



# Business Current and Demand Deposit Account Application Pack

Republic of Ireland

**JOINT/PARTNERSHIP ACCOUNT**

# 5 Steps to opening your Business Account with Bank of Ireland

## STEP 1 Gather the following documentation together:

- Bank statements for the previous 6 months (not applicable to business start-ups)
- If you are trading under a name other than your surnames 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)
- A copy of your Business Plan (if available)
- A copy of the Partnership Agreement (if available)
- Identification and other documentation outlined in Step 3 below

## 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 require from the Bank
- Certified List with details of the Partners and other Beneficial Owners\*
- Partnership Account Mandate and Data Protection Consent Form - this provides us with details of those authorised to process transactions on your business account
- Identification and Consent - these forms must be completed and details provided for each person who needs to be identified (see step 3 below)

\*Beneficial Owners are those individuals who ultimately own or control 25% or more share of the capital or profit or voting rights in the partnership, or who otherwise exercise control over the management of the partnership.

## STEP 3 Comply with identification and reporting requirements.

**A.** 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 partners in the partnership
- Two authorised signatures who are authorised to sign any transactions on the account of the Partnership i.e. any authorised signatories
- Other 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 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.

**B.** If you are opening an interest bearing account we require details of your PPSN or Tax Reference Number to comply with Return of Payments obligations. We require acceptable proof of your PPSN (P60 or relevant tax form), where applicable.

## 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 partnership has received a copy of the following:

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | The Terms of Business                                   | <input type="checkbox"/> | New Customer Business Account Terms and Conditions |
| <input type="checkbox"/> | The Schedule of Fees and Charges for Business Customers | <input type="checkbox"/> | The Schedule of International Transaction Charges  |

Signed

Business Representative to sign here

Date

/  /

**ACCOUNT NUMBERS**

NSC   -   -    
 NSC   -   -

A/c No.          
 A/c No.

RDC          
**BSUP** Yes  No

**Account Opening Application Form - Partnership Account**

Please use **BLOCK CAPITALS** and tick where appropriate

**ACCOUNT REQUIRED BY THE PARTNERSHIP** Business Current Account  and/or Demand Deposit Account

Partnership Name                       
 Trading Name (if different from above)

Business Address

Time in Business   Years   Months  
 Time with Bank of Ireland Group   Years   Months

Business Telephone            
 Business Mobile\*            
 Business Fax

Expected Annual Turnover €

Business Email\*

Type of Transactions expected through the Account (tick all applicable)  
 Cash  Cheque  DD / SO  
 Electronic  International Payments

Web Address\*

Countries with which you trade outside the EU

Primary Contact in Partnership

Is Partnership formed and/or registered in Ireland? Yes  No

Business Sector (e.g. construction, technology, retail)

If no, which country is Partnership formed and/or registered in?

Main Business Activity (detailed description)

Tax Reference Number

(Where registered partnership. Required for interest earning accounts only. If not registered, PPSN is required per partner - see page 3)

**DESTINATION OF INTEREST** (Complete only for interest bearing accounts)

Credit this Account  EFT (BOI Account only)   
 Account Number

NSC     -   -

**ACCOUNTANT'S DETAILS\***

Name of Accountancy Practice   
 Contact Name in Practice   
 Address   
  
  
 Telephone

**SOLICITOR'S DETAILS\***

Name of Solicitors Practice   
 Contact Name in Practice   
 Address   
  
  
 Telephone

**YOUR STATEMENT REQUIREMENTS** How often do you require a Statement?

Monthly  Quarterly  Annually  Other

What date of the month would you like your Statement to issue

**CHEQUE BOOK/LODGMNT BOOK** Please indicate which you require:

Standard Cheque Book (50 cheques)  Lodgment book (50) Yes  No   
 Businesscheck Cheque Book (carbonised) - Additional charges apply for this cheque book style

Name to appear on Cheque Book/Lodgment Book\*\*

\*Optional fields. \*\*This must always show your legal name and if required can also include a trading name as detailed in Section 1.





# Certified list with details of Partners and Beneficial Owners

## B. Other Beneficial Owners (if any) - Individuals

List the names of other Beneficial Owners of the Partnership (other than the partners listed on previous page at (A) i.e. all individuals who ultimately own or control 25% or more of the capital or profits or voting rights in the Partnership or otherwise exercise control over the management of the Partnership.

<b>Beneficial Owner Name</b>	<input type="text"/>																							
Residential Address	<input type="text"/>																							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage Control	<input type="text"/>	%	(if applicable)														
<b>Beneficial Owner Name</b>	<input type="text"/>																							
Residential Address	<input type="text"/>																							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage Control	<input type="text"/>	%	(if applicable)														
<b>Beneficial Owner Name</b>	<input type="text"/>																							
Residential Address	<input type="text"/>																							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage Control	<input type="text"/>	%	(if applicable)														
<b>Beneficial Owner Name</b>	<input type="text"/>																							
Residential Address	<input type="text"/>																							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Irish Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Percentage Control	<input type="text"/>	%	(if applicable)														

## C. Other Beneficial owners (if any) - Shareholding Entities

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

<b>1. Name of Entity</b>	<input type="text"/>																								
Address	<input type="text"/>																								
<input type="text"/>	%	Control in the Partnership	Registered Number	<input type="text"/>																					
<b>2. Name of Entity</b>	<input type="text"/>																								
Address	<input type="text"/>																								
<input type="text"/>	%	Control in the Partnership	Registered Number	<input type="text"/>																					

For any of the Shareholding Entities 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 Shareholding Entity or otherwise exercise control over the management of the Shareholding Entity.

I confirm that the information provided herein in respect of the Partners and Beneficial Owners of this Partnership are correct.

I undertake to advise you of any changes to the above list of Partners and/or Beneficial Owners.

Signed  Partner

The above confirmation must be signed by a Partner on behalf of the Partnership.

### 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	<input type="text"/>																							
Do you consider the business activity of the client to be high risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the client intend to have dealings with High/Very High risk countries?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																			
Was there any element of non face to face contact with the principal(s) of the connection during the application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	OVERALL RISK RATING*	Standard <input type="checkbox"/>	High <input type="checkbox"/>																			
Are there any non-resident politically exposed persons (PEP) associated with the account/entity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																						

\*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)	<input type="text"/>	Staff Number	<input type="text"/>
Date	<input type="text"/>		

**ACCOUNT NUMBERS**

A/c No. 1.

NSC   -   -

A/c No. 2.

A/c No. 3.

**Partnership Mandate and Data Protection Consent Form**

This form must be completed by all the partners in the partnership or in accordance with the Partnership Agreement

To: The Governor and Company of the Bank of Ireland ("The Bank").

Brand

Branch

Date

  /   /  

We, the undersigned, having read and understood the New Customer Business Account Terms and Conditions, Terms and Conditions of Use and Customer Handbook for Business on Line Banking (Banking online), Terms of Business, Schedule of Fees and Charges for Business Customers and Schedule of International transaction Charges, hereby authorise you to open one or more accounts in our names, or in the Registered Partnership name of

and we authorise you to honour all cheques, promissory notes, bills, withdrawal forms and orders drawn on the accounts and to act on the instructions

relating to the accounts signed by  Any one of  Any two of  All of (please tick whichever is applicable)

the following:

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

notwithstanding that such action may lead to borrowing or cause any account to be overdrawn or any overdraft to be increased. We agree with you and one another that in the event of the death of any one or more of us any monies outstanding in any accounts in our joint names shall be payable to or held for the survivor or survivors and in the event of the death of the last survivor for the personal representative(s) of the last survivor. We hereby agree to hold ourselves severally as well as jointly liable for all monies due and liabilities incurred under the above authorisation in any manner whatsoever. Furthermore, we hereby agree that this Mandate shall remain in full force and effect until an amending Mandate shall be communicated to you under our joint signatures.

**Data Protection**

**DIRECT MARKETING CONSENT**

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

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

We understand that at any time we can ask you to stop or change the methods by which the Bank may send us marketing materials. This can be done free of charge by writing to our branch of the Bank.

**TO THE BANK OF IRELAND GROUP**

- Where this application is an application for facilities, we confirm that we are not less than 18 years of age.
- We certify the accuracy of the information in the event of any future applications by us (whether oral or written) for a facility, unless we expressly advise you to the contrary at the time of any such future application.
- We understand that you reserve the right to decline this or any future application without being required to state or reason that no correspondence will be entered into in such circumstances.
- We hereby consent to the Bank and, where appropriate, the Group, and its or their duly authorised agents, holding, using, disclosing and processing our data in the following ways (where defined terms have the meaning set out at the end of this Clause 4):
  - unless we have indicated to the contrary in writing, for direct marketing purposes, to advise us of products or services of the Bank, the Group or selected third parties. Unless we indicate to the contrary, to contact us by post, telephone, email, fax or other means (subject to applicable legislation);

# Partnership Mandate and Data Protection Consent Form

## Data Protection (continued)

- (b) to carry out statistical analysis and market research;
- (c) to maintain a "single view" of our relationship with the Bank/Group; and whereby data can be transferred between the Bank and members of the Group, and its or their duly authorised agents, held on, or linked to, a Group database and for the Bank and any other Group companies and/or duly authorised agents to manage and develop its/their relationship with us and for general business purposes;
- (d) to carry out searches and disclose information to credit reference agencies for the purpose of assisting applications for credit and credit related services and for ongoing credit review. We further consent to the recording of any transaction which may result from this application with the Irish Credit Bureau, any successors thereto, or any other such credit reference agency(ies) (hereinafter referred to as "ICB"); to ICB recording, retaining and disclosing details of searches made against us for a period of one year prior to; and one year subsequent to; the date of the search made in respect of this application; to ICB disclosing details of any transaction which might result from this application to financial institutions participating in the ICB and to ICB (and financial institutions participating in the ICB) disclosing to each other any material misstatement of fact contained in applications by us for financial services;
- (e) to manage and administer our accounts or policy/policies of insurance on an on-going basis; for on-going credit review and analysis; to the disclosure of information and/or documentation to a prospective or actual assignee; to the disclosure of information and/or documentation to any other party in connection with a loan transfer and securitisation scheme;
- (f) where we hold a mortgage with the Bank/Group, we consent to the use of our data for the purposes described in the mortgage application, loan offer and mortgage documentation;
- (g) to hold, use, disclose and process our data for any other specific purposes where we have given the Bank/Group our specific consent to do so;
- (h) for disclosure or transfer of our data abroad but only for any of the purposes specified above, to persons who have been approved by the Bank and/or the Group, and in a manner compliant with applicable data protection legislation.

In this Authorisation, the following terms have the following meanings; the "Bank" means The Governor and Company of the Bank of Ireland (which includes Bank branches); the "Group" means any and all of the separate legal entities that comprise the Bank of Ireland Group; our "data" means all and any information which has been provided or will be provided to you, whether by us or by a third party, including in any application forms; provided in further meetings and discussions with you; ongoing transaction data in respect of our accounts and relationships with the Bank/Group; or other such data.

- 5. In the event of a Facility being approved, we authorise you to make the Facility available and to put the appropriate repayment schedule into effect.
- 6. We agree that the Facility (and any other facilities as may be granted by you at your discretion) shall be subject to the terms and conditions and specific provisions detailed in your Credit Agreement, once issued.

## Business On Line

### Where the Business On Line facility is provided, that

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

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

That the Administrator(s) is authorised:

- a) to confirm in writing to the Bank the identity of the Originating Accounts (as defined in the Conditions of Use) of the Business Account 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);
- b) to advise the Bank in writing from time to time of any changes to, deletion or addition of Originating Accounts of the Business Account accessed through the Services; and
- c) to perform the other functions identified in the Agreement, as same may be amended from time to time.

**The foregoing Mandate, Consent and Authorisation is signed in accordance with the Partnership Agreement or by all partners:**

Date   /   /

Partner Name (BLOCK CAPITALS)	Signature
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>
6. <input type="text"/>	<input type="text"/>

Witness Name	<input type="text"/>	(BLOCK CAPITALS)
Witness Signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Occupation of Witness	<input type="text"/>	

# Identification and Consent Form (1)

Please photocopy for additional partners, where required

This Form must be completed by two of the partners and two authorised signatories. (The Bank may also, at its discretion, require any of the Partners, Authorised Signatories or other 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) Partner  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  /  /

Interest bearing accounts for non registered partnerships - partners only

PPSN not provided  I don't have official documentation with my name, address and PPSN but I will let you have this as soon as I can. I declare the foregoing to be true and accurate.

PPSN provided but no proof attached  I don't have official documentation with my name, address and PPSN but I will let you have this as soon as I can. I confirm the PPSN supplied below is my PPSN. I declare the foregoing to be true and accurate.

PPSN provided and proof attached  PPSN

Signed  Date  /  /

## FOR BANK USE ONLY

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 for additional partners, where required

This Form must be completed by two of the partners and two authorised signatories. (The Bank may also, at its discretion, require any of the Partners, Authorised Signatories or other 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) Partner  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  /  /

Interest bearing accounts for non registered partnerships - partners only

PPSN not provided  I don't have official documentation with my name, address and PPSN but I will let you have this as soon as I can. I declare the foregoing to be true and accurate.

PPSN provided but no proof attached  I don't have official documentation with my name, address and PPSN but I will let you have this as soon as I can. I confirm the PPSN supplied below is my PPSN. I declare the foregoing to be true and accurate.

PPSN provided and proof attached  PPSN

Signed  Date  /  /

## FOR BANK USE ONLY

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

Managing Partner (Signature)  (Block Capitals)

Partner (Signature)  (Block Capitals)

of  (Partnership 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, 5, 6, 9 and 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 6)

Partnership Name	<input type="text"/>	Administrator Name	<input type="text"/>
Title	<input type="text"/>	Email Address	<input type="text"/>
Work Mobile No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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*	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Middle Name*	<input type="text"/>
Work Phone No*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mother's Maiden Name*	<input type="text"/>		
Home Address*	<input type="text"/>		
Post Code	<input type="text"/>		

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	<input type="text"/>	(Signature)
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

### ADMINISTRATOR 2 DETAILS (as identified on page 6)

Partnership Name	<input type="text"/>	Administrator Name	<input type="text"/>
Title	<input type="text"/>	Email Address	<input type="text"/>
Work Mobile No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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*	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Middle Name*	<input type="text"/>
Work Phone No*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Mother's Maiden Name*	<input type="text"/>		
Home Address*	<input type="text"/>		
Post Code	<input type="text"/>		

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	<input type="text"/>	(Signature)
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	

**Confidential**

**Partnership Name:**

**Administrator Details Only**

**Confidential**

**Partnership 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](http://www.bankofireland.com/business)

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

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