

# Joint/Partnership Business & Agri

Business Current and  
Demand Deposit Account  
Application Pack

# 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)
- ▶ 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 Form - this provides us with details of those authorised to process transactions on your business account
- ▶ Identification and Acknowledgement - 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.

**C.** In accordance with the Foreign Account Tax Compliance Act ('FATCA'), the Bank is required to establish whether the account holder is a U.S. citizen or U.S. resident for tax purposes, or, where the account holder is a passive non-financial entity, whether it is controlled by such persons. Where the Bank is made aware that the account holder is, or has reason to believe it may be, a U.S. citizen or resident in the U.S. for tax purposes or a passive non-financial entity controlled by such person, 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.

## STEP 4 Decide what additional services you require

- ▶ Business Debit Card
- ▶ Business On Line
- ▶ Business Quick Lodge Card
- ▶ Business Credit 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:

- 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
- Bank of Ireland's Data Privacy Summary

Signed

Business Representative to sign here

Date

 /  /

**BANK USE ONLY**

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 (BLOCK CAPITALS ONLY)

Time in Business   Years   Months  
Time with Bank of Ireland Group   Years   Months  
Expected Annual Turnover €

Business Telephone            
Business Mobile\*            
Business Fax

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

Business Email\*   
Web Address\*   
Primary Contact in Partnership

Countries with which you trade outside the EU  
  
Is Partnership formed and/or registered in Ireland? Yes  No   
If no, which country is Partnership formed and/or registered in?

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

**TO BE COMPLETED BY AGRI CUSTOMERS**

No. of Acres Owned   
No. of Acres Rented   
Total No. of Acres Farmed

**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

\*Optional fields



## Our range of other Products and Services

### BUSINESS DEBIT CARD APPLICATION FORM - 2 CARDS MAXIMUM

Business Name to appear on card  
(max 24 characters)

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

Name to appear on Card 1  
(max 24 characters)

Signature 1

Name to appear on Card 2  
(max 24 characters)

Signature 2

A Business Debit Card will be issued to the above applicant(s) 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.

### BUSINESS QUICK LODGE CARD - (OPTIONAL)

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

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

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

Lending/Overdrafts

Electronic Services

Asset Finance

Invoice Finance

Foreign Exchange

Treasury Services

Other (please specify)

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

Standard Cheque Book (50 cheques)

Businesscheck Cheque Book (carbonised)  
- Additional charges apply for this cheque book style

Name to appear on Cheque Book\*

\*This must always show your legal name and if required can also include a trading name as detailed above.

### BANK USE ONLY

All applications verified

Signed

(Authorised Official)

Signature No.

Date





**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.

**Beneficial Owner Name**   
Residential Address   
Percentage Control  % (if applicable) Irish Resident Yes  No  Date of Birth  /  /   
\*Are you a U.S. citizen? Yes  No  \*Are you resident in the U.S. for tax purposes? Yes  No   
If you have answered Yes, please provide your Tax Identification Number (TIN)

**Beneficial Owner Name**   
Residential Address   
Percentage Control  % (if applicable) Irish Resident Yes  No  Date of Birth  /  /   
\*Are you a U.S. citizen? Yes  No  \*Are you resident in the U.S. for tax purposes? Yes  No   
If you have answered Yes, please provide your Tax Identification Number (TIN)

**Beneficial Owner Name**   
Residential Address   
Percentage Control  % (if applicable) Irish Resident Yes  No  Date of Birth  /  /   
\*Are you a U.S. citizen? Yes  No  \*Are you resident in the U.S. for tax purposes? Yes  No   
If you have answered Yes, please provide your Tax Identification Number (TIN)

**Beneficial Owner Name**   
Residential Address   
Percentage Control  % (if applicable) Irish Resident Yes  No  Date of Birth  /  /   
\*Are you a U.S. citizen? Yes  No  \*Are you resident in the U.S. for tax purposes? Yes  No   
If you have answered Yes, please provide your Tax Identification Number (TIN)

\* This 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>







**BANK USE ONLY**

ACCOUNT NUMBERS

NSC

-   -

A/c No. 1.

A/c No. 2.

A/c No. 3.

**Partnership Mandate and Data Protection Acknowledgement Form**

This form must be completed by all the partners in the partnership

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, Conditions of Use and Customer Handbook for Business On Line (online banking), Demand Deposit Account Terms and Conditions (if applicable), Terms of Business, Bank of Ireland's Data Privacy Summary, Schedule of Fees and Charges for Business Customers, Schedule of International Transaction Charges and the Schedule of Fees and Charges for Business On Line (included in the Business On Line brochure) 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**

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](http://www.bankofireland.com/privacy) This notice is a guide to how the Bank of Ireland Group processes personal data.

**Optional Consent to Marketing**

From time to time Bank of Ireland Group\* would like to let you know about products and services that we believe are relevant to you that may make your life easier or offer you value. Please tick one of the options below:

**Signatory 1**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Signatory 3**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Signatory 5**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Signatory 2**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Signatory 4**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Signatory 6**

Email  SMS/Digital Message  Phone Call  Post  No thanks

**Optional Consent to Analytics**

The more you allow us to know about you, the better we can make your experience with the Bank of Ireland Group. By giving us your consent to analyse your individual transactional data we can identify products or offers that are of value to you. Please tick one of the options below:

**Signatory 1**

Yes please  No thanks

**Signatory 2**

Yes please  No thanks

**Signatory 3**

Yes please  No thanks

**Signatory 4**

Yes please  No thanks

**Signatory 5**

Yes please  No thanks

**Signatory 6**

Yes please  No thanks

You can let us know at any time and free of charge, if you would like us to stop using your data in the ways set out above by calling us on 01 688 3674. Please read the Bank of Ireland Group Data Privacy Summary provided to you which describes how and why we process personal information.

# Partnership Mandate and Data Protection Acknowledgement Form

## Application

### TO THE BANK OF IRELAND GROUP

1. Where this application is an application for facilities, we confirm that we are not less than 18 years of age.
2. 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.
3. We understand that you reserve the right to decline this or any future application without being required to state a reason and that no correspondence will be entered into in such circumstances.
4. Where we have provided personal data to the Bank relating to individuals including but not limited to authorised signatories, administrators, users or beneficial owners, by signing this application and any other application forms in this pack, we confirm that we have informed those individuals that personal data relating to them has been or may be disclosed to the Bank and used by the Bank in accordance with Bank of Ireland's Data Privacy Summary provided card holders with this application. More detailed information is available in the full Bank of Ireland Data Privacy Notice which is available on request from the Bank or at [www.bankofireland.com/privacy](http://www.bankofireland.com/privacy). This notice is a guide to how the Bank of Ireland Group processes personal 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.
7. 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.

### NOTICE FROM IRISH CREDIT BUREAU D.A.C ('ICB')

As a result of the introduction of the General Data Protection Regulation ('GDPR'), from 25th May, 2018 ICB will be using 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](http://www.icb.ie/pdf/Fair%20Processing%20Notice.pdf). It documents who they are, what they do, details of their Data Protection Officer, how they get the data, why they take it, what personal data they hold, what they do with it, how long they retain it, who they share it with, what entitles them to process the data (legitimate interests), what happens if your data is inaccurate and your rights i.e. right to information, right of access, right to complain, right to object, right to restrict, right to request erasure and right to request correction of your personal information.

## Business On Line

Where the Business On Line facility is provided, that (You may nominate 1 or 2 Administrators - please complete fields below as appropriate)

Mr/Ms	<input type="text"/>	<b>Administrator 1</b>
Signature	<input type="text"/>	(also to sign on page 15) and/or
Mr/Ms	<input type="text"/>	<b>Administrator 2</b>
Signature	<input type="text"/>	(where required) (also to sign on page 15)

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 (which will remain in effect until an amending Mandate shall be communicated to you under our joint signatures),  
Acknowledgement and Authorisation is signed 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 Acknowledgement Form (1)

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 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

## Data Protection

I understand that – unless the Bank has told me differently - the provision of my personal details by me 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 acknowledge that I 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](http://www.bankofireland.com/privacy). This notice is a guide to how the Bank of Ireland Group processes personal data.

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

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 acknowledgment that he/she has been provided with a copy of the Data Protection Summary 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



## Identification and Acknowledgement Form (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 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

### Data Protection

I understand that – unless the Bank has told me differently - the provision of my personal details by me 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 acknowledge that I 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](http://www.bankofireland.com/privacy).

This notice is a guide to how the Bank of Ireland Group processes personal data.

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

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 acknowledgment that he/she has been provided with a copy of the Data Protection Summary 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





# Business On Line Application Form and Legal Agreement

Customer Name  Contact Email Address

## 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 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 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)

(this cannot be the same person as the Managing Partner above)

of  (Partnership Name) as authorised by a Resolution, a certified copy of which is attached, passed by

all partners 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

Copies of pages 1, 8, 9, 14 and original page 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, 1st Floor, Operations Centre, Cabinteely, Dublin 18.

### 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

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

Administrators Mobile Phone Country Prefix (please tick appropriate)

+353  +44  +1  other

Administrator Mobile Phone Number

The Administrator Mobile Phone number will be used when (1) An Administrator requires an activation code to begin their set up of the KeyCode solution and (2) The Administrator Mobile Phone number will be used for necessary service communications which shall include but not be limited to information on service changes, security, service disruption/ outages, confirmation on amendments on BOL, application status, contact detail confirmation and payee authentication.

## 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.

## Business On Line Administrator Details

### CONFIDENTIAL ADMINISTRATOR DETAILS

The Administrator(s) must complete the Administrator Details application form(s) below.

#### ADMINISTRATOR 1 DETAILS (as identified on page 8)

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 8)

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"/>	



# Business Credit Card Application Form

Bank of Ireland's Business Credit Card Account Details

Business Credit Card

Gold Business Credit Card

Company and Company Administrator (Contact to receive summary statement and to access Gold Card 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 populate box with relevant letter code - e.g. L = Limited Company)

Limited Company (L) Sole Trader (S) Unincorporated Body (U)

Trust Account (T) Partnership (P) Incorporated Society (I)

Business Status Non registered in Ireland  Unincorporated

Business On Line Customer  Business Start Up

Date Company Formed

D  D  M  M  Y  Y

No. of Employees

Primary Business Activity (please tick)

Service  Distribution  Manufacturing  Other

Business Activity Description

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

3rd  10th  15th  22nd  28th

Note: Automatic payment by Direct Debit 7 banking days after statement date.

Mother's Maiden Name\* (Mandatory)

Date of Birth\* (Mandatory)

D  D  M  M  Y  Y

Company Password\* (Mandatory)

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

\*Mandatory fields for Gold Card Business On Line.

## Optional Consent to Marketing

From time to time Bank of Ireland Group\* would like to let you know about products and services that we believe are relevant to you that may make your life easier or offer you value. Please tick one of the options below:

Email  SMS/Digital Message  Phone Call  Post  No thanks

## Optional Consent to Analytics

The more you allow us to know about you, the better we can make your experience with the Bank of Ireland Group. By giving us your consent to analyse your individual transactional data we can identify products or offers that are of value to you. Please tick one of the options below:

Yes please  No thanks

You can let us know at any time and free of charge, if you would like us to stop using your data in the ways set out above by calling us on 01 688 3674.

Please read the Bank of Ireland Group Data Privacy Summary enclosed with this form which describes how and why we process personal information.

\* Members of the Bank of Ireland Group include: Bank of Ireland, Bank of Ireland Mortgage Bank, Bank of Ireland Insurance Services Limited, Bank of Ireland Leasing Limited and New Ireland Assurance Company plc. A full list of members of the Bank of Ireland Group can be found at <https://investorrelations.bankofireland.com>.

Under the terms of The Mandate dated  D  D  M  M  Y  Y which you hold, I/we request that you arrange to have Bank of Ireland Business Credit 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 Business Credit 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.

Signature 1

Signature 2

Date  D  D  M  M  Y  Y

(CONTINUED OVERLEAF)

**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](http://www.centralcreditregister.ie)

**SEPA Direct Debit Mandate**

Unique Mandate Reference:   
 (to be completed by the creditor)

Name of Account Holder:

**Please fill out details**

Creditor Identifier:

Address of Account Holder:

Creditor Name:

Signature(s)

Creditor Address:

Type of Payment:

Date:

Account Number (IBAN) (Account to be debited):

BIC of Debtor Bank (Optional):

By signing this mandate form, you authorise (A) BOI Credit Card Centre to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from BOI Credit Card Centre. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank. Bank of Ireland is regulated by the Central Bank of Ireland.

**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)  Limit

Mother's Maiden Name\* (Mandatory)

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

Date of Birth\* (Mandatory)  Limit

Mother's Maiden Name\* (Mandatory)

Total Credit Limit required

**ADDITIONAL INFORMATION MANDATORY FOR GOLD CARD BUSINESS ONLINE**

1. Full international phone/mobile number  Employee ID

Cost Centre  Email

2. Full international phone/mobile number  Employee ID

Cost Centre  Email



[www.bankofireland.com/business](http://www.bankofireland.com/business)

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

Ref: 4-789 PR.22 (02/19)