



Business Current and Demand Deposit Account Application Pack

Republic of Ireland

LIMITED COMPANY

5 Steps to opening your Business Account with Bank of Ireland

STEP 1 Gather the following documentation:

- Bank Statements for the previous 6 months (not applicable to business start-ups)
- Original or Certified Copy of the Certificate of Incorporation and Certificate of Change of Name where applicable
- Original or Certified Copy of the Memorandum & Articles of Association
- If you are trading under a name other than your Company name we will require an Original or Certified Copy of the Certificate of Registration of that Business Name
- The most recent set of Certified Accounts (if requested)
- The identification documents set out below at Step 3
- If you wish to open an interest bearing Account we will also need the Company Tax Reference Number or Charity ("CHY") Number, as applicable

Note 1: We will carry out a search in the Companies Office to verify the Company's details. The cost of the search will be debited to your business account.

Note 2: If your company is not incorporated in the Republic of Ireland, you will need to provide satisfactory equivalent documentation and legal opinion from a Lawyer practising in the relevant country as to the Company's status. The template for this is available from your Business Adviser on request.

STEP 2 Complete the following forms included in this pack:

- Account Opening Application - this provides us with details of your business and the services you may require from the Bank
- Board Resolution - this tells the Bank who is authorised to process transactions on the Company's business account(s)
- Certified List of the Company Secretary, Directors and Beneficial Owners*
- Identification and Consent - This form must be completed by each person who needs to be identified (see step 3 below)

*Beneficial Owners are those individuals or entities who own or control 25% or more of the shares or voting rights in the Company or otherwise exercise control over the management of the Company. In the case of complex company ownerships e.g. Corporate shareholders or holding companies, a detailed ownership structure must be provided which includes details of all ultimate individual beneficial owners with 25% or more ownership.

STEP 3 Comply with Identification Requirements.

In compliance with legislation to combat money laundering and terrorist financing, the Bank is legally required to identify its customers. Before opening your account we will need proof of the identities and the current permanent residential address of each of the following:

- Two people who are Directors of the Company
- Two people who are authorised to sign any transactions on the account of the Company ("Authorised Signatories")
- Beneficial Owners (if requested by the Bank)

The above people will need to present themselves at the branch where the account is being opened or at any Bank of Ireland branch to produce;

Any one of the following with photographic ID to verify their identity:

- Current passport
- National EU ID Card
- Current (Irish or UK) full or provisional driving licence
- ML10

And any one of the following to verify their permanent residential address (all documents must be current):

- Current utility bill
- Tax free allowance certificate
- Recent bank statement
- Revenue Commissioners documentation

If you are unable to provide any of the above documentation please contact your Business Adviser as other forms of verification may be acceptable.

Note: Where individuals are not available to attend in person - a copy of the Photographic ID and two separate copies of the address verification documents are required. These copies must be certified by a suitably qualified person (e.g. Garda, Police officer, Public Notaries or practising Solicitor). Please ask your Business Adviser for details. The person's identity must be verified to the Bank's satisfaction before the account(s) can be opened. The Bank may at its discretion seek further information and or documents to ensure compliance with its legal obligations.

STEP 4 Decide what additional services you require

- Business On Line
- ATM Lodgement Card
- Business Debit Card
- Visa Business Card

STEP 5 Contact your local branch and make an appointment to meet your Business Adviser.

Remember to bring this application form and all the relevant documentation required with you.

CONFIRMATION

I confirm that the company has received a copy of the following:

- The Terms of Business
- New Customer Business Account Terms and Conditions
- The Schedule of Fees and Charges for Business Customers
- The Schedule of International Transaction Charges

Signed

Date

 / /

Company Representative to sign here

ACCOUNT NUMBERS

A/c No. 1.

NSC

- -

A/c No. 2.

A/c No. 3.

Board Resolution

To: The Governor and Company of the Bank of Ireland.

Please action the Resolution set out below for business account(s) and online banking facilities (Business On Line).

At a meeting of the Board of Directors of:

Name of Company ("the Company") held on the

/ / there was produced to the meeting a Bank of Ireland Limited Company Business Account Opening Pack.

Branch where this account will be held

It was resolved that:

1) ACCOUNT OPENING

The Governor and Company of the Bank of Ireland (the "Bank") is hereby requested and authorised to open and or continue one or more accounts in the name of the Company subject to the Bank's "New Customer Business Account Terms and Conditions" and Terms and Conditions of Use and Customer Handbook for Business On Line Banking (Banking online), a copy of which together with the Bank's "Terms of Business", "Schedule of Fees and Charges for Business Customers" and "Schedule of International Transactions Charges" have been received, read and understood by the Company.

2) ACCOUNT OPERATION & SIGNING INSTRUCTIONS

The Bank is authorised to honour and negotiate all cheques and other negotiable instruments drawn, made, endorsed or accepted on behalf of the Company and to act on all instructions relating to the accounts, affairs or transactions of the Company **including** instructions to close any of the accounts even where such action may lead to borrowing or cause any of the accounts to be overdrawn or any overdraft to be increased, provided that they are signed on behalf of the Company by:

any one any two all (please tick one box) of the following Authorised Signatories

1. Signatory Name (BLOCK CAPITALS)

Specimen Signature

2. Signatory Name (BLOCK CAPITALS)

Specimen Signature

3. Signatory Name (BLOCK CAPITALS)

Specimen Signature

4. Signatory Name (BLOCK CAPITALS)

Specimen Signature

5. Signatory Name (BLOCK CAPITALS)

Specimen Signature

6. Signatory Name (BLOCK CAPITALS)

Specimen Signature

If there are any additional authorised signatories on the account the Bank is to be given a full list of officials authorised to sign, (the list to be provided to the Bank in the format set out above), together with their specimen signatures.

3) CHANGES TO THE AUTHORISED SIGNATORY LIST

The Bank be given **notice in writing** (in the format set out above) signed by the then Company Secretary and any one of the Authorised Signatories (set out in section 2 above) of **any change** which may occur from time to time in **the list of Authorised Signatories** and that where there is such a change in the list of Authorised Signatories it will only become effective if made (i) in accordance with this resolution, and (ii) where the notice includes a clearly legible new list of **all** the Authorised Signatories of the Company from the date of the change showing the names in block capitals and the specimen signatures for all the Authorised Signatories. The Bank is authorised to reject any illegible or contradictory authorised signing list or one which lacks any sample signature. On such rejection, the existing signing list will remain in full force.

Board Resolution (continued)

4) CHANGES TO THE COMPANY SECRETARY/ DIRECTORS /BENEFICIAL OWNERS OF THE COMPANY

That the Bank be given **notice in writing** signed by the then Company Secretary and any one of the Authorised Signatories (set out in section 2 above) of **any change** which may occur from time to time to **the Company Secretary or Directors, or Beneficial owners of the Company**. Such Notice to be provided to the Bank as soon as practicable.

5) The Bank is hereby requested to grant accommodation from time to time by way of overdraft, loan or otherwise for the purposes of the customer, on such terms and conditions as are then current or may be stipulated by the Bank from time to time.

6) INFORMATION PROVIDED TO THE BANK

We hereby certify the accuracy of the information provided to the Bank for the purpose of opening the account(s) including the information provided in this pack.

The Bank is authorised, in respect of any information and/or copy documents supplied to the Bank to enable the Bank to comply with its obligations to establish the identity of the Company in accordance with **the laws and regulations concerning the prevention of money laundering and terrorist financing** ("money laundering provisions") at any time to disclose to, transfer to or send copies thereof to any branch, any other member of the Bank of Ireland Group or any other party as defined in the money laundering provisions who may at anytime provide or be requested to provide any services to the Company.

Any information and or any copy documents which have been supplied to any other member of the Bank of Ireland Group or any branch of the Bank, to enable the Bank to comply with the obligation to establish the identity of the Company in accordance with the money laundering provisions may at any time be disclosed or transferred to, or copies thereof sent by such member or branch to the Bank or another branch of the Bank so as to enable the Bank to comply with its obligations under the money laundering provisions. For the benefit of any such member of the Bank of Ireland Group the Company confirms that such member may act on this authorisation as if it were specifically addressed to such member.

The Bank is authorised in respect of any information supplied to the Bank relating to the identity of the Company or in connection with any matter arising from any application made to the Bank to make all and any enquires the Bank considers appropriate or disclose any information contained in this form or any such application to, any third party providing a credit reference service and the Company confirms that the Bank may disclose information relating to any account (if opened) and its operation to any credit reference agency.

7) BUSINESS ON LINE FACILITY

Where the Business On Line facility is provided, that

| | | |
|-----------|----------------------|--------------------------------------------|
| Mr/Ms | <input type="text"/> | Administrator 1 |
| Signature | <input type="text"/> | (also to sign on page 11) and/or |
| Mr/Ms | <input type="text"/> | Administrator 2 |
| Signature | <input type="text"/> | (where required) (also to sign on page 11) |

is/are appointed as Administrator(s) for the Company (herein together referred to as the "Administrator(s)", as such term is defined in the Conditions of Use.

That the Administrator(s) is authorised:

- to confirm in writing to the Bank the identity of the Originating Accounts (as defined in the Conditions of Use) of the Company in respect of which the Services or any of them will be provided as of the date of execution of the Agreement, together with the identity of the Nomination Account (as defined in the Conditions of Use);
- to advise the Bank in writing from time to time of any changes to, deletion or addition of Originating Accounts of the Company accessed through the Services; and
- to perform the other functions identified in the Agreement, as same may be amended from time to time.

That any changes to the identity of the Administrator(s) or either of them shall be notified to the Bank by the then Secretary of the Company.

The Bank is hereby requested to provide the Company with information relating to its accounts, consisting of the daily available and uncleared balances, the ledger balances, and such treasury information as may be required from time to time ("Password electronic Banking Service") and that the person or any of the persons as appropriate authorised in paragraph 2 hereof, be and each of them is hereby authorised to execute on behalf of the Customer such documentation as may be required for the provision of the Password Electronic Banking Service.

8) AMENDMENTS TO THE RESOLUTION

That this resolution shall be communicated to the Bank and shall remain in full force until an amending Resolution shall be passed by the Company and a copy thereof certified by the Chairperson of the Meeting, shall be communicated to the Bank.

9) Notwithstanding part 8, the Bank be authorised (but not obliged) to suspend transactions on the account where in its sole discretion it reasonably believes it (a) has unclear authority from the Company on the signatories authorised to transact on the Company's behalf or (b) has contradictory instructions in relation to the operation of the account from two or more of the Directors, Secretary, officials or persons whom the Bank believes to be in a position of authority in the Company and that the Bank be authorised to maintain this suspension until the Company furnishes a new and clear authority in the form of this document or in another form acceptable to the Bank.

10) CONFIRMATION

CERTIFIED A TRUE COPY OF ORIGINAL RESOLUTION

The Company shall be bound by, and requires the Bank to act on, the instructions contained in the Resolution above which is hereby certified to be a true copy of the original Resolution.

Signed

Chairperson of the Meeting at which the mandate resolutions were passed

Signed

Company Secretary /Director (this cannot be the same person as the "Chairperson of the meeting)

Dated this / /

ACCOUNT NUMBERS

NSC

- -

A/c No. 1.

A/c No. 2.

A/c No. 3.

Board Resolution

Certified list with details of Company Secretary, Directors and Beneficial owners

A. The Company Secretary and Company Directors

List below the names of the Company Secretary and all of the Company Directors:

Company Secretary Name

Address

Percentage Shareholding (if applicable)

%

Irish Resident

Yes No

Date of Birth /Date of Incorporation

/ /

Company Director Name

Residential Address

Percentage Shareholding (if applicable)

%

Irish Resident

Yes No

Date of Birth /Date of Incorporation

/ /

Company Director Name

Residential Address

Percentage Shareholding (if applicable)

%

Irish Resident

Yes No

Date of Birth /Date of Incorporation

/ /

Company Director Name

Residential Address

Percentage Shareholding (if applicable)

%

Irish Resident

Yes No

Date of Birth /Date of Incorporation

/ /

Company Director Name

Residential Address

Percentage Shareholding (if applicable)

%

Irish Resident

Yes No

Date of Birth /Date of Incorporation

/ /

B. Beneficial Owners of the Company (Individuals)

List below the names of all **individuals** who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercise control over the management of the Company:

Beneficial Owners Name

Residential Address

Date of Birth

/ /

Irish Resident

Yes No

Percentage Shareholding (if applicable)

%

Beneficial Owners Name

Residential Address

Date of Birth

/ /

Irish Resident

Yes No

Percentage Shareholding (if applicable)

%

Beneficial Owners Name

Residential Address

Date of Birth

/ /

Irish Resident

Yes No

Percentage Shareholding (if applicable)

%

Board Resolution (continued)

Certified list with details of Company Secretary, Directors and Beneficial owners

B. Beneficial Owners of the Company (Individuals) (continued)

Beneficial Owners Name

Residential Address

Date of Birth DD / MM / YY Irish Resident Yes No Percentage Shareholding (if applicable) %

C. Beneficial Owners (Corporate Shareholders)

List below any **corporate shareholder** that ultimately owns or controls 25% or more of the shares or voting rights in this Company or otherwise exercises control over the management of this Company:

1. Company Name

% of shares owned in the Company Registered number

Company Address

2. Company Name

% of shares owned in the Company Registered number

Company Address

For any of the corporate shareholders listed above please provide details of all Beneficial Owners - that is those who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercise control over the management of the Company.

I undertake to advise you of any changes to the above list of Company Secretary, Directors and/or Beneficial Owners.

I certify that the information provided herein in respect of the Company Secretary, Directors and Beneficial Owners of this Company is correct

Signed **Company Secretary**

Signed **Company Representative**

FOR BANK USE ONLY

BRANCH CHECKLIST

Please check that information has been captured on the account application to allow you to complete the following risk assessment.

Business Activity

Do you consider the business activity of the client to be high risk? Yes No

Was there any element of non face to face contact with the principal(s) of the connection during the application? Yes No

Are there any non-resident politically exposed persons (PEP) associated with the account/entity? Yes No

Does the client intend to have dealings with High/Very High risk countries? Yes No

OVERALL RISK RATING* Standard High

*If 'Y' to any of the above questions, relationship should be considered of higher risk.

All higher risk rated accounts must be referred to Network Governance & Control for sign off prior to account opening.

Signed (Staff Member) Staff Number

Date DD / MM / YY

Identification and Consent Form (1)

Please photocopy where required

This Form must be completed by two of the Company's Authorised Signatories and by two Directors. (The Bank may also, at its discretion, require any of the Beneficial Owners to complete this form) Two copies of the Form are enclosed in this Application Pack.

Account Name Account Number

Person to be Identified

Relationship of this person to the above account (please tick all applicable) Director Signatory Beneficial Owner

To the Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank Branches)

Customer Consent: I hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the laws and regulations concerning the prevention of money laundering and terrorist financing ("money laundering provisions"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party as defined in, under or pursuant to the money laundering provisions and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the money laundering provisions and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the money laundering provisions and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member. I hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank; ICS Building Society; any branch of the Bank or ICS Building Society; the separate legal entities that constitute the Bank of Ireland Group; any respective successors, assigns and transferees of the Bank, ICS Building Society or entities aforesaid.

Signed Date / /

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Is person to be identified an existing Bank of Ireland Group Customer Yes No

IF YES Name of Branch/Group Entity

If existing customer as at 2/5/95 NSC - - A/c No. Date Opened / /

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen. ID of person named above need not be established.

Money laundering documentation screen completed for the above account. Yes

If existing customer after 2/5/95 NSC - - A/c No. Date Opened / /

ID Documentation for the person named above must be confirmed in order.

Money laundering Documentation Screen Completed for the above account. Yes

With the person's consent as detailed above, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

IF NO Name and current permanent address must be verified in line with procedures.

Face to Face contact with person being identified No If **NO**, specify method of contact
(two forms of address verification must be obtained)

Address Verification 2 x method(s) used (for non Face to Face only)

Money laundering documentation screen completed for person named above. Yes

Signed (Staff Member) Staff Number

Date / / Copies of ID material(s) must be attached to this Form

Identification and Consent Form (2)

Please photocopy where required

This Form must be completed by two of the Company's Authorised Signatories and by two Directors. (The Bank may also, at its discretion, require any of the Beneficial Owners to complete this form) Two copies of the Form are enclosed in this Application Pack.

Account Name Account Number

Person to be Identified

Relationship of this person to the above account (please tick all applicable) Director Signatory Beneficial Owner

To the Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank Branches)

Customer Consent: I hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the laws and regulations concerning the prevention of money laundering and terrorist financing ("money laundering provisions"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party as defined in, under or pursuant to the money laundering provisions and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the money laundering provisions and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the money laundering provisions and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member. I hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank; ICS Building Society; any branch of the Bank or ICS Building Society; the separate legal entities that constitute the Bank of Ireland Group; any respective successors, assigns and transferees of the Bank, ICS Building Society or entities aforesaid.

Signed Date

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Is person to be identified an existing Bank of Ireland Group Customer Yes No

IF YES Name of Branch/Group Entity

If existing customer as at 2/5/95 NSC - - A/c No. Date Opened

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen. ID of person named above need not be established.

Money laundering documentation screen completed for the above account. Yes

If existing customer after 2/5/95 NSC - - A/c No. Date Opened

ID Documentation for the person named above must be confirmed in order.

Money laundering Documentation Screen Completed for the above account. Yes

With the person's consent as detailed above, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

IF NO Name and current permanent address must be verified in line with procedures.

Face to Face contact with person being identified No If **NO**, specify method of contact
(two forms of address verification must be obtained)

Address Verification 2 x method(s) used (for non Face to Face only)

Money laundering documentation screen completed for person named above. Yes

Signed (Staff Member) Staff Number

Date Copies of ID material(s) must be attached to this Form

Business On Line Application Form and Legal Agreement

Please choose your preferred service level:

Service Level 1/2

Service Level 3

Please tick here if you are a Bank of Ireland Corporate Banking customer

APPLICATION & INDEMNITY

The Customer wishes to access the Services hereinafter more particularly identified and in connection with the use of the Services the Customer is issuing to the Governor and Company of the Bank of Ireland (the "Bank") this Application and Indemnity.

By execution of this Application and Indemnity the Customer:

- a) indemnifies and agrees to keep indemnified the Bank against all claims, demands, liabilities, losses, costs (including legal fees on a full indemnity basis), actions, proceedings, charges and expenses whatsoever and howsoever arising which the Bank may incur or suffer by reason of providing the Services to the Customer and including but not limited to: (i) the Bank acting on any instructions received through the Services; (ii) any breach by the Customer of this Application and Indemnity or of the Conditions of Use; (iii) any errors contained in any instructions submitted by the Customer; (iv) any unauthorised borrowings arising by reason of the operation of the Services by the Customer; and authorises the Bank to debit any accounts in the name of the Customer with any sums payable by the Customer under this indemnity, provided always, however, that the Customer shall not incur any liability for any such claims, demands, liabilities, losses, costs, actions, charges and expenses as are referred to in this paragraph where they arise out of any fraud or negligence duly proved on the part of the Bank or its employees. For the avoidance of doubt this indemnification shall also apply to any further electronic banking services provided by the Bank to the Customer, which the Customer applies for (by application of the Administrators or otherwise) subsequent to the date of this Application and Indemnity (including but not limited to the provision of Electronic Funds Transmission Services);

If you do not wish the Administrator to have the facility to receive passwords over the phone please tick here

- b) hereby confirms to and for the benefit of the Bank that the Administrator may, (notwithstanding the terms of any mandates already provided by such Customer to the Bank in respect of the operation of its accounts) at any time and from time to time by letter in writing to the Bank, amend the provisions of any mandate given by the Customer to the Bank in respect of any Originating Account; (i) by the deletion of certain account(s); (ii) by the addition of certain account(s); or (iii) by the addition and deletion of certain account(s);
- c) acknowledges that the Bank may admit, compromise or reject any claims made upon the Bank in connection with the use of the Services without reference to or authority from the Customer;
- d) acknowledges and agrees that if the Customer has an expressly agreed overdraft facility, that the Services shall be operated at all times within such facility. The Customer further acknowledges and agrees that any implied limit (if any) on any account of the Customer will not under any circumstances be recognised or taken into account in connection with the operation of the Services;

The Customer has read and agreed to be bound by this Application and Indemnity and all of its terms and the Conditions of Use and the Customer Handbook, all of which as may be amended from time to time at the Bank's discretion. The Customer acknowledges that the Bank shall not accept any amendments, variations, replacements or substitutions to this Application and Indemnity, the Conditions of Use or the Customer Handbook required by the Customer. Words and phrases not specifically defined in this Application shall have the same meaning as in the Conditions of Use when used in this Application and Indemnity.

This Application and Indemnity dated the day of in the year

Company Secretary /Director (Signature)

(Block Capitals)

Director (Signature)

(Block Capitals)

of

(Company Name)

as authorised by a Resolution, a certified copy of which is attached, passed by

the Board of Directors on the day of in the year

REGISTER FOR BUSINESS ON LINE (Tick here)

1. Account Number*

NSC

 - -

Currency

*Nominated Account to which monthly subscription fee will be charged

2. Account Number

NSC

 - -

Currency

3. Account Number

NSC

 - -

Currency

4. Account Number

NSC

 - -

Currency

INTERNATIONAL ACCOUNT NUMBER

Account Number

NSC

 - -

Currency

Account Number

NSC

 - -

Currency

Bank of Ireland Credit Card Number

FOR BANK USE ONLY

Please tick here to confirm customer has PC and Microsoft Internet Explorer.* *Business On Line is not currently compatible with Apple Mac.

Copies of pages 1, 3, 4, 9 and the original of page 11 must be forwarded to Business On Line, 2nd Floor, Arena, Whitestown Way, Tallaght, Dublin 24.

APPLICATION VERIFIED

Signed (Authorised Official) Sig No. Date / /

CUSTOMER RELATIONSHIP MANAGER

Name (BLOCK CAPITALS)

Email

Telephone

BSUP (applicable) Yes No

If Yes, Commencement Date / /

Finish Date / /

Branch Brand

Business On Line Administrator Details

CONFIDENTIAL ADMINISTRATOR DETAILS

The Administrator(s) must complete the Administrator Details application form(s) below. Fold, seal (with selotape) and return along with the legal agreement to your branch.

ADMINISTRATOR 1 DETAILS (as identified on page 4)

Company Name Administrator Name
Title Email Address
Work Mobile No Fax

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. **(Note: *All five are mandatory).**

Date of Birth* DD / MM / YY Middle Name*
Work Phone No*
Mother's Maiden Name*
Home Address*
Post Code

You will receive a link to our online tutorial which will guide you through the main functionality of Business On Line.

Note: For security reasons, these details should be kept private by you.

Administrator 1 (Signature)
Date DD / MM / YY

ADMINISTRATOR 2 DETAILS (as identified on page 4)

Company Name Administrator Name
Title Email Address
Work Mobile No Fax

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. **(Note: *All five are mandatory).**

Date of Birth* DD / MM / YY Middle Name*
Work Phone No*
Mother's Maiden Name*
Home Address*
Post Code

You will receive a link to our online tutorial which will guide you through the main functionality of Business On Line.

Note: For security reasons, these details should be kept private by you.

Administrator 2 (Signature)
Date DD / MM / YY

Confidential

Company Name:

Administrator Details Only

Confidential

Company Name:

Administrator Details Only

Visa Business Card Application Form

Bank of Ireland's Visa Business Card Account Details

Visa Business Card

Gold Visa Business Card

Company and Company Administrator (Contact to receive summary statement and to access Gold Visa Business Online if applicable)

Mr Mrs Miss Ms Dr Other

First Name

Surname

Telephone Number (Please include full international dialling number)

0 0

Email* (Mandatory)

Company Business Name

Company Address

Company Registration Number

BUSINESS TYPE (Please tick)

Limited Company Unincorporated Body
 Partnership Sole Trader
Business Status Non registered in Ireland Unincorporated
 Business On Line Customer Business Start Up

Date Company Formed

No. of Employees

Primary Business Activity (please tick)

Service Distribution Manufacturing Other

Business Activity Description

Preferred Date of the Month for Visa Business Card statement to issue

3rd 10th 15th 22nd 28th

Note: Automatic payment by Direct Debit 6 days after statement date.

Mother's Maiden Name* (Mandatory)

Date of Birth* (Mandatory)

Company Password* (Mandatory)

Company password must be eight characters and a mix of capital letters and numbers.

*Mandatory fields for Gold Visa Business On Line.

CONSENT TO DIRECT MARKETING

I consent to the details that I am being asked to supply, being used to provide me with information about other products and services, either from the Bank of Ireland, or which the Bank has arranged for me with a third party.

If you would not like the information to be utilised for this purpose, please tick this box

I understand that at any time I can ask you to stop or change the methods by which the Bank may send me marketing materials. This can be done by writing to Bank of Ireland Credit Cards, 3rd Floor, New Century House, Mayor Street Lower, IFSC, Dublin 1.

Under the terms of The Mandate dated which you hold, I/we/our Business ("The Company") requests that you arrange to have Bank of Ireland Visa Business Cards issued in the names of the individuals whose names are set out in the list below. It is understood that the Bank of Ireland Visa Business Card Terms and Conditions, a copy of which will be issued to the customers under separate cover ("Terms and Conditions") shall apply to and in respect of all such Cards. Any amendments, from time to time will be advised to you by whatever means the Bank in its discretion deems appropriate. I/ we/our Business ("The Company") consent to the transfer of our information to a third party contracted on behalf of the Bank of Ireland for the purpose of operating the Gold Visa Business Online Transaction System.

Signature 1

Signature 2

Date

(CONTINUED OVERLEAF)

DIRECT DEBIT MANDATE MANDATORY - You must complete and sign this section. Please do not detach. We will send mandate to your branch after account opening

Name of account to be debited

Account Number NSC

To: The Manager - Name

Originator Number

Bank Address

Signature 1

Signature 2

Date

Corporate Direct Debit Ref

Instructions to Bank: The Bank is hereby authorised to debit the Company's Current Account at your Branch or any other account of the Company at your Branch or at any other Branch of the Bank, as the Bank may deem appropriate, with all amounts which under the Conditions of Use may be charged to the Company's VISA accounts. Banks may refuse to accept instructions to pay direct debits from some types of account.

After Completion, the Bank Branch should return the full application form including the Direct Debit Mandate to: Bank of Ireland, Credit Operations, New Business, 2nd Floor, Operations Centre, Cabinteely, Dublin 18.

1. Company Name to appear on Card

Maximum number of characters is 19 - please abbreviate as appropriate. If additional cards are required please supply details on a separate sheet

2. Name to appear on Business Cards (Please include Mr/Mrs/Miss/Ms/Dr/other)

Date of Birth* (Mandatory)

DDMMYY

Limit

€

ATM/Cash Advance

Yes

No

Mother's Maiden Name* (Mandatory)

3. Name to appear on Business Cards (Please include Mr/Mrs/Miss/Ms/Dr/other)

Date of Birth* (Mandatory)

DDMMYY

Limit

€

ATM/Cash Advance

Yes

No

Mother's Maiden Name* (Mandatory)

Total Credit Limit required

€

ADDITIONAL INFORMATION MANDATORY FOR GOLD VISA BUSINESS ONLINE

1. Full international phone/mobile number

Employee ID

Cost Centre

Email

2. Full international phone/mobile number

Employee ID

Cost Centre

Email

FOR BANK USE ONLY

Date

DDMMYY

Customer Credit Grade

App. No.

Corp No.

2

Acc. No.

NSC

Mandatory for Corporate and A-C Accounts only. Overall limit approved for connection is

€

I confirm that all the AML Documentation for the above customer is correct and held by the branch (reference Bank Account & NSC details listed above) and that all the details provided on this application are accurate. I recommend approval of the facility and the issue of the card(s). If this is a corporate account and A-C managed account, I confirm that the Contingent Liability Account has been opened for the above and I authorise you to open the above account.

Please check that the following sections have been fully completed and signed where appropriate.

Primary Business Activity

Risk Rating

Standard

High

Company dealing/associated with a high/very high risk country?

Yes

No

Confirmation of ID&V for Beneficial Owners where the Risk Rating is High

Yes

No

BRANCH CHECK LIST

Beneficial Ownership Section - Completed, photocopied & attached

Direct Debit Mandate - Completed and signed

List of Authorised Cardholders - Completed

Bank Use Only - Completed and signed

Application must be signed and authorised using your 4 digit number

Print Name

Signature

Authorised Number

Email

Address

Branch NSC

(NB for FIR Credit) RDC

Our range of other Products and Services

We have a number of other services that you may be interested in for your business. Please tick below if you require, or are interested in receiving information regarding, any of the following:

| | | | | | |
|------------------------|--------------------------|--------------------|--------------------------|---------------------|--------------------------|
| Deposits | <input type="checkbox"/> | Lending/Overdrafts | <input type="checkbox"/> | Electronic Services | <input type="checkbox"/> |
| Asset Finance | <input type="checkbox"/> | Invoice Finance | <input type="checkbox"/> | Foreign Exchange | <input type="checkbox"/> |
| Treasury Services | <input type="checkbox"/> | | | | |
| Other (please specify) | <input type="text"/> | | | | |

BUSINESS DEBIT CARD APPLICATION FORM - 2 CARDS MAXIMUM - (OPTIONAL)

Business Name to appear on the card
(max 24 characters)

This must be the same as the name on the account.

Name to appear on the card
(max 24 characters)

Signature 1

Name to appear on the card
(max 24 characters)

Signature 2

ATM LODGMENT CARD APPLICATION FORM - 2 CARDS MAXIMUM - (OPTIONAL)

Business Name to appear on the card
(max 24 characters)

This must be the same as the name on the account.

Name to appear on card 1
(max 24 characters)

Name to appear on card 2
(max 24 characters)

FOR BANK USE ONLY

All applications verified

Signed (Authorised Official)

Signature No. Date / /

www.bankofireland.com/business

Bank of Ireland is regulated by the Central Bank of Ireland.

Ref: 4-789L R.4 (01/12)