



# 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 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. 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

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Secretary general or Assistant Secretary or Principal Officer Signature Required

Sign here

### Returning Officer

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Customer Signature Required

Sign here

### Executor

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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