PD081492621RL5812233M2105035<<<<<2 P<IRLMCGRAUE<<MICHAEL<<<<<<<<< Pastport Office, Dublin M Mr Grove Outig in SPassions. Battle Atte Cliebl. ON BEA/MAY 2011 03 BEA/MAY 2021 DÚN NA NGALL/DONEGAL ÉIREANNACH/IRISH S3 NOF\DEC TORR MICHAEL MCGRANE IBL PD0814926 abnelil/bnelail/ania Tagairtí/Observations
Observaciones/Poznámky/Bemærkninger/Vermerke/
Märkused/Rapamentore/Observations/Osservassjonijlet/
Plezímes/Pastabos/Megjegyzések/Osservassjonijlet/
Opmerkingen/Adnotacje Urzésdowe/Observascőes/
Uradné záznamy/Opombe/Lisämerkinnät/Anmärkningar

Ceptility having sighted & Signed Proposed Copied C



Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

DRUGS PAYMENT SCHEME DONEGAL PCCC HQ ST JOSEPHS HOSPITAL, STRANORLAR LIFFORD, CO DONEGAL

Telephone No: Fax No:

074 9191722 074 9190024

RENEWAL NOTIFICATION

Section A

07 Jul 2015

to be completed for all existing members of the the household specified to be completed for all additional members of the household specified to be completed by school/college for persons aged between 18 - 23 years wh

Section D to be completed by persons or registration e.g. persons age			longer be included in your ho uing education	ousehold	
Household:	Please o	omplete if the hou	sehold address has chan	ged	
MICHAEL MCGRANE					
INVER GLEBE INVER DONEGAL TOWN					
CO. DONEGAL					
Co. Dollada					
Re: DRUG PAYMENT SCHEME CAL	RD - CARD NUMB	ER : 4529200Q - E	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 confirm that the persons noted in Section A a respect of any members of your household w	re currently members of			i in	
Please note that in accordance with the terms continuing in full time education can replease arrange to have Section C overleaf correquired). If you have dependants aged betwarrange for them to complete Section D over nearest health board office and they will be in the family status.	emain as a dependant of impleted by the school/of veen 18 and 23 years <u>v</u> eaf or alternatively the	on the family registrated to lege (please copy the continuous of t	ion. If you have dependents his form or contact us for ad- uing in full time educat Payments Scheme application	in this category, ditional form(s) if ion, please a form from their	
Yours sincerely,					
Mary Gallagher					
Mary Gallagher SECTION A - please indicate if persons	listed are currently me	mbers of your house	nold by ticking the box(es)		
	listed are currently me	DOB	nold by ticking the box(es)		
SECTION A - please indicate if persons			nold by ticking the box(es)		

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

Signature: Date:

Dempas Date. 2010/1

Bank of Ireland PO Box No 16120 Dublin 1

Bank of Ireland (S)

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

Account Number 543267 4009012518

Customer Services 1890 251 251

Outside Republic of Ireland 00353-56-7757747

Credit Limit €5000

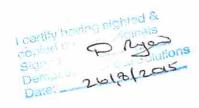
Statement Date 3 Aug 2015

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

Statement Platinum Advantage

Total transactions this period		€ 0.00	
Previous	s 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.







MR MICHAEL MCGRANE

Brand/initials

SHOW

Bank Of Ireland PO Box No 16120 Dublin 1

Customer Account Number 543267 4009012518

Paid in by

Cash

Collection A/c No. 99943016

Date

90-88-95

Please do not write below this line

Date: = Deuthens

// COCC+>5+0

Tagairtí/Observations
Observaciones/Poznámky/Bemærkninger/Vermerke/
Märkused/Naxmonozic/Observations/Osservazioni/
Piezīmes/Pastabos/Megjegyzések/Osservassjonijiet/
Opmerkingen/Adnotacje Urzędowe/Observações/
Uradně záznamy/Opombe/Lisämerkinnät/Anmärkningar

PatePassport/Praseport

Éire/Ireland/Irlande

MHAS/TYPE/TYPE TANGOUNTEZERS P PE3335652 MC GRANE NATIONALITY/NATIONALITY ÉIREANNACH/IRISH 26 AIB/APR 1955 16 LUN/AUG 2013 S AS PETENNIORTE OF EXPERT, DATE OF EXPERSION 15 LUN/AUG 2023 Olfig na hPasanna Carmel Ho Grane Batte Átha Cliath Passport Office, Dublin P<IRLMC<GRANE<<CARMEL<<<<<<<<

PE33356524IRL5504260F2308157<<<<<<<<

Dempacy Printing Bolidions

I certify having sighted & copied the true originals
Signed Decision
Dempsey Financial Solutions Date: 26/2/2015

I certify that this is a free likeness of carmel M' Grane and that this is a true copy of the

i.i..

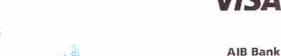
CERTIFIED COPY

C. H'Grene



Gold Visa Card

Account Statement - 11th July, 2015



Card Issuing PO Box 708

Sandyford, Dublin 18. **盆** (01) 668 5500 Fax: (01) 668 5901

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

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

Monthly Rate:

Monthly Rate: Interest Charged:

Interest Charged:

Credit Limit: €5.400

Interest Charges on Purchases

Interest Charges on Cash Advances

€ 1.73

€ 0.00

22514402003185512020

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

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

Page

1 of 2

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

AND THE PROPERTY OF THE PROPER	
Pre us Balance	355.95
To ransactions for this period	45.33
Interest	1.73
Payments Received	385.95CR
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 nding pattern, as unusual transactions may be declined.

Summary Box

Annual Fee:

Government Stamp Duty: Representative APR**:

Government Stamp Duty of €30 is charged annually per credit card account

20.2%

Cash Advance Fee: Currency Conversion Fee: 1.5% of transaction value (minimum €1.90)

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: Over Limit Fee: Returned Payment Fee: €7.00 applied to account when minimum payment not received by payment due date €7.00 applied to account the first time the balance exceeds assigned credit limit in statement period

€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

The monthly date when your minimum payment is due to be paid on your credit card account Payment Due Date:

**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 Stalis.

CERTIFIED COPY

#573751# 93#102961 | certify that this is a true copy of the original document CH Gran



0 490712905150140401 MR MICHAEL MC GRANE MRS CARMEL MC GRANE

INVER GLEBE

CO DONEGAL

INVER

KILLYBEGS CO DONEGAL

Tel (074) 9731036 Fax (074) 9731213 Branch code 90-49-07 Bank Identifier Code BOFIIE2D

Your account name MICHAEL MCGRANE

CARMEL MCGRANE CURRENT ACCOUNT

Account number

64853774

IBAN

IE27 BOFI 9049 0764 8537 74

Statement date

29 May 2015

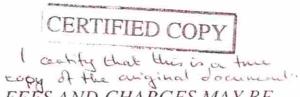
Number

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

l seriify having sighted & copied the true originals Signed: Dempsey Financial Solutions Date: 25 (\$10.000



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

C. M'Grane