# Unincorporated Body

Business Current and Demand Deposit Account Application Pack



\*An unincorporated body is formed when two or more people come together for a non-business common purpose with the intention of forming an unincorporated body. An unincorporated body can include a wide variety of clubs, associations, societies, campaign groups, political parties, schools, charitable and religious non-profit making organisations. An unincorporated body:

- is not a legal entity
- ▶ is an organisation of persons or bodies (more than one) with an identifiable membership
- has a membership which is bound together for a common purpose under an identifiable constitution or rules (which may be written or oral)
- is an organisation that is not recognised by law as being something else (e.g. an incorporated body or partnership)
- must have an existence distinct from those persons who would be regarded as its members
- exists where the tie between the persons need not be a legally enforceable contract.

# 5 Steps to opening your Business Account with Bank of Ireland

#### Step 1 - Gather the following documentation together:

Where your organisation has a constitution or rules please provide a copy together with an up to date list of Committee members/Elected Officers (on headed paper if available) certified by an Officer/Member of the organisation.

Where your organisation does not have a constitution or rules please provide a letter signed by a principal of the organisation, detailing principals of the organisation, purpose and intended operation of the organisation.

If you are a charity, registered with the revenue commissioners, please provide a charity (CHY or equivalent) number.

#### Step 2 - Complete the following forms included in this pack:

- Account Opening Application form this provides us with details of your organisation, the services it may require from the Bank.
- Certified list with details of all the Committee Members or Elected Officers of the organisation and details of any beneficial owners.\*
- Details provided in this form will be used solely for the purpose of opening and operating the organisation's account(s).
- Unincorporated Body Resolution
- ▶ Identification and Acknowledgement form this form must be completed by persons who need to be identified by the Bank as per 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 organisation, or who otherwise exercise control over the management of the organisation.

## Step 3 - Comply with identification requirements.

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 people who are Committee Members / Elected Officers of the organisation
- Two people who are Authorised signatories
- ▶ Beneficial Owners\* (if requested by the Bank)

(A committee member/Elected officer and an authorised signatory can be one and same person).

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.

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

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 your organisation requires  ▶ 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.
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
Organisation Representative to sign here
Sign here Name (print)
Date / (DD/MM/YYYY)

Bank Use Only		
Account Numbers           NSC         /		
Account Opening Application Form - for an Unincorporated Body		
Please use BLOCK CAPITALS and tick where appropriate		
Account Required Business Current Account and/or Demand Deposit Account		
Organisation Name (as it appears on your Constitution or Rule book)  (the "organisation")		
Organisation Address  Correspondence Address  (if different to organisation address)		
Address line 1		
Address line 2		
Address line 3		
Organisation Address Time in Business Y Y Yrs Mths		
(BLOCK CAPITALS ONLY)  Time with Bank of Ireland Group  Y Y Yrs  Mths		
Organisation Tel. Expected Annual Turnover €		
Organisation Fax		
Organisation Email*		
Organisation Web Address*		
Primary Contact Name		
Primary Contact Tel.		
Organisation's Main Activity (Detailed description)		
Types of Transactions Expected through the Account (tick all applicable)		
Cash Cheque Direct Debit / Standing Order Electronic payments International payments		
Country where established?		
Do you require a second Account for VAT purposes? Yes No		
Irish Tax Reference Number (Required for interest earning Accounts only)		
Charity Status Number (if applicable)		
Countries with which you trade outside the EU		
Destination of Interest (Complete only for interest bearing accounts)		
Credit this Account		
Your Statement Requirements		
How often do you require a Statement?		
Monthly Quarterly Annually Other International payments		
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 (max 24 characters)  This must be the same as the name on the account.
Name to appear on Card 1 (max 24 characters)
Signature 1 Sign here
Name to appear on Card 2 (max 24 characters)
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 (max 24 characters)  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.
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:
Email SMS/Digital Message Phone Call Post No thanks

## Our range of other Products and Services (Cont'd)

#### **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:

Yes please No thanks

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 enclosed with this form which describes how and why we process personal information.

\* Members of the Bank of Ireland Group include: Bank of Ireland, Bank of Ireland Mortgage Bank, Bank of Ireland Insurance Services Limited, Bank of Ireland Leasing Limited and New Ireland Assurance Company plc. A full list of members of the Bank of Ireland Group can be found at investorrelations.bankofireland.com.

#### **Personal Information**

Where the organisation has 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, we confirm that the organisation has 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 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. This notice is a guide to how the Bank of Ireland Group processes personal data.

Bank Use Only		
All applications verified		
Sign here	(Authorised Official)	
Signature No.	Date / (DD/MM/YYYY)	

Bank Use Only
Account Numbers         NSC         //
Certified list of Elected Officers/Committee Members/Authorised Signatories and Beneficial Owners
A. Certified list of Elected Officers/Committee Members and Authorised Signatories
List below the names and details of all of the organisation's Committee members/ Elected Officers and all the Authorised Signatories named in the Resolution:
1. Name (BLOCK CAPITALS)
President/Chairperson of the Committee Authorised Signatory Irish Resident Yes No
Date of birth
Residential Address
*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
If you have answered yes to either of the above questions, please provide your Tax Identification number (TIN):
2. Name (BLOCK CAPITALS)
President/Chairperson of the Committee Authorised Signatory Irish Resident Yes No
Date of birth DD/MM/YYYY
Residential Address
*Are you a U.S. citizen? Yes No No *Are you resident in the U.S. for tax purposes? Yes No
If you have answered yes to either of the above questions, please provide your Tax Identification number (TIN):
3. Name (BLOCK CAPITALS)
President/Chairperson of the Committee Authorised Signatory Irish Resident Yes No
Date of birth DD/MM/YYYY
Residential Address
*Are you a U.S. citizen? Yes No No *Are you resident in the U.S. for tax purposes? Yes No No
If you have answered yes to either of the above questions,
please provide your Tax Identification number (TIN):
4. Name (BLOCK CAPITALS)
President/Chairperson of the Committee Authorised Signatory Irish Resident Yes No
Date of birth  DD/MM/YYYY
Residential Address
*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
If you have answered yes to either of the above questions, please provide your Tax Identification number (TIN):

Account Numbers  NSC	Bank Use Only
B. Other Beneficial Owners of the organisation (if any)	Account Numbers NSC // /
List below the names of all Beneficial Owners of the organisation who ultimately own or control 25% or more of the capital or profits or voting rights of the organisation or otherwise exercise control over the management of the organisation. (Not required for non-profit making clubs/societies with constitution or rules)  Beneficial Owner Name Residential Address  Irish Resident Yes	Certified list of Elected Officers/Committee Members/Authorised Signatories and Beneficial Owners (Cont'd)
profits or voting rights of the organisation or otherwise exercise control over the management of the organisation. (Not required for non-profit making clubs/societies with constitution or rules)  Beneficial Owner Name Resident Yes	B. Other Beneficial Owners of the organisation (if any)
Residential Address  Irish Resident Yes	profits or voting rights of the organisation or otherwise exercise control over the management of the organisation. (Not required
Irish Resident Yes No Date of birth No	Beneficial Owner Name
*Are you a U.S. citizen? Yes No	Residential Address
Residential Address  Irish Resident Yes	*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
Irish Resident Yes No Date of birth	Beneficial Owner Name
*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  Beneficial Owner Name Residential Address Irish Resident Yes No Date of birth D/MM/YYYYY  *Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  Beneficial Owner Name Residential Address Irish Resident Yes No Date of birth D/MM/YYYYY  *Are you a U.S. citizen? Yes No Date of birth D/MM/YYYYYY  *Are you a U.S. citizen? Yes No Date of birth D/MM/YYYYYY  *Are you a U.S. citizen? Yes No Sare you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  L confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here	Residential Address
Residential Address  Irish Resident Yes	*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
Residential Address  Irish Resident Yes	Panaficial Owner Name
Irish Resident Yes No Date of birth D / M / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  Beneficial Owner Name Residential Address  Irish Resident Yes No Date of birth DD/MM/VYVY  *Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  I confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here Signature 2 Sign here	
Residential Address  Irish Resident Yes No Date of birth D/MM/YYYYY  *Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  I confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here Signature 2 Sign here	*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
Irish Resident Yes No Date of birth DD/MM/YYYY *Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN)  I confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign  Signature 2 Sign here	Beneficial Owner Name
*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No If you have answered Yes, please provide your Tax Identification Number (TIN) Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here Signature 2 Signature 3 Sign	Residential Address
If you have answered Yes, please provide your Tax Identification Number (TIN)  I confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here	Irish Resident Yes No Date of birth DD/W/YYYY
I confirm that the information provided herein in respect of the Elected Officers/Committee Members, Authorised Signatories and Beneficial Owners of the organisation is correct.  Signature 1 Sign here Signature 2 Sign here	*Are you a U.S. citizen? Yes No *Are you resident in the U.S. for tax purposes? Yes No
Signature 1 Sign here Signature 2 Sign here	If you have answered Yes, please provide your Tax Identification Number (TIN)
here 😂 🗸	
President/Chairperson of the organisation	Signature 1 Sign here Signature 2 Sign here
The above confirmation must be signed by the President/Chairperson of the organisation and one other elected officer/	President/Chairperson of the organisation Elected Officer /Committee member  The above confirmation must be signed by the President/Chairperson of the organisation and one other elected officer/

committee member.

<sup>\*</sup>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

Bank Use Only	
Account Numbers A/c no.1	NSC
Resolution by the	Unincorporated Body ("the organisation")
Name of organisation	
(the "organisation") he Business Account Op	pening Pack for an Unincorporated body.
Branch where this ac	count will be held
one or more account Conditions", "Condition Privacy Summary", "So and "Schedule of Fee and understood by the Count Operation The Bank is authorise accepted on behalf of organisation including the accounts to be organisation."	ompany of the Bank of Ireland (the "Bank") is hereby requested and authorised to open and or continue to in the name of the organisation subject to the Bank's "New Customer Business Account Terms and ons of Use" and "Customer Handbook" for Business On Line (online banking), and "Demand Deposit Account is" (if applicable), a copy of which together with the Bank's "Terms of Business", "Bank of Ireland's Data chedule of Fees and Charges for Business Customers", "Schedule of International Transactions Charges" is and Charges for Business On Line" (included in the Business On Line brochure) have been received, read the organisation.  On & Signing Instructions and to honour and negotiate all cheques and other negotiable instruments drawn, made, endorsed or of the organisation and to act on all instructions relating to the accounts, affairs or transactions of the ginstructions to close any of the accounts even where such action may lead to borrowing or cause any of overdrawn or any overdraft to be increased, provided that they are signed on behalf of the organisation by:  Only two of All of (please tick whichever is applicable) of the following Authorised Signatories
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

## Resolution by the Unincorporated Body ("the organisation") (Cont'd)

If there are any additional authorised signatories on the account the Bank is to be given a full list of officials authorised to sign, (the list to be provided to the Bank in the format set out above), together with their specimen signatures.

## 3) AUTHORISED USER FOR 365 PHONE AND DIGITAL BANKING ACCESS

Please only complete this section if using 365 Phone and Digital banking services.

I/We have been provided with a copy of the Bank of Ireland's standard Terms and Conditions for 365 Phone and Digital Banking and have read and agree to be bound by and fully accept these Terms and Conditions.

I/We have read and Understand the Guidelines "Things you need to know about using 365 phone and digital banking" below.

#### Things you need to know about using 365 phone and digital banking

With 365 phone and digital banking, you can bank anytime, anywhere. It makes managing your bank accounts simple. Online transaction fees are also less costly than paper based payments like cheques.

Your business must nominate a single individual to logon and manage your account(s) and make payments using 365 phone and digital banking. This individual will have sole access and control of the account(s) via 365 phone and digital banking. Once set-up, your Bank account(s) will automatically be registered for e-Statements. You can opt to receive paper statements as well as eStatements by amending the account preference on 365 online. Please note that the individual managing your account will also have the access to change the correspondence address via 365 online.

If this digital banking service is not right for your business, please speak to your Branch about Business On Line. Business On Line is an alternative online banking service for business customers. For more information, visit www.bankofireland.com.

I/We authorise the following authorised signatory named below to be the sole authorised user of 365 Phone and Digital Banking in respect of the above account, in accordance with the Bank's standard Terms and Conditions.

## 365 Phone and Digital Banking Signatory

Name:	
Signature:	
Date:	
Mobile number:	
Email:	
Date of birth:	

The authorised user must be one of the Authorised Signatories named above.

## 4) Changes to the Authorised Signatory List

The Bank be given a list of officials authorised to sign, (the list to be provided to the Bank in the format set out in section 2 above), together with their specimen signatures and that the Bank be given Notice in writing signed by the then President/ Chairperson of the Committee of the organisation and any one of the Authorised Signatories (set out in section 2 above) of any change which may occur from time to time in the list of Authorised Signatories and that where there is such a change in the list of Authorised Signatories it will only become effective if made (i) in accordance with this resolution, and (ii) where the notice includes a clearly legible new list of all the Authorised Signatories of the organisation from the date of the change showing the names in block capitals and the specimen signatures for all Authorised Signatories.

#### 5) Changes to the President/Chairperson/Beneficial Owners of the Organisation

That the Bank be given **Notice in writing** signed by the then President/Chairperson and any one of the Authorised Signatories (set out in section 2 above) of **any change** which may occur from time to time to **the President/Chairperson/Beneficial Owners of the organisation**. Such Notice to be provided to the Bank as soon as practicable.

**6)** The Bank is hereby requested to grant accommodation from time to time by way of overdraft, loan or otherwise for the purposes of the organisation, on such terms and conditions as are then current or may be stipulated by the Bank from time to time.

#### 7) Information Provided to the Bank

That we hereby certify the accuracy of the information provided to the Bank for the purpose of opening the account(s) including the information provided in this pack. That the Bank is authorised, in respect of any information and/or copy documents supplied to the Bank to enable the Bank to comply with its obligations to establish the identity of the organisation in accordance with the laws and regulations concerning the prevention of money laundering and terrorist financing ( "anti money laundering provisions") at any time to disclose to, transfer to or send copies thereof to any branch, any other member of the Bank of Ireland Group or any other party as defined in the anti money laundering provisions who may at anytime provide or be requested to provide any services to the organisation.

That any information and or any copy documents which have been supplied to any other member of the Bank of Ireland Group or any branch of the Bank, to enable the Bank to comply with the obligation to establish the identity of the organisation in accordance with the anti money laundering provisions may at any time be disclosed or transferred to, or copies thereof sent by such member or branch to the Bank or another branch of the Bank so as to enable the Bank to comply with its obligations under the anti money laundering provisions. For the benefit of any such member of the Bank of Ireland Group the organisation confirms that such member may act on this authorisation as if it were specifically addressed to such member.

That the Bank is authorised in respect of any information supplied to the Bank relation to the identity of the organisation or in connection with any matter arising from any application made to the Bank to make all and any enquires the Bank considers appropriate or disclose any information contained in this form or any such application to, any third party providing a credit reference service and the organisation confirms that the Bank may disclose information relating to any account (if opened) and its operation to any credit reference agency.

#### 8) Business On Line Facility (If Required)

Where the Business On Line facility is provided, that (You may nominate 1 or 2 Administrators - please complete fields below as appropriate)

Mr/Ms		Administrator 1
Signature	Sign here	(also to sign on page 13) and/or
Mr/Ms		Administrator 1
Signature	Sign here	(also to sign on page 13) and/or

is/are appointed as Administrator(s) for the organisation (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 organisation 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 organisation accessed through the Services; and
- c) to perform the other functions identified in the Agreement, as same may be amended from time to time.

That any changes to the identity of the Administrator(s) or either of them shall be notified to the Bank by the then Committee President/Chairperson of the organisation.

The Bank is hereby requested to provide the organisation information relating to its accounts, consisting of the daily available and uncleared balances, the ledger balances, and such treasury information as may be required from time to time ("Password electronic Banking Service") and that the person or any of the persons as appropriate authorised in paragraph 2 hereof, be and each of them is hereby authorised to execute on behalf of the organisation such documentation as may be required for the provision of the Password Electronic Banking Service.

# Resolution by the Unincorporated Body ("the organisation") (Cont'd)

# 9) Amendments to the Resolution

That this resolution shall be communicated to the Bank and shall remain in full force until an amending Resolution shall be passed by the Committee of the organisation and a copy thereof certified by the President/Chairperson of the Meeting, shall be communicated to the Bank.

**10)** Notwithstanding part 8, the Bank be authorised (but not obliged) to suspend transactions on the account where in its sole discretion it reasonably believes it (a) has unclear authority from the organisation on the signatories authorised to transact on the organisation's behalf or (b) has contradictory instructions in relation to the operation of the account from two or more of the Authorised Signatories, Committee Members /Elected Officials or persons whom the Bank believes to be in a position of authority in the organisation and that the Bank be authorised to maintain this suspension until the organisation furnishes a new and clear authority in the form of this document or in another form acceptable to the Bank.

#### 11) Confirmation

#### Certified a true copy of original resolution

The organisation shall be bound by, and requires the Bank to act on, the instructions contained in the Resolution above which is hereby certified to be a true copy of the original Resolution.

Signature	Sign here		Date	
		the Meeting at which the resolutions were passed mmittee Member/Elected Officer)		
Signature	Sign here		Date	
Committee	Mambar/Flact	and Official (this cannot be the same person as the	Chairpara	on" of the meeting)

Committee Member/Elected Official (this cannot be the same person as the "Chairperson" of the meeting)

# **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	
Do you consider the business activity of the client to be high risk?	Yes No
Was there any element of non face to face contact with the principal(s)	
of the connection during the application?	Yes No
Are there any non-resident politically exposed persons (PEP) associated with the account/entity?	Yes No
Does the business have any business dealings / trade with Iran?	Yes No
Does the business have any trading partners who deal with / trade with Iran?	Yes No
Does the client intend to have dealings with High/Very High risk countries?	Yes No
Source of Funds Source of Wealth	
Overall Risk Rating* Standard High *If 'Y' to any of the above questions, relationship shoul All higher risk rated accounts must be referred to Network sign off prior to account opening. Email: NG&C@boi.com	work Governance & Control for
Sign here (Staff Member) Staff No.	
Date (DD/MM/YYYY)	

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 it's discretion, require any of the other Elected Officers/ Committee Members or 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)
Authorised Signatory Elected Officer/ Committee member
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. This notice is a guide to how the Bank of Ireland Group processes personal data.
Signed Sign here DD/MM/VYYY
For Bank Use Only
Is person to be identified an existing Bank of Ireland Group Customer Yes No
If <b>YES</b> Name of Branch/Group Entity
Anti Money Laundering Documentation Screen completed for the above account.
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 <b>NO</b> Name and current permanent address must be verified in line with procedures.
Face to Face contact with person being identified No If <b>NO</b> , 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.
Signed (Staff Member) Sign here Sign
Date Opies 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 it's discretion, require any of the other Elected Officers/ Committee Members or 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)						
Authorised Signatory Elected Officer/ Committee member						
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. This notice is a guide to how the Bank of Ireland Group processes personal data.						
Sign here DD/MM/YYYY						
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 <b>NO</b> Name and current permanent address must be verified in line with procedures.						
Face to Face contact with person being identified No If <b>NO</b> , 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)  Sign here  Staff No.						
Date 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;
e) Where the Customer has 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 Indemnity, we confirm that the Customer has 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 with this Application and Indemnity. 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. This notice is a guide to how the Bank of Ireland Group processes personal data.
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 DD day of M in the year YYYYY
Authorised Signature Sign here (Signature) (Block Capitals)
Authorised Signature (this cannot be the same person as above)  of  (Block Capitals)
(Organisation Name) as authorised by a Resolution, a certified copy of
which is attached, passed by the Committee on the DD day of MM in the year YYYYY

Business On Line Application Form and Legal Agreement (Cont'd)
Register For Business On Line (Tick here)
1. Account Number* NSC Screency Currency
2. Account Number* NSC - Currency
3. Account Number* NSC NSC Currency
4. Account Number* NSC NSC Currency
*Nominated Account to which monthly subscription fee will be charged
International Account Number
Account Number NSC - Currency Currency
Account Number NSC - Currency
Bank of Ireland Credit Card Number
Bank Use Only
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.  Authorised Official Sign Sign Sign Sign Sign Sign Sign Sign
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.  Authorised Official Sign Sign Sign Date Date (DD/MM/YYYY)
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.  Authorised Official Sign Sign No.  Name Date / (DD/MM/YYYY)  (BLOCK CAPITALS)
Copies of pages 3, 8, 9, 13, 14, 16 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre, (1st Floor), Cabinteely, Dublin 18.  Authorised Official Sign Sign No.  Name Date J (DD/MM/YYYY)  (BLOCK CAPITALS)  Email

Administrator Mobile Phone Number for Business On Line Security Codes
Administrators Mobile Phone Country Prefix (please tick appropriate)  +353
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 Administra	ator Details									
The Administrator(s) mus	t complete the Administrator Details appl	ication form(s) below.								
Administrator 1 Details	(As identified on page 8)									
Organisation Name		Administrator Name								—
Title		Email Address								=
Work Mobile		Fax								<u>=</u>
	purpose the following information, which strator. (Note: *All five are mandatory).	the Bank will use for i	denti	ficati	on pu	rpos	es in de	aling	with	1
Date of Birth	DD/MM/YYYY	Middle Name*								
Work Phone No*										
Mother's Maiden Name*										
Home Address										
Post Code										
Administrator 1 (Signature) Date	Sign here									
Administrator 2 Details	(As identified on page 8)									
Organisation Name		Administrator Name								_
Title		Email Address								
Work Phone No*		Fax								
	purpose the following information, which strator. (Note: *All five are mandatory).	the Bank will use for i	denti	ficati	on pu	rpos	es in de	aling	with	1
Date of Birth		Middle Name*								
Work Mobile										
Mother's Maiden Name*										
Home Address										
Post Code										
	o our online tutorial which will guide yons, these details should be kept privat		func	tion	ality o	f Bu	siness	On L	ine.	
Administrator 2 (Signature)	Sign here									
Date										

Business Credit Card Application Form					
Bank of Ireland's Business Credit Card Account Details Business Credit Card Gold Business Credit Card					
Company and Company Administrator (Contact to receive summary statement and to access Gold Card Business Online if applicable)					
Title Mr Mrs Miss Dr Other					
First Name					
Surname DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD					
Telephone 0 0 0 (Please include full international dialling number)					
Email* (Mandatory)					
Company Business Name					
Company Address					
Company Registration Number					
Business Type (Please populate box with relevant letter code - e.g. L = Limited Company)					
Limited Company (L) Sole Trader (S) Unincorporated Body (U) Trust Account (T) Partnership (P) Incorporated Society (I)					
Business Status Non registered in Ireland Unincorporated					
Business On Line Customer Business Start Up					
Date Company Formed DD/W/YYYY No. of Employees					
Primary Business Activity (please tick) Service Distribution Manufacturing Other					
Business Activity Description					
Preferred Date of the Month for Business Credit Card statement to issue:					
3rd 10th 15th 22nd 28th					
Note: Automatic payment by Direct Debit 7 banking days after statement date.					
Mother's Maiden Name*  Date of Birth*  Diviny					
(Mandatory) (Mandatory)					
Company Password*  (Mandatory)					
Company password must be eight characters and a mix of capital letters and numbers.					
*Mandatory fields for Gold Card Business On Line.					
1) 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:					
Email SMS/Digital Message Phone Call Post No thanks					
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:					
Yes please No thanks					
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 enclosed with this form which describes how and why we process personal information.					

\* Members of the Bank of Ireland Group include: Bank of Ireland, Bank of Ireland Mortgage Bank, Bank of Ireland Insurance Services Limited, Bank of Ireland Leasing Limited and New Ireland Assurance Company plc. A full list of members of the Bank of Ireland Group can be found at investorrelations.bankofireland.com.

Business Credit Card Application Form (Cont'd)								
that you arra out in the list oe issued to amendments	ange to have t below. It is the custome s, from time	e Mandate dated DDD Bank of Ireland Business understood that the Bankers under separate cover (to time will be advised to you has provided personal decided by the second	Credit Cards is of Ireland Bus 'Terms and Co you by whatev	ssued in the i siness Credit onditions") sh er means the	names of the Card Terms all apply to a Bank in its	e individuals wand Conditionand in respections decoration decoration decoration decorations.	ns, a copy of wh t of all such Carc ems appropriate	e set ich will ds. Any
signatories, a those individ accordance v n the full Ba	administrato luals that pel with Bank of nk of Irelanc	rs, users or beneficial own rsonal data relating to the Ireland's Data Privacy Sum I Data Privacy Notice which the Bank of Ireland Group	ers, by signing m has been or nmary provide n is available o processes per	g this applicat r may be disc d with this ap on request fro rsonal data.	tion, we conf closed to the oplication. M om the Bank	firm that the constant Bank and use ore detailed in	organisation has ed by the Bank in nformation is av	informed n ailable
Signature 1	Sign here			Signature 2	Sign here			
Date								

#### **Notice**

Date

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

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. **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 Bank of Ireland, Credit Card Centre, Operations Centre, 2nd Floor, Cabinteely, Dublin 18 Creditor Address Recurring Type of Payment Account Number (IBAN) (Account to be debited): BIC of Debtor Bank (Optional)

Business Credit Card Application Form (Cont'd)
Signature(s)
Sign here Date / / (DD/MM/YYY)
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. Bank of Ireland is regulated by the Central Bank of Ireland.
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*  DD/MM/VYY  Limit €  (Mandatory)
Mother's Maiden Name* (Mandatory)
3. Name to appear on Business Cards (Please include Mr/Mrs/Miss/Ms/Dr/other)
Date of Birth*  DD/MM/VYY  Limit €  (Mandatory)
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 Email
2. Full international phone/mobile number Employee ID Email

Bank Use Only
Date D / W / Customer Credit Grade App. No. Corp. No. 2 Acc. No. NSC. NSC.
Mandatory for Corporate and A-C Accounts only. Overall limit approved for connection is   I confirm that all the AML Documentation for the above customer is correct and held by the branch (reference Bank Account & NSC details listed above) and that all the details provided on this application are accurate. I recommend approval of the facility and the issue of the card(s). If this is a corporate account and A-C managed account, I confirm that the Contingent Liability Account has been opened for the above and I authorise you to open the above account.
Please check that the following sections have been fully completed and signed where appropriate.
Primary Business Activity
Risk Rating Standard High
Company dealing/associated with a high/very high risk country?  Yes  No
Confirmation of ID&V for Beneficial Owners where the Risk Rating is High Yes No
Branch Checklist
Beneficial Ownership Section - Completed, photocopied & attached  List of Authorised Cardholders - Completed
Direct Debit Mandate - Completed and signed
Bank Use Only - Completed and signed
Application must be signed and authorised using your 4 digit number
Print Name Print Name
Signature Sign here Authorised Number Authorised Number
Email
Address
Branch NSC (NB for FIR Credit) RDC

# bankofireland.com/business