

# Joint/Partnership Business & Agri

Business Current and  
Demand Deposit Account  
Application Pack



Bank of  
Ireland

## 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
- ▶ Current (Irish or UK) full or provisional driving licence
- ▶ National EU ID Card
- ▶ ML10

#### And any one of the following to verify their permanent residential address (all documents must be current):

- ▶ Current utility bill
- ▶ Recent bank statement
- ▶ Tax free allowance certificate
- ▶ 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.

## 5 Steps to opening your Business Account with Bank of Ireland (Cont'd)

### 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

### Business Representative's signature

Sign here 

Name (print)

Date

 /  /  (DD/MM/YYYY)

**Bank Use Only**

**Account Numbers**

NSC   /   /      A/c no.              RDC

NSC   /   /      A/c no.              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     Time in Business      Yrs      Mths  
    Time with Bank of Ireland Group  
      Yrs      Mths

Business Telephone     Expected Annual Turnover €

Business Mobile\*     Business Fax

Business Email\*

Web Address\*

Primary Contact in Partnership

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

Main Business Activity   
(Detailed description)

Types of Transactions Expected through the Account (tick all applicable)

Cash     Cheque     Direct Debit / Standing Order     Electronic payments     International payments

Countries with which your 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?

Tax Reference Number

**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   /   /

\*Optional fields

**Account Opening Application Form - Partnership Account (Cont'd)**

**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

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

Name to appear on Card 1

Signature 1 **Sign here** 

Name to appear on Card 2

Signature 2 **Sign here** 

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 card

**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

**Sign here** 

(Authorised Official)

Signature No.

Date  /  /  (DD/MM/YYYY)









Certified list with details of the Partners and Beneficial Owners (Cont'd)

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 [text box] Residential Address [text box] Percentage Control [text box] % Irish Resident Yes [checkbox] No [checkbox] Date of birth [DD/MM/YYYY] \*Are you a U.S. citizen? Yes [checkbox] No [checkbox] \*Are you resident in the U.S. for tax purposes? Yes [checkbox] No [checkbox] If you have answered Yes, please provide your Tax Identification Number (TIN) [text box]

Beneficial Owner Name [text box] Residential Address [text box] Percentage Control [text box] % Irish Resident Yes [checkbox] No [checkbox] Date of birth [DD/MM/YYYY] \*Are you a U.S. citizen? Yes [checkbox] No [checkbox] \*Are you resident in the U.S. for tax purposes? Yes [checkbox] No [checkbox] If you have answered Yes, please provide your Tax Identification Number (TIN) [text box]

Beneficial Owner Name [text box] Residential Address [text box] Percentage Control [text box] % Irish Resident Yes [checkbox] No [checkbox] Date of birth [DD/MM/YYYY] \*Are you a U.S. citizen? Yes [checkbox] No [checkbox] \*Are you resident in the U.S. for tax purposes? Yes [checkbox] No [checkbox] If you have answered Yes, please provide your Tax Identification Number (TIN) [text box]

Beneficial Owner Name [text box] Residential Address [text box] Percentage Control [text box] % Irish Resident Yes [checkbox] No [checkbox] Date of birth [DD/MM/YYYY] \*Are you a U.S. citizen? Yes [checkbox] No [checkbox] \*Are you resident in the U.S. for tax purposes? Yes [checkbox] No [checkbox] If you have answered Yes, please provide your Tax Identification Number (TIN) [text box]

\* 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 revenue.ie/en/business/aeoi/index.html

Certified list with details of the Partners and Beneficial Owners (Cont'd)

C. Other Beneficial owners (if any) - Shareholding Entities

List below any Shareholding Entities that ultimately owns or controls 25% or more of the shares or voting rights in the Partnership or otherwise exercises control over the management of this Partnership:

1. Name of Entity [text box]
Address [text box]
Percentage Control [text box] % Registered Number [grid]
U.S. Tax Identification Number (TIN) [grid] (if applicable)

2. Name of Entity [text box]
Address [text box]
Percentage Control [text box] % Registered Number [grid]
U.S. Tax Identification Number (TIN) [grid] (if applicable)

For any of the Shareholding Entities listed above please provide details of all Beneficial Owners - that is those who ultimately own or control 25% or more of the shares or voting rights in the Shareholding Entity or otherwise exercise control over the management of the Shareholding Entity. I confirm that the information provided herein in respect of the Partners and Beneficial Owners of this Partnership are correct.

I undertake to advise you of any changes to the above list of Partners and/or Beneficial Owners.

Sign here [signature icon] [text box] Partner signature

The above confirmation must be signed by a Partner on behalf of the Partnership.

Bank Use Only

Branch Checklist

Please check that information has been captured on the account application to allow you to complete the following risk assessment.

Business Activity [text box]
Do you consider the business activity of the client to be high risk? Yes [checkbox] No [checkbox]
Was there any element of non face to face contact with the principal(s) of the connection during the application? Yes [checkbox] No [checkbox]
Are there any non-resident politically exposed persons (PEP) associated with the account/entity? Yes [checkbox] No [checkbox]
Does the business have any business dealings / trade with Iran? Yes [checkbox] No [checkbox]
Does the business have any trading partners who deal with / trade with Iran? Yes [checkbox] No [checkbox]
Does the client intend to have dealings with High/Very High risk countries? Yes [checkbox] No [checkbox]

Source of Funds [text box] Source of Wealth [text box]

Overall Risk Rating\* Standard [checkbox] High [checkbox]
\*If 'Y' to any of the above questions, relationship should be considered of higher risk. All higher risk rated accounts must be referred to Network Governance & Control for sign off prior to account opening. Email: NG&C@boi.com

Sign here [signature icon] [text box] (Staff Member) Staff No. [text box]

Date [grid] (DD/MM/YYYY)

**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 the following:

Any one of  Any two of  All of  (please tick whichever is applicable)

**1. Signatory Name**

Specimen Signature **Sign here** 

**2. Signatory Name**

Specimen Signature **Sign here** 

**3. Signatory Name**

Specimen Signature **Sign here** 

**4. Signatory Name**

Specimen Signature **Sign here** 

**5. Signatory Name**

Specimen Signature **Sign here** 

**6. Signatory Name**

Specimen Signature **Sign here** 

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.



**Partnership Mandate and Data Protection Acknowledgement Form (Cont'd)**

**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 [bankofireland.com/privacy](http://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:

|                     |       |                          |                     |                          |            |                          |      |                          |           |                          |
|---------------------|-------|--------------------------|---------------------|--------------------------|------------|--------------------------|------|--------------------------|-----------|--------------------------|
| <b>Signatory 1:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 2:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 3:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 4:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 5:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 6:</b> | Email | <input type="checkbox"/> | SMS/Digital Message | <input type="checkbox"/> | Phone Call | <input type="checkbox"/> | Post | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |

**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:

|                     |            |                          |           |                          |
|---------------------|------------|--------------------------|-----------|--------------------------|
| <b>Signatory 1:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 2:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 3:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 4:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 5:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |
| <b>Signatory 6:</b> | Yes please | <input type="checkbox"/> | No thanks | <input type="checkbox"/> |

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 (Cont'd)**



**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 [bankofireland.com/privacy](http://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 we may carry out credit checks and share information with other registers/credit agencies, other than the Central Credit Register. If we do this, they will keep a record of this information and may give it to other financial institutions that you apply to for credit facilities.

**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 style="width: 95%;" type="text"/>   | <b>Administrator 1</b>                     |
| Signature |  <input style="width: 95%; height: 30px;" type="text"/> | also to sign on page 15) and/or            |
| Mr/Ms     | <input style="width: 95%;" type="text"/>   | <b>Administrator 2</b>                     |
| Signature |  <input style="width: 95%; height: 30px;" 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.



**Partnership Mandate and Data Protection Acknowledgement Form (Cont'd)**

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"/>          | Sign here | <input type="text"/> |
| 2. | <input type="text"/>          | Sign here | <input type="text"/> |
| 3. | <input type="text"/>          | Sign here | <input type="text"/> |
| 4. | <input type="text"/>          | Sign here | <input type="text"/> |
| 5. | <input type="text"/>          | Sign here | <input type="text"/> |
| 6. | <input type="text"/>          | Sign here | <input type="text"/> |

Witness Name  (BLOCK CAPITALS)

Witness Signature

Date   /   /

Occupation of Witness  (BLOCK CAPITALS)

## 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 [bankofireland.com/privacy](http://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 PPS supplied below is my PPSN. I declare the foregoing to be true and accurate.

PPSN provided and proof attached  PPSN

Signed  Date //

## 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 No.

Date // (DD/MM/YYYY) 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 [bankofireland.com/privacy](http://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 PPS 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 No.

Date // (DD/MM/YYYY) 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 **Sign here**   (Block Capitals)

Partner (Signature) **Sign here**   (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



### 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 12)

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| Partnership Name | <input type="text"/> | Administrator Name | <input type="text"/> |
| Title            | <input type="text"/> | Email Address      | <input type="text"/> |
| Work Mobile      | <input type="text"/> | Fax                | <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"/> | Middle Name* | <input type="text"/> |
| Work Phone No*        | <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 (Signature) 

Date


#### Administrator 2 Details (As identified on page 12)

|                  |                      |                    |                      |
|------------------|----------------------|--------------------|----------------------|
| Partnership Name | <input type="text"/> | Administrator Name | <input type="text"/> |
| Title            | <input type="text"/> | Email Address      | <input type="text"/> |
| Work Phone No*   | <input type="text"/> | Fax                | <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"/> | Middle Name* | <input type="text"/> |
| Work Mobile           | <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 (Signature) 

Date



### Business Credit Card Application Form (Cont'd)

Under the terms of The Mandate dated / /  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 **Sign here**  Signature 2 **Sign here**

Date / /

**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.**

Under the Central Credit Register where relevant you can:

- ▶ 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 [centralcreditregister.ie](http://centralcreditregister.ie)

#### Business Card SEPA Direct Debit Mandate

Unique Mandate Reference:  Name of Account Holder:   
(To be completed by the creditor)

Address of Account holder:

#### Please fill out details

Creditor identifier  IE84VBC300287 Creditor name  Bank of Ireland

Creditor Address  Bank of Ireland Credit Card Centre , Operations Centre, 2nd Floor, Cabinteely, Dublin 18

Type of Payment  Recurring

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

BIC of Debtor Bank   
(Optional)

**Signature(s)**  
**Sign here**  Date / /  (DD/MM/YYYY)  
**Sign here**  Date / /  (DD/MM/YYYY)

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.

**Business Credit Card Application Form (Cont'd)**

**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

