

Unincorporated Body

Business Current and
Demand Deposit Account
Application Pack



**Bank of
Ireland**

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

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

- ▶ Current utility bill
- ▶ Tax free allowance certificate
- ▶ Recent bank statement
- ▶ 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 / / A/c no. RDC

NSC / / A/c no. BSUP Yes No

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")

<p>Organisation Address</p> <p>Address line 1 <input type="text"/></p> <p>Address line 2 <input type="text"/></p> <p>Address line 3 <input type="text"/></p> <p>Organisation Address <input type="text"/> (BLOCK CAPITALS ONLY)</p> <p>Organisation Tel. <input type="text"/></p> <p>Organisation Fax <input type="text"/></p> <p>Organisation Email* <input type="text"/></p> <p>Organisation Web Address* <input type="text"/></p> <p>Primary Contact Name <input type="text"/></p> <p>Primary Contact Tel. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Organisation's Main Activity <input type="text"/> (Detailed description)</p>	<p>Correspondence Address (if different to organisation address) <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Time in Business <input type="text"/> <input type="text"/> Yrs <input type="text"/> <input type="text"/> Mths</p> <p>Time with Bank of Ireland Group <input type="text"/> <input type="text"/> Yrs <input type="text"/> <input type="text"/> Mths</p> <p>Expected Annual Turnover € <input type="text"/></p>
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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 EFT (BOI Account only)

Account Number NSC / /

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) [24 character boxes]

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

Name to appear on Card 1 (max 24 characters) [24 character boxes]

Signature 1 **Sign here** [Signature box]

Name to appear on Card 2 (max 24 characters) [24 character boxes]

Signature 2 **Sign here** [Signature box]

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) [24 character boxes]

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) [Text box]

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* [Text box]

*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 / /

A/c no.1 A/c no.2 A/c no.3

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 / /

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):

3. 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):

4. 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):

Bank Use Only

Account Numbers NSC / /
 A/c no.1 A/c no.2 A/c no.3

Certified list of Elected Officers/Committee Members/Authorised Signatories and Beneficial Owners (Cont'd)

B. Other Beneficial Owners of the organisation (if any)

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 No Date of birth / /
 *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 / /
 *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 / /
 *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 / /
 *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** 
 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.

*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 NSC / /

A/c no.1 A/c no.2 A/c no.3

Resolution by the Unincorporated Body ("the organisation")

To: The Governor and Company of the Bank of Ireland ("The Bank").

Please pass the Resolution set out below for business account(s) and online banking facilities (Business On Line).

At a meeting of the Committee of:

Name of organisation*

*Insert name exactly as it appears in the Constitution or Rule Book of your organisation.

(the "organisation") held on the / / there was produced to the meeting a Bank of Ireland Business Account Opening Pack for an Unincorporated body.

Branch where this account will be held

It was resolved that:

1) Account Opening

The Governor and Company of the Bank of Ireland (the "Bank") is hereby requested and authorised to open and or continue one or more accounts in the name of the organisation subject to the Bank's "New Customer Business Account Terms and Conditions", "Conditions of Use" and "Customer Handbook" for Business On Line (online banking), and "Demand Deposit Account Terms and Conditions" (if applicable), a copy of which together with the Bank's "Terms of Business", "Bank of Ireland's Data Privacy Summary", "Schedule of Fees and Charges for Business Customers", "Schedule of International Transactions Charges" and "Schedule of Fees and Charges for Business On Line" (included in the Business On Line brochure) have been received, read and understood by the organisation.

2) Account Operation & Signing Instructions

The Bank is authorised to honour and negotiate all cheques and other negotiable instruments drawn, made, endorsed or accepted on behalf of the organisation and to act on all instructions relating to the accounts, affairs or transactions of the organisation including instructions to close any of the accounts even where such action may lead to borrowing or cause any of the accounts to be overdrawn or any overdraft to be increased, provided that they are signed on behalf of the organisation by:

Any one of Any two of All of (please tick whichever is applicable) **of the following Authorised Signatories**

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**

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) 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.

4) 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.

5) 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.

6) 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.

7) 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	<input type="text"/>	Administrator 1
Signature	 <input type="text"/>	(also to sign on page 13) and/or
Mr/Ms	<input type="text"/>	Administrator 1
Signature	 <input type="text"/>	(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:

- 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);
- 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

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

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.

8) 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.

9) 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.

10) 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  Date / /

President/Chairperson of the Meeting at which the resolutions were passed
This person must be a Committee Member/Elected Officer)

Signature  Date / /

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 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

 (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 its 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  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.

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 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.

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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;

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 day of in the year

Authorised Signature  (Block Capitals)

(Signature)

Authorised Signature  (Block Capitals)

(this cannot be the same person as above)

of
(Organisation Name) as authorised by a Resolution, a certified copy of

which is attached, passed by the Committee on the day of in the year

Business On Line Application Form and Legal Agreement (Cont'd)

Register For Business On Line (Tick here)

- 1. Account Number* NSC -- Currency
- 2. Account Number* NSC -- Currency
- 3. Account Number* NSC -- Currency
- 4. Account Number* NSC -- Currency

*Nominated Account to which monthly subscription fee will be charged

International Account Number


Account Number NSC -- 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.

Authorised Official **Sign here**  Sig No.

Name Date // (DD/MM/YYYY)
(BLOCK CAPITALS)

Email

Telephone BSUP (applicable) Yes No

If Yes, Commencement Date // Finish Date //

Branch Brand

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 8)

Organisation 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 8)

Organisation 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

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 Ms Dr Other

First Name

Surname

Telephone 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/MM/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*
(Mandatory)

Date of Birth* DD/MM/YYYY
(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)

2) Under the terms of The Mandate dated / / which you hold, I/we/our organisation requests 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.

3) 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.

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

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 Creditor name
 Creditor Address
 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/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. 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* / /

(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

Bank Use Only

Date / / Customer Credit Grade App. No.

Corp. No. Acc. No. 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

Signature 

Authorised Number

Email

Address

Branch NSC

(NB for FIR Credit) RDC