



Change of Administrator Form

Bank of Ireland

Business On Line, Business On Line File Gateway & Business On Line Payments Plus

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 Business On Line profile set up 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 and application status.

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 0818 818 265 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

Sole Corporate / Multi Company / Fund Administrator

Company Secretary

Sign here

OR

Company Director

Sign here

AND

Company Director

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

Liquidator

Liquidator signature required

Sign here

Receiver

Receiver and Manager signature required

Sign here

Local Authority / Education & Training Board

Chief Executive signature required

Sign here

Trust

Trustee 1

Sign here

AND

Trustee 2

Sign here

Non Corporate Organisation (e.g. Government Departments)


Secretary General to the Department / Assistant Secretary / Principal Officer signature required

Sign here

Section 4: Account Holder Authorisation (Cont'd)

Returning Officer

Customer signature required

Sign here 

Executor

Executor 1
Sign here 

AND

Executor 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 Yes No

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.

For Direct Debit and Credit Transfer purposes Administrator 1 is the Administrator who uses Business On Line File Gateway.

Information on this page is confidential and we recommend that you 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: - -

Additional information for users of Business On Line File Gateway

Your existing Business On Line File Gateway password will be reset as part of this change of Administrator request. You will be advised when the request has been completed and you will need to contact the Helpdesk for your new password.

If you require your Business On Line File Gateway email notifications (for Direct Debits and Credit Transfers) to go to a different email address please specify this below:

Email Address:

Section 5B: Administrator 2 - Confidential Details

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

For Direct Debit and Credit Transfer purposes Administrator 2 is the Administrator who uses Business On Line Payments Plus.

Information on this page is confidential and we recommend that you 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 (if applicable, 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: - -