Business On Line Application Pack for Existing Customers

for completion by Partnerships

A Partnership is a single business where two or more people share ownership. The partners are jointly responsible for running the business.



Partnership Legal Agreement



FOR BANK USE ONLY	
APPLICATION VERIFIED	
Signed Signed Signo. Date // // // // // // // // // // // // //	
CUSTOMER RELATIONSHIP MANAGER	
Name Email	
(BLOCK CAPITALS)	
Telephone BSUP (applicable) Yes No	
If Yes, Commencement Date / / / / Finish Date / / / / / / / / / / / / / / / / / / /	
Confirm that account numbers supplied in Section 3 relate to the legal entity named in the agreement	
Section 1 of the legal agreement signed in accordance with the latest account mandate?	
Branch Brand	
1. Application, Indemnity & Acknowledgements	
Is the Partnership a Limited Liability Partnership? Yes No	
Customer name	
Address	
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(Hereinafter called 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.	ie
A Bank of Ireland Business On Line Agreement ("Agreement") comprising the following:	
(a) Application, Indemnity and Acknowledgements; (c) Conditions of Use ¹ (b) Account Details Form;	
is to be entered into between the Customer and The Governor and Company of the Bank of Ireland ("Bank") in relation to certain electronic	
services (the "Services") being provided to the Customer by the Bank through the Internet or such other communications networks as may be authorised by the Bank from time to time in connection with the Services or any of them.	е
By execution of this Application, Indemnity and Acknowledgements, 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, Indemnity and Acknowledgements 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 account(s) 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, Indemnity and Acknowledgements (including but not limited to the provision of Electronic Funds Transmission Service).	
If you wish to receive an update on the status of your application	
via text, please provide your mobile phone number here;	

1. Application, Indemnity & Acknowledgements (continued)

- (b) hereby confirms to and for the benefit of the Bank that the Administrators may, (not withstanding 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:
 - by the deletion of certain account(s);

Partner

Partner

Sign here

- (ii) by the addition of certain account(s); or
- by the addition and deletion of certain account(s). (iii)
- (c) 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.
- (d) hereby appoints the following person(s) as Administrator(s) for the Customer (herein together referred to as the "Administrator" as defined in the Conditions of Use).

		appoint two Administrators, both will need to enter their security credentials to hey are co-located and likely to be available at the same time.	access Aaministrator functions. We therefore
Admi	inistrator 1		(BLOCK CAPITALS) (required to sign in sections 2 & 3)
	inistrator 2 blicable)		(BLOCK CAPITALS) (required to sign in sections 2 & 3)
admi indivi Irelar full B	nistrators, us iduals that pond's Data Priv ank of Irelan	mer has provided personal data to the Bank relating to individuals includin sers or beneficial owners, by signing this Application and Indemnity, we cor ersonal data relating to them has been or may be disclosed to the Bank an vacy Summary provided with this Application and Indemnity. We further no d Data Privacy Notice which is available on request from the Bank or at wa of Ireland Group processes personal data.	nfirm that the Customer has informed those and used by the Bank in accordance with Bank of ote that more detailed information is available in the
of Use amen and p when	e which may dments, vari hrases not s	read and agreed to be bound by this Application, Indemnity and Acknowle be amended from time to time at the Bank's discretion. The Customer ack ations, replacements or substitutions to this Application, Indemnity and Ac pecifically defined in this Application, Indemnity and Application shall have Application, Indemnity and Acknowledgements.	nowledges that the Bank shall not accept any knowledgements or the Conditions of Use. Words
Auth	orisation	5	
Pleas If for If you	any reason I are not alr	if you are an existing Bank of Ireland Group customer we will continue you do not want to be contacted for marketing purposes by us please eady a Bank of Ireland Group customer we will not contact you for ma ed. You can let us know this by contacting us on 01 688 3674.	contact us on 01 688 3674.
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This section is to be com	pleted by an Administrator. All fields, with the exception of fax number are mandatory.
Customer Name	
Address ²	
Company Email Address	3
Telephone	Fax
Customer Administrator (as specified in point D of section 1)	1 (Block Capitals)
Customer Administrator (if applicable, as specified in point D of) (11 11 11 11 11
Bank Contact Name/Rela	tionship Manager
Principal Branch Name	Principal Branch NSC
Primary contact - p	please specify the mobile number of one of the Administrators below
Administrator Mobile Pho	one Country Prefix (please tick appropriate) +353 +44 +1 other
Administrator Mobile Pho	one Number
(2) To notify the Administ	l when; uires an activation code to begin the set up of their security credentials and; crator of important service communications which shall include but not be limited to information on service changes, on/outages, confirmation on amendments on BOL and application status.
Daily Payment Cor	ntrol Limit
Daily Payment Control Li	mit
Your Daily Payment Cont	rol Limit is the maximum amount you can send to third parties on Business On Line in one day. It is an important control

2. Account Details Form

measure and you should set it to an appropriate figure for your payment requirements.

If your address changes you must complete an Amendment form available at boi.com/bolamendmentform
 The Company email address will be used to advise of changes to your Business On Line services or your Agreement with us.

2. Account Details Form (continued)

Customer Originating Account Details

Only Accounts in the Name of the Customer shall be listed

Domestic accounts	Nominated
	Account for Currency Billing ⁴
IBAN (International Bank Account Number)	(e.g. GBP, EUR, USD) (tick one)
I E B O F I B O C C C C C C C C C C C C C C C C C C	
I E B O F I D D D D D D D D D D D D D D D D D D	
I E B O F I D D D D D D D D D D D D D D D D D D	
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I E B O F I D D D D D D D D D D D D D D D D D D	
I E B O F I D D D D D D D D D D D D D D D D D D	
International	
I E B O F I D D D D D D D D D D D D D D D D D D	
I E B O F I D D D D D D D D D D D D D D D D D D	
Bol Credit Cards (16 digit card number)	
I/We hereby confirm that on behalf of the Customer that all details are correct and apply, on be identified above	ehalf of the Customer, for the services
ADMINISTRATOR 1 (as specified in point D of section 1) Sign here Date	e
ADMINISTRATOR 2 (if applicable, as specified in point D of section 1) Sign here Date	e

3. Confidential Administrator Details

Administrator 1 must complete the information below. Information on this form is confidential and we recommend that you separate it along the scissor line and return this in a concealed way along with your Legal Agreement.

All details with the exception of the fax number are mandatory and must be completed.

Administrator 1 Detail	s (as specified in point D of section 1)
Company Name	
Administrator Name	
Title	Administrator email address
Work Mobile Number	Fax
	urpose the following information, which the Bank will use for identification purposes in dealing with me in
my role as Administrator.	
Date of Birth	
Middle Name	
Work Phone Number	
Mother's Maiden Name	
Home Address Post Code	
Administrator Signature	Date / /
	Sign here
3. Confidential Admi	nistrator Details
If applicable, Administra	nistrator Details tor 2 must complete the information below. Information on this form is confidential and we recommend g the scissor line and return this in a concealed way along with your Legal Agreement.
If applicable, Administra that you separate it alon	tor 2 must complete the information below. Information on this form is confidential and we recommend
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If applicable, Administrathat you separate it along All details with the except Administrator 2 Detail Company Name Administrator Name Title Work Mobile Number I hereby confirm for your purply my role as Administrator. Date of Birth	tor 2 must complete the information below. Information on this form is confidential and we recommend g the scissor line and return this in a concealed way along with your Legal Agreement. Intion of the fax number are mandatory and must be completed. S (if applicable, as specified in point D of section 1) Administrator email address Fax
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If applicable, Administra that you separate it alon All details with the except Administrator 2 Detail Company Name Administrator Name Title Work Mobile Number I hereby confirm for your pury role as Administrator. Date of Birth Middle Name Work Phone Number Mother's Maiden Name	tor 2 must complete the information below. Information on this form is confidential and we recommend g the scissor line and return this in a concealed way along with your Legal Agreement. Intion of the fax number are mandatory and must be completed. S (if applicable, as specified in point D of section 1) Administrator email address Fax

