

Date: 26/8/2015

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Uradne zaznamy/ Opombe/ Lsäbmerkinät/ Annärknningar



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

DRUGS PAYMENT SCHEME
DONEGAL PCCC HQ
ST JOSEPHS HOSPITAL, STRANORLAR
LIFFORD, CO DONEGAL
Telephone No : 074 9191722
Fax No : 074 9190024

07 Jul 2015

RENEWAL NOTIFICATION

Section A to be completed for all existing members of the household specified
Section B to be completed for all additional members of the household specified
Section C to be completed by school/college for persons aged between 18 - 23 years who are continuing in full time education
Section D to be completed by persons who, under the terms of this scheme, can no longer be included in your household registration e.g. persons aged over 18 years who are no longer in continuing education

Household:

MICHAEL MCGRANE
INVER GLEBE INVER
DONEGAL TOWN
CO. DONEGAL

Please complete if the household address has changed

Re: DRUG PAYMENT SCHEME CARD - CARD NUMBER : 4529200Q - Expiry Date: 30/09/2015

Dear Mr. MCGRANE,

With reference to your Drug Payments Scheme Card, we note that your household registration is due for renewal during the month of September

To update our records, and to ensure that you can continue to avail of the services provided under the scheme, please confirm that the persons noted in Section A are currently members of your household. Section B should be completed in respect of any members of your household who have been omitted.

Please note that in accordance with the terms of the Drug Payments Scheme, dependants aged between 18 and 23 **who are continuing in full time education** can remain as a dependant on the family registration. If you have dependants in this category, please arrange to have Section C overleaf completed by the school/college (please copy this form or contact us for additional form(s) if required). If you have dependants aged between 18 and 23 years **who are not continuing in full time education**, please arrange for them to complete Section D overleaf or alternatively they can obtain a Drug Payments Scheme application form from their nearest health board office and they will be issued with a new DPS card. Section D should also be completed where there is a change in the family status.

Yours sincerely,

Mary Gallagher

SECTION A - please indicate if persons listed are currently members of your household by ticking the box(es)

Name	PPSN	DOB
CARMEL MCGRANE	4529200QW	26 Apr 1955
MICHAEL MCGRANE	4529200Q	23 Dec 1958

--

I declare that the above information is true and correct to the best of my knowledge

Signature: Date:

1 copy
copied
Sign
Demos
Date: 26/10/15

M. McGrane
CERTIFIED COPY

I certify that this is a true copy of the original document.

0 0108 1 RP40

MR MICHAEL MCGRANE
INVER GLEBE
INVER
CO DONEGAL

Download the new Travel Insurance brochure by
logging on to www.bankofireland.com

Statement Platinum Advantage

Account Number
543267 4009012518

Customer Services
1890 251 251

Outside Republic of Ireland
00353-56-7757747

Credit Limit
€5000

Statement Date
3 Aug 2015

IBAN: IE46 BOFI 9015 3899 9430 16
NB: Quote Credit Card Number as reference

Total transactions this period € 0.00

Previous Balance 293.07
29 Jul BOI STANDING ORDER PAYMENT - 293.07

Balance € 0.00

Minimum Payment Due € 0.00

No payment is required on your account this
month as your balance is presently ZERO.

I certify having sighted &
copied the original
Signature: *P. Ryan*
Date: *26/8/2015*




Bank of Ireland
Card Services

MR MICHAEL MCGRANE

Brand/initials

Bank Of Ireland
PO Box No 16120
Dublin 1

Customer Account Number
543267 4009012518

Paid in by

Cash

Collection A/C No: 99943016

Date

Cheques

90-88-95

Please do not write below this line

I certify that this is a
true copy of the original document

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Michael McGrane



Gold Visa Card

Account Statement - 11th July, 2015

VISA

**AIB Bank
Card Issuing**

PO Box 708
Sandyford, Dublin 18.

(01) 668 5500

Fax: (01) 668 5901

for requests and information
or go to www.aib.ie

22514402003185512020

**MRS CARMEL MCGRANE
INVER GLEBE
INVER PO
CO DONEGAL**

**Page
1 of 2**

**Card Number
4263 **** * 0513**

**Payment Due Date
5th August, 2015**

Credit Limit: €5,400

Government Stamp Duty of €30 due 1st April annually and on date of closure

Previous Balance	355.95
To Transactions for this period	45.33
Interest	1.73
Payments Received	385.95CR

Interest Charges on Purchases
 Monthly Rate: 1.23%
 Interest Charged: € 1.73

Interest Charges on Cash Advances
 Monthly Rate: 1.64%
 Interest Charged: € 0.00

New Balance	17.06
Current Minimum Payment	6.35
Total Minimum Payment Due 5th August, 2015	6.35

Allow four working days for receipt of payment

Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland

No interest will be charged on purchases if you always pay the full amount shown on your statement by the due date. If the balance is not cleared in full, you will be charged interest on the full amount.

If you make only your minimum repayment each month you will not clear your current balance until 05/10/2015.

You should advise your lender if you will be making transactions outside your normal spending pattern, as unusual transactions may be declined.

Summary Box

Annual Fee:	None
Government Stamp Duty:	Government Stamp Duty of €30 is charged annually per credit card account
Representative APR**:	20.2%
Cash Advance Fee:	1.5% of transaction value (minimum €1.90)
Currency Conversion Fee:	AIB VISA: No fee for Euro trans, Non Euro trans
	FX Transactions - Visa Europe Region 1.75% of the transaction value
	FX Transactions - Visa Rest of World 2.75% of transaction value
Copy Statement Fee:	€4.00 per copy
Copy Sales Voucher Fee:	€5.00 per copy per transaction
Late Payment Fee:	€7.00 applied to account when minimum payment not received by payment due date
Over Limit Fee:	€7.00 applied to account the first time the balance exceeds assigned credit limit in statement period
Returned Payment Fee:	€7.00 applied to account on each occasion a cheque and/or Direct Debit has been presented for payment and returned by your bank
Posting Date:	The date on which a transaction is applied to your credit card account
Payment Due Date:	The monthly date when your minimum payment is due to be paid on your credit card account

****The APR is based on a credit card limit of €1,500 and includes Government Stamp Duty and Annual Fee (where applicable). This is the highest interest rate applicable to purchases and does not incorporate the introductory interest rate for the first 12 months.**

Paid 5/8/15.

CERTIFIED COPY

573751 93002961

*I certify that this is a true copy
of the original document CH Gray*

0 490712905150140401

MR MICHAEL MC GRANE
MRS CARMEL MC GRANE
INVER GLEBE
INVER
CO DONEGAL

Your account name MICHAEL MCGRANE
CARMEL MCGRANE
CURRENT ACCOUNT

Account number 64853774
IBAN IE27 BOFI 9049 0764 8537 74
Statement date 29 May 2015 Number

Fee Notification statement

SERVICE DESCRIPTION	UNITS	UNIT FEE	FEE
AUTOMATED TRANSACTIONS			
AUTOMATED DEBITS	103	0.10	10.30
AUTOMATED CREDITS	16	0.10	1.60
ATM	13	0.25	3.25
PAPER/STAFF ASSISTED TXS			
CHEQUES	1	0.60	0.60
ACCOUNT MAINTENANCE FEE	1	5.00	5.00
TOTAL TRANSACTION FEE			20.75
NET CALCULATED FEE			20.75
ACTUAL FEE TO BE APPLIED			20.75

THESE FEES RELATE TO THE PERIOD FROM 23 FEBRUARY 2015 TO 22 MAY 2015

THESE FEES WILL BE APPLIED TO YOUR ACCOUNT ON 26 JUNE 2015

I certify having sighted &
copied the true originals
Signed: D. Ryan
Dempsey Financial Solutions
Date: 26/6/2015

CERTIFIED COPY

I certify that this is a true
copy of the original document.

FURTHER INFORMATION ON OUR FEES AND CHARGES MAY BE
OBTAINED FROM YOUR BRANCH. PLEASE ASK FOR DETAILS.

C. H. Greene