

# **Business & Agri Company**

Business Current and  
Demand Deposit Account  
Application Pack

**Bank of Ireland** 

For small steps, for big steps, for life

# Documents and Identification Required to Open your Business Account with Bank of Ireland

## 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 and Certificate of Incorporation on Re-registration where applicable
- ▶ Original or Certified Copy of the Memorandum & Articles of Association or Constitution
- ▶ 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
- ▶ 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 may need to 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.

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## 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 or the Director of a One Director Company
- ▶ One (1) person who is authorised to sign (where there is only one "Authorised Signatory") transactions on the account of the Company and, where there are two or more "Authorised Signatories", a minimum of two of these signatories
- ▶ Beneficial Owners\* (if requested by the Bank)

\*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.

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
- ▶ Current (Irish or UK) full or provisional driving licence
- ▶ National EU ID Card
- ▶ Public Service Card (supported by proof of Date of Birth)

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

- ▶ Current utility bill
- ▶ Recent bank statement
- ▶ Tax free allowance certificate
- ▶ 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.

- ▶ In accordance with the Foreign Account Tax Compliance Act ('FATCA'), the Bank is required to establish whether the account holder is FATCA reportable i.e. is a Passive Non-Financial Foreign entity (NFFE), a Specified US person or a Non-Participating Financial Institution. Where an account holder is deemed to be a passive NFFE, the Bank is required to establish if it is under U.S. Ultimate Ownership or Control. Where the Bank is made aware that the account holder is, or has reason to believe the account is FATCA reportable, it may be required to report certain details to the Irish Revenue Commissioners who may, in turn, share this information with the United States Inland Revenue Service.

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## 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.

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## Company Details

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

**ACCOUNT(S) REQUIRED BY THE COMPANY**

Business Current A/c ☐

Demand Deposit A/c ☐

Second A/c for VAT purposes ☐

Company Name (as it appears on your Certificate of Incorporation / Change of Name / Re-registration)

Trading Name  
(if different from above)

Company Office  
Registered Address  
(BLOCK CAPITALS ONLY)

Business Address  
(if different from above)  
(BLOCK CAPITALS ONLY)

Correspondence  
Address (if different  
from above)  
(BLOCK CAPITALS ONLY)

Business Telephone

Business Mobile\*

Business Email\*

Web Address\*

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

Main Business  
Activity (detailed  
description)

Expected Annual Turnover

Time in Business

Type of Transactions expected through the Account (tick all applicable)

☐ Cash

☐ Cheque

☐ DD / SO

☐ Electronic

☐ International Payments

Countries with which you trade outside the EU

Is company Incorporated in Ireland?

Yes ☐ No ☐

If no, which country is the company Incorporated in?

Tax Reference Number

(Required for interest earning Accounts only)

Charity Status Number (if applicable)

**TO BE COMPLETED BY AGRI CUSTOMERS**

No. of Acres Owned

No. of Acres Rented

Total No. of Acres Farmed

**New A/c Details to be Completed by Bank**

**ACCOUNT NUMBERS**

A/c No.

Current A/c only ☐

NSC  -  -

A/c No.

Current A/c ☐

Demand Deposit A/c ☐

A/c No.

Current A/c ☐

Demand Deposit A/c ☐

BSUP applicable Yes ☐ No ☐ if yes, BSUP commencement date

BSUP Finish date

## Individuals Managing & Owning the Company

List below the names of the **Company Secretary**, **all Directors** and 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. Where any individual performs more than 1 role, is a signatory on the account or is the primary contact in the Company tick each of the relevant boxes.

Name 1		<input type="text"/>																					
Address 1		<input type="text"/>																					
		<input type="text"/>																					
Date of Birth		<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>														
Percentage Shareholding (if applicable)		<input type="text"/>		%		Irish Resident		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>												
*Are you a U.S. citizen?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	*Are you a U.S. resident for tax purposes?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>												
If you have answered yes to either of the above questions, please provide your Tax Identification Number (TIN)												<input type="text"/>											

Name 2		<input type="text"/>																<input type="text"/>															
Address 2		<input type="text"/>																<input type="text"/>															
Date of Birth		<input type="text"/>				<input type="text"/>				<input type="text"/>				Company Secretary <input type="checkbox"/> (tick if applicable) Director <input type="checkbox"/> (tick if applicable) Beneficial Owner <input type="checkbox"/> (tick if applicable) Authorised Signatory <input type="checkbox"/> (tick if applicable) Primary contact in Co. <input type="checkbox"/> (tick if applicable)																			
Percentage Shareholding (if applicable)		<input type="text"/>				Irish Resident				Yes <input type="checkbox"/> No <input type="checkbox"/>																							
*Are you a U.S. citizen?		Yes <input type="checkbox"/> No <input type="checkbox"/>				*Are you a U.S. resident for tax purposes?		Yes <input type="checkbox"/> No <input type="checkbox"/>																									
If you have answered yes to either of the above questions, please provide your Tax Identification Number (TIN)		<input type="text"/>																															

[illegible][illegible][illegible]

The Information is only required where the account opening entity is a "Passive Non-Financial Foreign Entity" as such term is defined under FATCA legislation. For further information about FATCA, please see <http://www.revenue.ie/en/business/aeoi/index.html>

List below the names of the **Company Secretary**, all **Directors** and 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. Where any individual performs more than 1 role, is a signatory on the account or is the primary contact in the Company tick each of the relevant boxes.

Name 8		<input type="text"/>																<input type="text"/>																															
Address 8		<input type="text"/>																<input type="text"/>																															
Date of Birth		<input type="text"/>		<input type="text"/>		/		<input type="text"/>		<input type="text"/>		/		<input type="text"/>		<input type="text"/>		Company Secretary		(tick if applicable) <input type="checkbox"/>																													
		<input type="text"/>																<input type="text"/>																Director		(tick if applicable) <input type="checkbox"/>													
		<input type="text"/>																<input type="text"/>																Beneficial Owner		(tick if applicable) <input type="checkbox"/>													
		<input type="text"/>																<input type="text"/>																Authorised Signatory		(tick if applicable) <input type="checkbox"/>													
Percentage Shareholding (if applicable)		<input type="text"/>																		Primary contact in Co.		(tick if applicable) <input type="checkbox"/>																											
*Are you a U.S. citizen?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																																													

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:

**2. Company Name**

% of shares owned in the Company      Registered number

Company Address

TIN  (U.S. Tax Identification Number (TIN), if applicable)

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BUSINESS QUICK LODGE CARD ☒

**APPLY FOR** Business Credit Card ☐ Gold Business Credit Card ☐ Total Credit Limit Required €

Preferred Date of the Month for Business Credit Card statement to issue 3rd ☐ 10th ☐ 15th ☐ 22nd ☐ 28th ☐

Note: automatic payment by Direct Debit against the first current account you are opening and within 7 banking days after statement date.

## REGISTER FOR BUSINESS ON LINE

Account 1\*         NSC   -   -

\*Nominated Account to which monthly subscription fee will be charged

Account 2         Account 3         Accounts 2 & 3 have same NSCs as Account 1

**BUSINESS CARD and/or BOL ADMIN 2 (or BOL CUA 2)**  Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐  
Cardholder or Administrator's name (not the company name)

## Information required for either / both Business on Line &amp; Business Credit Card

Date of Birth\*   /   /   Mother's Maiden Name

## Information required only for Business on Line

Work Phone No             Middle Name

Home Address

Post Code

## Information required for either / both Business On Line &amp; Gold Business Credit Card

Email address

Work Mobile No

## Information required for both Business Credit Card and Gold Business Credit Card

Limit €

## Information Required for Gold Card Business On Line

Employee ID         Cost Centre

## Service / Role (tick as appropriate)

Business Debit Card ☒  
Business Credit Card ☐  
Gold Business Credit Card ☐  
Business Credit Card Administrator ☐  
BOL Administrator ☐

**BUSINESS CARD and/or BOL ADMIN1(or BOL CUA 2)**  Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐  
Cardholder or Administrator's name (not the company name)

## Information required for either / both Business on Line &amp; Business Credit Card

Date of Birth\*   /   /   Mother's Maiden Name

## Information required only for Business on Line

Work Phone No             Middle Name

Home Address

Post Code

## Information required for either / both Business On Line &amp; Gold Business Credit Card

Email address

Work Mobile No

## Information required for both Business Credit Card and Gold Business Credit Card

Limit €

## Information Required for Gold Card Business On Line

Employee ID         Cost Centre

## Service / Role (tick as appropriate)

Business Debit Card ☒  
Business Credit Card ☐  
Gold Business Credit Card ☐  
Business Credit Card Administrator ☐  
BOL Administrator ☐

"Copy form if there are additional Business Credit Card holders and / or BOL Administrators required

**BANK USE ONLY****ACCOUNT NUMBERS**

NSC

  -   -  

A/c No. 1.

       

A/c No. 2.

       

A/c No. 3.

       **Board Resolution and Account Operation / Signing Instructions****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 (includes One Director Company) of:

Name of Company

("the Company") held on the

  /   /  

there was produced to the meeting a Bank of Ireland Business &amp; Agri Company 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", "Conditions of Use" and "Customer Handbook" for Business On Line (online banking) and "Demand Deposit Account Terms and Conditions" (if applicable), a copy of which together with the Bank's "Terms of Business", "Schedule of Fees and Charges for Business Customers", "Schedule of International Transactions Charges" and "Schedule of Fees and Charges for Business On Line" (included in the Business On Line brochure) have been received, read and understood by the Company.

That (i) any one of the Directors (provided same is not the same person as the Secretary of the Company) and (ii) the Secretary of the Company be and are authorised to execute the Application for Business Current Account & Associated Products in the form attached to this document.

**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. \*There can be only 2 BOL Administrators.**

If you nominate 2 BOL Administrators then both signatures will be required for BOL amendments.

**NAME AND SIGNATURE****Signatory Name (Mr / Ms) BLOCK CAPITALS****Specimen Signature** (Sign within box)**1. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐**2. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐**3. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐**4. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐**5. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐**6. Signatory Name**

Account Signatory

☐

BOL Administrator\*

☐

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.

**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 Company, 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** ("anti 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 anti 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 anti 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 anti 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 the Administrator(s) (named as BOL Administrator(s) in the Board Resolution and Account Operation / Signing Instructions Section of this Application Form) 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:

- a) 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);
- b) 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
- c) 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\*

Dated this  /  /

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

\* A second signatory is not required for a One Director Company



**1) CONSENT TO DIRECT MARKETING**

I / we /our Business ("The Company") 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 Card Services, Operations Ireland, Group Operations & Payments, Ground Floor, Cabinteely, Dublin 18.

**2) BUSINESS ON LINE APPLICATION AND INDEMNITY**

Where the Customer has applied for Business On Line in the Online Banking and Card Payment Services Section of this Application form, the Customer wishes to access the Business On Line Services 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 ☐

If you wish to receive an update on the status of your application via text, please provide your mobile phone number 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 and Indemnity shall have the same meaning as in the Conditions of Use when used in this Application and Indemnity.

**Business On Line: This Application and Indemnity dated**  /  /  **as authorised by a Resolution, a certified copy of**

**which is attached, passed By the Board of Directors on the**  /  /

**Administrator Mobile Phone Number for Business On Line Security Codes**

Administrators Mobile Phone Country Prefix (please tick appropriate)

+353 ☐ +44 ☐ +1 ☐ other

Administrators Mobile Phone Number

The Administrator Mobile Phone number will be used to authenticate (via SMS) Users with 'Payee Authentication' rights on your Business On Line profile. Business On Line will send security codes to this nominated phone only. Please note that only one mobile phone may be nominated by the Administrators.

**Daily Payment Control Limit**

Daily Payment Control Limit

Your Daily Payment Control Limit is the maximum amount you can send to third parties on Business On Line in one day. It is an important control measure and you should set it to an appropriate figure for your payment requirements.

**3) BUSINESS DEBIT CARD**

Where the Company has applied for a Business Debit Card(s) in the Online Banking and Card Payment Services Section of this application form, these will be issued to the applicant(s) named in that Section of the form who must be an authorised signatory on the account. There are fees and charges associated with the use of the Business Debit Card including Government Stamp Duty. Please see the 'Schedule of Fees and Charges for Business Customers' and 'Schedule of International Transactions Charges Brochure' for details of Fees and Charges.

## 5) CONFIRMATION

- ☐ 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
- ☐ Demand Deposit Account Terms and Conditions (if applicable)
- ☐ Deposit Guarantee Scheme – Depositor Information Sheet

Signature \_\_\_\_\_

Date   /   /

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

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

Signature \_\_\_\_\_

Date   /   /

## Date: | | | | |

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

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)

#### Individual Identification Consent:

I 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 ("anti money laundering provisions")
- ▶ the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act"); and/or
- ▶ the Return of Payments Regulations 2008 (the "2008 Regulations")

may at any time be disclosed or transferred by the Bank to, or copies of them sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party to the extent required, under pursuant to or in connection with the anti money laundering provisions, the 2008 Regulations and/or the 1997 Act or, that may at any time provide or be requested to provide any service(s) to me.

I 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 anti 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 of them sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the anti 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 as stated above, 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 confirm that each authorisation contained in this consent 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, any branch of the Bank, the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank or entities as stated above.

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

Anti Money Laundering Documentation Screen completed for the above account.

Yes

☐

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

Anti 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 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 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)

Anti 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

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

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)**

## Individual Identification Consent:

I 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 ("anti money laundering provisions")
- ▶ the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act"); and/or
- ▶ the Return of Payments Regulations 2008 (the "2008 Regulations")

may at any time be disclosed or transferred by the Bank to, or copies of them sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other party to the extent required, under pursuant to or in connection with the anti money laundering provisions, the 2008 Regulations and/or the 1997 Act or, that may at any time provide or be requested to provide any service(s) to me.

I 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 anti 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 of them sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the anti 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 as stated above, 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 confirm that each authorisation contained in this consent 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, any branch of the Bank, the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank or entities as stated above.

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

Anti Money Laundering Documentation Screen completed for the above account.

Yes

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

Anti 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 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 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)

Anti 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

## Checklist of pages to have completed to help you get set up

Please check you have completed the following when meeting your Business Advisor to apply for your account:

► **Company Details** on page 1

☐

► **Individuals Managing & Owning the Company** on pages 2 & 3

☐

► **Online Banking and Card Payment Services** on page 4

☐

► **Board Resolution and Account Operation / Signing Instructions** on pages 5 & 6

☐

► **Application for Business Current Account & Associated Products** on pages 7 and 8

☐

► **Identification and Consent Forms** on pages 9 & 10

☐

and that you also have the

► **Business Documents** outlined at the front of this application form

☐

► **Identification Documents** outlined at the front of this application form

☐