

**Change of Name / Ledger Title Amendment
/ Golden Years / Basic Bank Account
upgrade Form**

PLEASE COMPLETE IN BLOCK CAPITALS

Bank of Ireland 



Change of Name

Ledger Title Amendment

Basic Bank Account to PCA

Golden Years

BANK OF IRELAND ACCOUNT AND POLICY NUMBERS

IMPORTANT: Please list all your Bank of Ireland account and policy numbers below to ensure that your personal details are updated throughout the Bank of Ireland Group.

BRANCH ACCOUNTS:

Branch:	<input type="text"/>	NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch:	<input type="text"/>	NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch:	<input type="text"/>	NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Branch:	<input type="text"/>	NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BANK OF IRELAND MORTGAGES:

NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

TERM DEPOSIT ACCOUNTS:

NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
NSC:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Acc No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CREDIT CARDS:

Card No:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card No:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

BANK OF IRELAND FINANCE:

Agreement No:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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BANK OF IRELAND LIFE:


Policy No:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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BANK OF IRELAND INSURANCE SERVICES:


Policy No:	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Note: Name change will be amended on all cards, cheque books and lodgement books associated with nominated accounts.

CHANGE OF NAME (PERSONAL ACCOUNT HOLDER 1)

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Customer Signature:	<input type="text"/> SIGN HERE 	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile tel no:	<input type="text"/>	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address:	<input type="text"/>		
Revised First Name:	<input type="text"/>	Revised Surname:	<input type="text"/>

CHANGE OF NAME (PERSONAL ACCOUNT HOLDER 2) FOR JOINT ACCOUNT HOLDERS ONLY – IF APPLICABLE

First Name:	<input type="text"/>	Surname:	<input type="text"/>
Customer Signature:	<input type="text"/> SIGN HERE 	Date:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile tel no:	<input type="text"/>	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email address:	<input type="text"/>		
Revised First Name:	<input type="text"/>	Revised Surname:	<input type="text"/>

CHANGE OF NAME (BUSINESS ACCOUNTS)

Existing Business Account Name:

Revised Business Account Name:

Customer Signature**:

Customer Signature**:

Customer Signature**:

** It is mandatory that this section is signed by customer(s) in accordance with the account mandate held

PCA TO GOLDEN YEARS / BASIC BANK ACCOUNT TO PCA (MANDATORY)

▶ I received and read a copy of the Terms and Conditions and I agree to be bound by them

▶ I received and read a copy of the Terms of Business

▶ I received and read a copy of the "Schedule of Fees and Charges for Personal Customers" Brochure

▶ I received and read the details of debit interest outlined in the table of "Personal Overdraft Interest Rates" sheet

Customer Signature**:

Date:

INTERNAL BRANCH USE ONLY

Ledger Title Amendment (e.g. spelling error):

Confirmation Sign Off Required

▶ Instruction form is fully completed and in order

▶ Personal Accounts – signature must be verified

▶ Non-Personal Accounts – mandate in revised name must be submitted

▶ Signed in accordance with mandate held

▶ Sequence of documents should be **1.** Instruction Form **2.** Any other required documents (e.g. marriage cert / T/A Certificate / Mandate in revised name)

Staff Name:

Staff Signature:

Staff number: