Agri Lending Application Form

Republic of Ireland



Notice

Under the Credit Reporting Act 2013 lenders are required to provide personal and credit information for credit applications and credit agreements of €500 and above to the Central Credit Register. This information will be held on the Central Credit Register and may be used by other lenders when making decisions on your credit applications and credit agreements.

When the Central Credit Register goes live in 2018, you will be entitled to:

- ▶ Get a copy of your credit record from the Central Bank
- Correct any errors on your credit record
- ▶ Tell the Central Bank if you suspect you may have been impersonated
- Ask the Central Bank to add a short explanation written by you to your credit record

To learn more about the register, and your rights and duties under the Credit Reporting Act 2013, please see www.centralcreditregister.ie

In order to provide you with a timely response and to allow us assess risk fairly and consistently, we may use automated decision making. If you do not agree with the result, you have the right to provide us with your point of view and have those decisions reviewed by a member of our team.

Three easy steps to applying for Agri lending with Bank of Ireland

- 1. Arrange a meeting with your Business Adviser at the branch
- 2. Complete the enclosed Application Form in full
- 3. Gather any additional supporting documentation or information that may be required by the Bank (Your Business Adviser will inform you if the Bank have any additional requirements)

Credit Application Assistance

To help you with your request for credit, please refer to the following websites: www.businessbanking.bankofireland.com/business-supports/guide-to-obtaining-credit www.creditreview.ie/Publications.aspx

Definition of Small and Medium-sized Enterprises (SMEs)

The SME Regulations apply to "micro, small and medium sized enterprises" and the SME Regulations define these enterprises as follows:

When the Central Credit Register goes live in 2018, you will be entitled to:

- "micro and small enterprise" means an enterprise which employs fewer than 50 persons and which has either or both of the following:
 (1) an annual turnover which does not exceed €10 million;
- "micro, small and medium-sized enterprise" means an enterprise which employs fewer than 250 persons and which has either or both of the following: (1) an annual turnover not exceeding €50 million (2) an annual balance sheet total not exceeding €43 million.

Agri Lending Application Form

Republic of Ireland

PLEASE COMPLETE IN BLOCK CAPITALS

Thank you for your recent enquiry in relation to credit facilities. In order to progress your application you will need to arrange a meeting with your Bank of Ireland Business Adviser and complete this Agri Lending Application Form. You can complete this form with the assistance of your Business Adviser during this meeting or with the help of a Business Professional.

Your Business Adviser will inform you of any further documentation that may be required to support your application. Your request for credit will be progressed when your Business Adviser has received these documents along with your signed Agri Lending Application Form.

| Section 1: Farm Bus | siness Details | |
|---------------------------|--|--|
| Please tell us about your | farming business. This information will a | ssist us in providing a professional timely response. |
| Business Name | | Company Registration No. |
| Trading Name | | Company incorporated in (Country) |
| | | No. of Outlets |
| Farm Address | | |
| Contact Person | | La Dispinana Ciana Vanta Mantha |
| Contact Person | | In Business Since Years Months |
| Email | | Customer Since Years Months |
| Telephone | | No. of Employees as at /////// |
| Mobile | | Business Type Sole Trader Ltd Co. Other |
| Best Contact Time | | If other, please specify |
| Main Bank Account Details | | |
| Sort Code | | |
| BUSINESS OWNERSH | IIP DETAILS | |
| | ing entity that ultimately owns or contro rol over the management of this busines | ols 25% or more of the shares or voting rights in this business or ss |
| Owner Name | | Director Yes No Irish Resident Yes No |
| Occupation | | Date of Birth / / / |
| Address | | Percentage Shareholding |
| | | |
| Owner Name | | Director Yes No Irish Resident Yes No |
| Occupation | | Date of Birth / / / |
| Address | | Percentage Shareholding |
| | | |
| Owner Name | | Director Yes No Irish Resident Yes No |
| Occupation | | |
| Address | | Percentage Shareholding |
| | shareholder that ultimately owns or con rol over the management of this busines | atrols 10% or more of the shares or voting rights in this business or is |
| Owner Name | | Director Yes No Irish Resident Yes No |
| Occupation | | Date of Birth / / / |
| Address | | Percentage Shareholding |

BUSINESS OWNERSHIP DETAILS CONTINUED.

otherwise exercises control over the management of this business Company Name % of shares owned in the Company Registered No. Company Name % of shares owned in the Company Registered No. (If more fields are required, please photocopy page) **FARM FINANCIAL DETAILS** Note: Personal financial details will be sought in later sections **BORROWING Financial** Balance Repayment Frequency Annual **DETAILS** Institution (e.g. €200,000) Amount (e.g. Monthly) Repayment (e.g. €2,000) (e.g. farm overdraft, Credit (e.g. €24,000) (e.g. BOI) Union Loan, Stocking Loan, Leasing and Hire Purchase) OTHER FINANCIAL **Details** Amount **COMMITMENTS** (e.g. Merchant Credit, Co-Op Debt, Forward Contracts, Bank Guarantees, etc. SAVINGS/DEBTORS **Financial Institution** Amount Held (000's) Savings/Deposit Acc Savings/Deposit Acc (if applicable) Other Savings Debtors **Total Value**

List below any corporate shareholder that ultimately owns or controls 10% or more of the shares or voting rights in this business or

| INVESTMENTS | Financial Institution | | Value € | Term Remaining (if applicable) |
|---------------------------|--|--|------------------------------|--|
| Investments | | | | |
| Life Assurance | | | | |
| Pension | | | | |
| Shares | | | | |
| Property | | | | |
| Other (specify) | | | | |
| Other (specify) | | | | |
| | | | Total V | /alue |
| | | | Total (| |
| EADM DETAILS | | | | |
| FARM DETAILS | | (F = 1.5 200 | (20) | visional delice (CO veilleigna havel). has filed |
| head – calf to beef) for | description of your farming system estry (15 acres) and tillage (Barley | m (E.g. 1 farm 200 acr y) enterprises). | es (30 leased) compi | rising dairy (60 milking herd), beef (80 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Suckler Cow Enterprise: (| Calves sold at age | | | (months) |
| | (Calf to Beef) (Forward Stores to Be | ef) (Summer Grazing) (| Over - Wintering) | |
| | - Early) (Lowland - Mid Season) (Hill. | | Over willering) | |
| Sheep System. (Lowidha | Earry) (Eowiana Wila Season) (Tillia | /Wountainly | | |
| HERD HEALTH STA | TUS | | | |
| Please tick as appropri | ate | | | |
| T.B Clear | Closed | TBC | Count for yea | ar ending / / / |
| BVD Clear | Vaccinated | Leptospiros | is Oth | her |
| OWNED LAND DET | AILS | | | |
| LAND OWNED | Townland | Acreage Q | uality (Excellent; Good; Ave | erage; Poor) Market Value (€) |
| Lot 1 | | | | |
| Lot 2 | | | | |
| Lot 3 | | | | |
| Lot 4 | | | | |
| Lot 5 | | | | |

DETAILS OF RENTED LAND

| (Specify lease or i | rent) | Townland | Acre | age | Term | Annual Rental per Acre (€) |
|----------------------|------------------------|------------------------------|-----------|-------------|-----------------|--|
| Lot 1: Lease/Rent (c | delete as appropriate) | | | | | |
| Lot 2: Lease/Rent (c | delete as appropriate) | | | | | |
| Lot 3: Lease/Rent (c | delete as appropriate) | | | | | |
| Lot 4: Lease/Rent (c | delete as appropriate) | | | | | |
| Lot 5: Lease/Rent (c | delete as appropriate) | | | | | |
| DAIRY DETAIL | S IF APPLICABLE. | | | | | |
| Current annual milk | k production | Projected annual mi | ilk produ | uction | | CAPITAL EXPENDITURE IN PAST YEAR/TWO YEARS |
| Gallons | Litres | Gallons | Litr | res | | (provide details of development and cost) |
| Year ending (| | Year ending | /[| | | |
| Co-op Supplied | | | | | | |
| Protein content | | Year ending // | | | | |
| Butterfat content | | Year ending // | | | | |
| Average Yield per (| Cow | gallons/Litres (delete as ap | opropria | ite) | | |
| Milk Production Pla | tform | acres | | | | |
| LIVESTOCK | | | | | | |
| Livestock Categor | ry | Number | | Market Valu | ie per unit (€) | Total |
| DAIRY | Cows | | | | | |
| | In Calf heifers | | | | | |
| | Maiden heifers | | | | | |
| | Calves 0-6 mths | | | | | |
| | Bulls | | | | | |
| BEEF | Suckler cows | | | | | |
| | In Calf heifers | | | | | |
| | Bulls | | | | | |
| | Over 2 years | | | | | |
| | 1-2 years | | | | | |
| | < 1 year | | | | | |
| SHEEP | Breeding ewes | | | | | |
| | Lambs | | | | | |
| | Rams | | | | | |
| | Other Sheep | | | | | |
| PIGS | Sows & Gilts | | | | | |
| | Boars | | | | | |
| | Fattners | | | | | |
| | Bonhams | | | | | |

| LIVESTOCK co | NTINUED. | | | |
|------------------|-----------------|-------------------------------|--------------------------|-----------|
| Livestock Catego | ory | Number | Market Value per unit (€ |) Total |
| HORSES | Specify | | | |
| POULTRY | Specify | | | |
| OTHER | Specify | | | |
| | | | Total Value | |
| | | | | |
| CROPS | | FA | ARM MACHINERY DETAIL | _S |
| Crop Type | Acreage Expecte | d yield Total Market Value De | escription | Age Value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total Va | lue | To | tal Value |
| | | | | |
| FARM PRODU | JCE IN STOCK | | | |
| | Number | Market Value | per unit (€) Total | |
| Silage (tons) | | | | |
| Silage (bales) | | | | |
| Hay (bales) | | | | |
| Straw (bales) | | | | |
| Grain (tons) | | | | |
| Other (Specify) | | | | |
| Other (Specify) | | Total Value | | |
| | | Total value | | |
| LABOUR | | | | |
| | Amount per ann | um (€) | | |
| Casual | | | | |
| Permanent | | | | |

Total Value

DETAILS OF FARM BUILDINGS

| Description | Liv | estock capac | ity | | Location (i.e. lo | ot 1, lot 2, etc.) |
|------------------------------------|-----------------|--------------|---------------|---|-------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DIRECT PAYMENT D | ETAILS | | | | | |
| Single Farm Payment | | | | | Amount | |
| Number of Entitlements | | Value pe | er hectare | | | |
| Rural Environment Protection | on Scheme (REPS | Year of e | expiry (| | | |
| Agri Environmental Options | s Scheme (AEOS) | Year of e | expiry (| | | |
| Forestry Premia | | Year of e | expiry (| | | |
| Disadvantaged Area Payme | ent | | | | | |
| Suckler Cow Welfare Schem | ne | | | | | |
| Total | | | | | | |
| TRADING ACCOUNT | S | | | | | |
| | Year 1 | | Year 2 | | Year 3 | |
| Full Year Accounts? | Yes No | | Yes No | | Yes | No |
| Period Ending | | | | / | | |
| Accounts Type | Audited | | Audited | | Audite | d |
| | Auditors Name | | Auditors Name | | Audito | rs Name |
| | | | | | | |
| | Certified | | Certified | | Certifie | ed |
| | Management | | Management | | Manag | gement |
| | Other | | Other | | Other | |
| | Value (€000s) | | Value (€000s) | | Value | (€000s) |
| Sales/Turnover | | | | | | |
| Gross Profit | | | | | | |
| Net Profit | | | | | | |
| Interest | | | | | | |
| Depreciation | | | | | | |
| Drawings | | | | | | |
| Tax | | | | | | |
| OTHER Tax Status (Tax up to date) | Yes | No | | | | |
| Is a revenue agreement in p | | No | | | | |
| Monthly Amount of Poyong | | | | | | |

Section 2: Personal Details

Your personal details are also important to us and while it is critical to understand your business, it is also important to understand its owners. These details will help us meet your current needs.

Note: If your personal details below are the same as your Business/Farm Financial Details that you have just filled in, there is no need to complete all fields below.

PERSONAL DETAILS - PRINCIPAL BUSINESS/FARM OWNER Time with Bank Months Name Years No. of Dependants Address Age Range Residential Status Owner Tenant Living with Parents Other No. of Years at Address Estimated Value of Home Account Number **Annual Salary** Sort Code Previous Address **Contact Details** (If less than 3 years at current address) Email Telephone Mobile Best Contact Time

Off Farm Income (OFI) (Tick as appropriate) Gross

Amount

Details

OFI (ii)

*We use this to check the Central Credit Register, which became law in 2019. Documentary evidence of your PPSN will be required.

Date of Birth
Personal Public
Service Number

(PPSN)*

PERSONAL FINANCIAL DETAILS - PRINCIPAL BUSINESS/FARM OWNER

| BORROWINGS | Financial Institution | Amount Outstanding (000's) | Monthly Repayments |
|----------------------|-----------------------|----------------------------|--------------------|
| Mortgage | | | |
| Personal Loan | | | |
| Motor Loan | | | |
| Overdraft | | | |
| Credit & Other Cards | | | |
| Tax Liability | | | |
| Other | | | |

Net

Freq. of Payment

SAVINGS & INVESTMENTS

| | Financial Institution | Amount Outstanding (000's) | |
|------------------------------------|------------------------|--|--|
| Savings | | | |
| Deposits | | | |
| Other | | | |
| Investments | | | |
| Investment Accounts | | | |
| Life Assurance | | | |
| Shares | | | |
| Pensions | | | |
| Property (other than family hor | ne) | | |
| Please indicate curre | nt property value | | |
| Other | | | |
| PROPERTY | | | |
| Property 1 (other tha | in family home) | | |
| Please also indicate of | current property value | Gross annual rental income (if applicable) | |
| Property 2 (other tha | in family home) | | |
| Please also indicate of | current property value | Gross annual rental income (if applicable) | |
| Other (give details) | | | |

PERSONAL DETAILS - SECOND BUSINESS/FARM OWNER Time with Bank Months Name Address No. of Dependants Age Range to Residential Status Owner Tenant Living with Parents Other No. of Years at Address Estimated Value of Home Account Number **Annual Salary** Sort Code Previous Address **Contact Details** (If less than 3 years at current address) Email Telephone Mobile Best Contact Time Date of Birth Personal Public Service Number Off Farm Income (OFI) (Tick as appropriate) Gross Net (PPSN)* Freq. of Payment Details Amount *We use this to check the Central Credit Register, which became law in 2019. Documentary evidence of your PPSN will be required. OFI (i) OFI (ii) PERSONAL FINANCIAL DETAILS - SECOND BUSINESS/FARM OWNER **BORROWINGS Financial Institution** Amount Outstanding (000's) **Monthly Repayments** Mortgage Personal Loan Motor Loan Overdraft Credit & Other Cards Tax Liability

Other

SAVINGS & INVESTMENTS

| | Financial Institution | Amount Outstanding (000's) | |
|------------------------------------|------------------------|--|--|
| Savings | | | |
| Deposits | | | |
| Other | | | |
| Investments | | | |
| Investment Accounts | | | |
| Life Assurance | | | |
| Shares | | | |
| Pensions | | | |
| Property (other than family hor | ne) | | |
| Please indicate curre | nt property value | | |
| Other | | | |
| PROPERTY | | | |
| Property 1 (other tha | in family home) | | |
| Please also indicate of | current property value | Gross annual rental income (if applicable) | |
| Property 2 (other tha | in family home) | | |
| Please also indicate of | current property value | Gross annual rental income (if applicable) | |
| Other (give details) | | | |

Section 3: Application Details

Please tell us about your current financial requirements. If you are unsure, please discuss with your Relationship Manager, who will be happy to go through the various options.

| FACILITY 1 | FACILITY 2 |
|---|--|
| Overdraft Loan | Overdraft Loan |
| Other | Other |
| Amount Required | Amount Required |
| Repayment Period Years Months | Repayment Period Years Months |
| Purpose of Facility (eg. Working Capital) | Purpose of Facility (eg. Working Capital) |
| Loan Repayment Frequency (eg. Monthly) | Loan Repayment Frequency (eg. Monthly) |
| Loan First Repayment Date //////////////////////////////////// | Loan First Repayment Date //////////////////////////////////// |
| Do you foresee any additional requirement over the coming 12 months? Yes No | If yes, please provide details |
| Describe briefly the purpose of Facility 1 and/or Facility 2 and what financi. Please let us know if this investment will be supported by Department of Afunding. | |
| Additional Information Depending on the purpose of your borrowing further details may be requested construction costs may be required. If you are purchasing land to additional information which is relevant to your application. | |
| | |
| ATTACHMENTS | SECURITY / COLLATERAL PROPOSED |
| These details may not be required for all applications. Your Business Adviser will tell you what further information is required to ensure a speedy decision. | Your Business Adviser will inform you if security is required. |
| Management Accounts | |
| Certified/Audited Accounts | |
| Cash Flow Statement/Projections | |
| Business Plan | |
| Aged Debtors Listing | |
| Aged Creditors Listing | |
| Tax Clearance Certificate | |
| Other Other | |

Section 4: Authorisation And Information/Notifications On Use Of Personal Data

This Form must be completed by all Shareholder(s)/Owner(s) who have completed the Personal Details Section in Part 2.

Where more than one applicant, this declaration is to be signed by all parties. (Note: applicants must sign form if personal details are provided.)

Consents required under consumer legislation

The information I am supplying on this application will be used for the purpose of providing me with the service I have requested. By supplying the Bank with my home or work telephone or email address I am giving my consent to Bank of Ireland to contact me in any of those ways in connection with this request.

Yes No

If you do not provide your consent the Bank may not be able to contact you in relation to this application and any subsequent service we may provide.

Data Protection:

I/We understand that – unless the Bank has told me/us differently - the provision of my/our personal details by me/us to the Bank for the purposes of this application is a contractual requirement and/or necessary for the Bank to comply with its legal obligations. By signing this form, I/we acknowledge that I/we have read Bank of Ireland's Data Privacy Summary provided with this application. Please note that more detailed information is available in the full Bank of Ireland Data Privacy Notice which is available on request or at www.bankofireland.com/privacy. This notice is a guide to how the Bank of Ireland Group processes personal data.

Marketing Preferences

Please note that if you are an existing Bank of Ireland Group customer, we will continue to respect your marketing preferences with us.

If for any reason you do not want to be contacted for marketing purposes by us, please contact us on 01 688 3674.

If you are not already a Bank of Ireland Group customer we will not contact you for marketing purposes unless you tell us you would like to be contacted. You can let us know this by contacting us on 01 688 3674.

To the Bank of Ireland Group

- 1. Where this application is an application for facilities, I/we confirm that I/we am/are not less than 18 years of age.
- 2. I/we certify the accuracy of the information in the event of any future applications by me/us (whether oral or written) for a facility, unless I/we expressly advise you to the contrary at the time of any such future application.
- 3. I/We understand if the loan I/we apply for involves the Strategic Banking Corporation of Ireland (SBCI) it will be necessary to share the information (including personal information) collected about me/us for the purposes of this application with the SBCI, and for the Bank to access and process the information (including personal information) collected about me/us by the SBCI. The processing and sharing of such information is based on the following
 - (a) it being necessary for the purposes of the Bank's legitimate interests,
 - (b) it being necessary in order to take steps so that your application for this loan can be considered before a loan agreement can be entered into between us.
- 4. Please read the Personal Data Notice from the Strategic Banking Corporation of Ireland set out below.
- 5. As part of the application process and ongoing loan management I/we understand you will carry out credit checks and share information with the Irish Credit Bureau or other credit reference agencies. I/we understand they will keep a record of this information and may give it to other financial institutions that I/we apply to for credit facilities. I/we confirm I/we have read the Notice from the Irish Credit Bureau set out below.
- 6. In the event of a facility being approved by the Bank and accepted by me/us and following a request to drawdown the facility by me/us, I/we authorise the Bank to make the facility available and to put the appropriate repayment schedule into effect.
- 7. I/We agree that the facility (and any other facilities as may be granted by the Bank at your discretion) shall be subject to the terms and conditions and specific provisions detailed in the Bank's Credit Agreement, once issued.

| SIGNATURES | | |
|-----------------|------|------------|
| Applicant 1 | Date | |
| Applicant 2 | Date | |
| Applicant 3 | Date | |
| Applicant 4 | Date | |
| BANK USE ONLY | | |
| Branch | | NSC |
| Witnessed by | | Date / / / |
| Application No. | | |

WARNING: IF YOU DO NOT MEET THE REPAYMENT ON YOUR CREDIT FACILITY AGREEMENT, YOUR ACCOUNT WILL GO INTO ARREARS. THIS MAY AFFECT YOUR CREDIT RATING, WHICH MAY LIMIT YOUR ABILITY TO ACCESS CREDIT IN THE FUTURE.

WARNING: YOU MAY HAVE TO PAY CHARGES IF YOU REPAY EARLY, IN FULL OR IN PART, A FIXED-RATE CREDIT FACILITY.

CREDIT REFERENCE AGENCIES

As part of the application process and on going loan management we will carry out credit checks and credit scoring and share information with the Central Credit Register (CCR), Irish Credit Bureau (ICB) and/or other credit reference agencies. Those agencies may keep a record of this information and may give it to other financial institutions that you apply to for credit facilities. The ICB uses Legitimate Interests (GDPR Article 6 (f)) as the legal basis for processing of your personal and credit information. These Legitimate Interests are promoting greater financial stability by supporting a full and accurate assessment of loan applications, aiding in the avoidance of over-indebtedness, assisting in lowering the cost of credit, complying with and supporting compliance with legal and regulatory requirements, enabling more consistent, faster decision-making in the provision of credit and assisting in fraud prevention. Please review ICB's Fair Processing Notice which is available at http://www.icb.ie/pdf/Fair Processing Notice.pdf

PERSONAL DATA NOTICE FROM THE STRATEGIC BANKING CORPORATION OF IRELAND

The information, including personal data, provided on this application may be disclosed by the Bank to the Strategic Banking Corporation of Ireland ("SBCI") for the purposes of: (i) determining eligibility for the particular SBCI Scheme; (ii) anti-money laundering / financing of terrorism or fraud; (iii) the Bank and SBCI's reporting functions in accordance with the Scheme; and (iv) conducting relevant surveys by or on behalf of the SBCI. Such processing is undertaken pursuant to the SBCI's statutory purposes and in relation to personal data that it obtains, the SBCI acts as data controller for the purposes of applicable data protection law. The SBCI may also disclose the information to its respective advisors, contracted parties, delegates and agents, and the SBCI's own funders (details of which are available at: https://sbci.gov.ie/). For further information on how the SBCI handles personal data, including information about your data protection rights (in respect of the SBCI) and the contact details of the SBCI's data protection officer, please refer to the SBCI's data protection statement which is available at: https://sbci.gov.ie

Section 5 (I): Identification Form – Personal Customer 1

Please photocopy where required

| This form should be completed by the individual presenting the Identification & Verification L require any of the Beneficial Owners to complete this form). Two copies of the Form are encl | |
|--|---|
| Account Name | |
| Person to be Identified | |
| Relationship of this person to the above account (please tick all applicable) | |
| Sole Trader Trustee Elected Officer / Com | mittee Member |
| Partner Authorised Signatory Management Commi | ttee Member |
| Director Beneficial Owner | |
| Signed | |
| Date / / / / / / / / / / / / / / / / / / / | |
| | |
| BANK USE ONLY | |
| Is person to be identified an existing Bank of Ireland Group Customer? Yes | No O |
| IF YES | |
| Name of Branch/Group Entity | |
| ID Documentation for the person named above must be confirmed in order. | |
| Anti Money laundering Documentation Screen completed for the above account. Yes | |
| Date Opened / / / / | |
| Is AML ID&V documentation held and in order and has AML Documentation Screen been | fully completed? Yes No |
| With the person's acknowledgment that he / she has been provided with a copy of the Da application form, you can request the Branch/Group Entity who has established his/her id or provide copies of the ID documentation for your records or you can request him/her to | lentity to update the AML Documentation Screen |
| IF NO | |
| Name and current permanent address of person named overleaf must be verified in line with procedures. Has there been face to face contact with the person being identified? | Yes No |
| If NO, specify method of contact | |
| (two forms of address verification must be obtained) | |
| Address Verification 2x method(s) used | |
| (for non Face to Face only) | |
| Anti Money laundering Documentation Screen completed for person named above. | Yes |
| Signed (Staff Member) Staff | Number |
| Date Copies of | of ID Material(s) must be attached to this Form |

Section 5 (II): Identification Form – Personal Customer 2

Please photocopy where required

| This form should be completed by the individual presenting the Identification & Verification Documents. (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 |
| Person to be Identified |
| Relationship of this person to the above account (please tick all applicable) |
| Sole Trader Trustee Elected Officer / Committee Member |
| Partner Authorised Signatory Management Committee Member |
| Director Beneficial Owner |
| Signed |
| Date |
| |
| BANK USE ONLY |
| Is person to be identified an existing Bank of Ireland Group Customer? Yes No |
| To person to the national arrange control in control in corp cases many lives |
| IF YES |
| Name of Branch/Group Entity |
| ID Documentation for the person named above must be confirmed in order. |
| Anti Money laundering Documentation Screen completed for the above account. Yes |
| Date Opened / / / / / / / / / / / / / / / / / / / |
| Is AML ID&V documentation held and in order and has AML Documentation Screen been fully completed? Yes No |
| With the person's acknowledgment that he / she has been provided with a copy of the Data Protection Summary as detailed in this application form, you can request the Branch/Group Entity who has established his/her identity to update the AML 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 of person named overleaf must be verified in line with procedures. Has there been face to face contact with the person being identified? Yes No |
| If NO, specify method of contact |
| (two forms of address verification must be obtained) |
| Address Verification 2x method(s) used |
| (for non Face to Face only) |
| Anti Money laundering Documentation Screen completed for person named above. |
| Signed (Staff Member) Staff Number |
| Date Copies of ID Material(s) must be attached to this Form |

Section 6: Gross Margins / Repayment Capacity Analysis (Bank Use Only)

GROSS MARGINS - PROJECTED PRODUCTION YEAR ENDING

| Enterprise (Dairy/Beef/ Sheep/Tillage etc) | No of acres/ gallons etc | Gross Margin per unit | Total Gross Margin |
|--|--------------------------|--|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | Total |
| NDA CALCULATION | | SURPLUS/DEFICIT | |
| Fixed Assets | | Subsidies / incomes / premia | Total Received |
| Land / Buildings | | Single Farm Payment | |
| Machinery / Cars | | (discounted as appropriate) AEOS | |
| Non Farm Fixed Assets | | Disadvantaged Area Payment | |
| (A) Total Fixed Assets | | Forestry Premia (if applicable) | |
| (B) Total Current Assets | | Other (Please specify) | |
| (Livestock, + Tillage + Farm Produce + Savings/Debtors) | | Total Subsidies/Premia (2) | |
| Total Assets (A+B) | | Off Farm Income Source | Net Amount |
| Liabilities | | Farmer | |
| Bank Liabilities | | Spouse | |
| Other Financial Ins | | Rental Income | |
| Other Liabilities | | Other (please specify) | |
| (C) Total Liabilities | | Off Farm Income Total (3) | |
| Net Disposable Assets (NDA) | | Total Income (1+2+3) (4) | |
| Current Assets Less Total Liabilities (B-C) | | Outgoings Source | Net Amount |
| Liabilities (5°C) | | Overheads & Land Rental | |
| | | Total Repayments | |
| | | Taxes | |
| | | Family Drawings | |
| | | Other (please specify) | |
| | | Total Outgoings (5) | |
| | | Surplus/Deficit (Bank Use Only) (4-5) | |

