



Change of Administrator Form

Business On Line

Instructions for completing this form:

- ▶ Ensure all sections 1-5 are completed in BLOCK CAPITALS or by typing your information into the interactive fields below.
- ▶ Wet ink signatures are required in Sections 4 & 5 – digital signatures will not be accepted.
- ▶ Once complete and signed, return all pages to your branch or relationship manager.

Section 1: Identifying your Profile

Customer No:

Your customer ID is contained in your welcome email or can be found when you log into Business On Line.

Company Name:

Section 2: Ensure your Primary Administrator mobile number is up to date

When you first signed up for Business On Line you nominated an Administrator mobile number.

As a reminder, this number is used when;

1. an Administrator requires an activation code to begin their set up of the Security Instrument and;
2. to notify the Administrator of important service communications which shall include but not be limited to information on service changes, security, service disruption/outages, confirmation on amendments on Business On Line, application status and confirmation of contact details.

Do you wish to change your primary Administrator mobile number? Yes No

Country prefix: +353 +44 +1 Other

Primary Administrator mobile number:

Section 3: Change your Administrator(s)

Name of **Current** Administrator 1:

(Initiates BOL Administrator Logon)

Name of **Current** Administrator 2:

(If applicable)

With immediate effect, please accept this form as authorisation to change the Administrator(s) on our profile to the person(s) named below:

Name of Administrator 1:

Name of Administrator 2: (if applicable)

If Administrator 1 has changed please complete section 5A below.

If Administrator 2 has changed please complete section 5B below.

Once this change has been processed we will send a confirmation email to:

Email Address:

After the change has been processed, brand new Administrators must call the Business On Line Helpdesk on 0345 309 8123 to commence the activation process.

Section 4: Account Holder Authorisation

Please accept this completed form as authorisation to amend the Administrator(s) on our profile:

Please sign the appropriate section below which relates to your legal entity type.

Sole Trader

Sole Trader signature required

Sign here

Limited Company / Multi Company

Company Director (if the Company has one Director and no Company Secretary)

Sign here

OR

Company Director

Sign here

AND

Company Secretary

Sign here

Partnership

Partner 1

Sign here

AND

Partner 2

Sign here

Unincorporated Organisation

Secretary

Sign here

OR

Chairperson or Authorised Signatory 1

Sign here

AND

Authorised Signatory 2

Sign here

Limited Liability Partnership

Member

Sign here

AND

Member

Sign here

Statutory Body

Authorised Signatory

Sign here

AND

Authorised Signatory

Sign here

Trust

Trustee 1

Sign here

AND

Trustee 2

Sign here

BANK USE ONLY

Application verified

Signed (Authorised Official)

Sig. No.

Date - -

Customer Relationship Manager

Name (BLOCK CAPITALS)

Email

Telephone

Branch Brand

Does the Company have only one Director? Y N

Please forward completed forms to Business On Line Administration Department via MFD scanner or alternatively post to 1st Floor Operations Centre, Cabinteely, Dublin 18.

Section 5A: Administrator 1 - Confidential Details

Only complete if Administrator 1 (listed in Section 3) has changed.

Information on this page is confidential and we recommend that you separate it along the scissor line and return this in a concealed way along with the other pages in this form. All details with the exception of the fax number are mandatory and must be completed.

Administrator 1 Details (as specified in Section 3)

Company Name:

Administrator Name:

Title: Email:

Work Mobile No: Fax:

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.


Date of Birth: - -

Middle Name:

Work Phone No:

Mother's Maiden Name:

Home Address Post Code:

Administrator Signature:  Date: - -

Section 5B: Administrator 2 - Confidential Details

Only complete if Administrator 2 (listed in Section 3) has changed.

Information on this page is confidential and we recommend that you separate it along the scissor line and return this in a concealed way along with the other pages in this form. All details with the exception of the fax number are mandatory and must be completed.

Administrator 2 Details (as specified in Section 3)

Company Name:

Administrator Name:

Title: Email:

Work Mobile No: Fax:

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.


Date of Birth: - -

Middle Name:

Work Phone No:

Mother's Maiden Name:

Home Address Post Code:

Administrator Signature:  Date: - -