



Change of Administrator Mobile Phone Number for Business On Line Security Codes (other entities)

Bank of Ireland

Please complete in Black Pen using BLOCK CAPITALS.

This section is **MANDATORY** – please complete.

Date: - Business On Line ID/SEPA Customer ID:

Company Name:

Originator ID*: (if applicable)
*For Credit Transfers this is your 6 digit originator number or for Direct Debits it is the 13 digit Creditor ID

The Administrator Mobile Phone number will be used when (1) An Administrator requires an activation code to begin their Business On Line profile set up 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. Please enter the new mobile phone number and country prefix below:

Administrators Mobile Phone Country Prefix (please tick appropriate):
 +353 +44 +1 other

Administrators Mobile Phone Number

Unincorporated Organisation

Company Secretary

Sign here

OR

Person 1 – capacity

Sign here

AND

Person 2 – capacity

Sign here

Liquidator

Liquidator Signature

Sign here

Local Authority

County manager signature required

Sign here

Receiver

Receiver (Manager) signature required

Sign here

Trustee

2 signatures required.

Trustee 1

Sign here

AND

Trustee 2

Sign here



Business On Line/File Gateway/Payments Plus change of Administrator Form

Please complete in BLOCK CAPITALS.

Non Corporate Organisation such as Government Departments

Secretary general or Assistant Secretary or Principal Officer Signature Required

Sign here

Returning Officer

Customer Signature Required

Sign here

Executor

2 signatures required.

Executor 1

Sign here

AND

Executor 2

Sign here

FOR BANK USE ONLY

APPLICATION VERIFIED

By signing here you are confirming that the signatures are correct

Signed: (Authorised Official) Sig No: Date: - -

CUSTOMER RELATIONSHIP MANAGER

Name: (BLOCK CAPITALS) Email:

Please forward completed forms to Business On Line Administration Department, 1st Floor Operations Centre, Cabinteely, Dublin 18.

Branch Brand