age of Majority (18)

Accountants Office, Courts Service, 15/24 Phoenix Street North, Smithfield, Dublin 7.

Email: accountantsofficeAP@courts.ie
Telephone: 01 888 6106 (Option 1)

To: The Accountant of the Courts of Justice Declaration and Request to be made by a person entitled to payment of funds held in Court. **Record No** Year: / No: Title of Action (Plaintiff) (Defendant) ١, Full name(s) of Full postal address & Eircode do solemnly and sincerely declare that (Please include original Birth Certificate) 1. My date of birth is (DD/MM/YYYY) 2. I am the Plaintiff and entitled to the funds held in Court in this Action. 3. I request that the investments in the account be realised, and the cash proceeds paid to me. 4. My PPS number is (if not supplied form will not be processed) My Contact No.: ___ 5. My Email address: __ If requesting payment by Electronic Funds Transfer (EFT) please tick here ❖ Please verify the IBAN and BIC by including a bank statement dated within the last 6 months **IBAN BIC** If requesting payment by Cheque, please tick here (Bank Details not needed) N.B. Please Sign & Date this form in the presence of person attesting* this document Signature of Applicant: _ Date: I attest that the person who has signed this Declaration and Request is known to me or identified to me by a valid identification document and is eighteen years or over. Signature of Person Attesting: (*the person attesting should be a Peace Commissioner/Commissioner for Oaths/Solicitor/Notary Public or member of An Garda Síochána) Official Stamp Address: Qualification: Date: Note: * This Document must have Official Stamp of the person attesting*

CHECKLIST: Please make sure that each item in this list is addressed

ITEM ON CHECKLIST	TICK IF COMPLETED
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Have you attached a Bank Statement or the Header (TOP) section of your bank statement?	
Is the IBAN and BIC number of the account on this?	
• Is the date of the statement within the last 6 months?	
• Is the Name and Address of the account holder visible?	
 If using a Credit Union Account, please check with your branch in advance to ensure that the payment does not exceed the savings balance permitted by the credit union 	
 2. Have you included your Original Birth Certificate? We cannot accept a photocopy We will send the original birth certificate back to the address on this form when the payment has been made to you. 	
3. Have you entered your PPS number?	
4. Have you entered a current phone number and a valid email address?	
5. Have you signed and dated this form in front of the person who is your witness (a person who is permitted to witness your signature)?	
6. Has the eligible person who witnessed your signature stamped your application?	
7. Is the date of your signature the same as date of the witnesses' signature?	
8. Have you both signed this form after your 18th Birthday?	

- ❖ To process your application please fill in **all** parts of this form.
- Incomplete applications will be returned to you.
- Incorrectly completed applications will be returned to you.
- ❖ We can only process correct and complete applications.
- ❖ If you need help filling in the form or have a question, please phone (01) 888 6106 Option 1.