

New Customer Business Account Application Pack

Only complete if you are the following:

- Sole Trader / Partnership
- Limited Company

Thank you for choosing Bank of Ireland as your financial services provider. We welcome the opportunity to deliver a comprehensive business banking service that's designed to meet your business needs.

We know that you are busy at this challenging time, so we have put together our most popular products in one application pack, allowing you to save time by completing all the paperwork at once.

There are a number of mandatory pages to complete depending on your business type:

	Sole Traders/Partnerships	Limited Companies
Mandatory pages	Complete pages 1, 3, 5, 11 and 12 <i>If there are more than one account signatories, please complete page 7 and 9.</i>	Complete pages 1, 3, 5, 7, 9, 13 and 14.
Documentation	<ul style="list-style-type: none"> • Minimum 6 months bank statements (not applicable to business start-ups) • Your business plan (if available) • Original or certified copy of the Certificate of registration of business name (if you are trading under a name other than your surnames(s)) • In the case of a partnership, a copy of the partnership agreement 	<ul style="list-style-type: none"> • Minimum 6 months bank statements (not applicable to business start-ups) • Original Certificate of Incorporation and Certificate of Change of Name (if applicable) • Copy of memorandum & Article of Association • Original or certified copy of the Certificate of registration of Business Name (if you are trading under a name other than your company name) • Set of Certified Accounts (if applicable)
Individual Identification (please provide one of the following)	<ul style="list-style-type: none"> • Current passport • Current Irish or UK full driving licence • National EU ID Card • PPSN 	<p>Need to identify two company directors and two account signatories</p> <ul style="list-style-type: none"> • Current passport • Current Irish or UK full driving licence • National EU ID Card • PPSN
Address Identification (please provide one of the following that is not more than 6 months old)	<ul style="list-style-type: none"> • Current utility bill • Bank statement • Tax free allowance certificate • Revenue Commissioners documentation • Any correspondence letter posted to your address from a recognised source (e.g. hospital, school) 	<ul style="list-style-type: none"> • Current utility bill • Bank statement • Tax free allowance certificate • Revenue Commissioners documentation • Any correspondence letter posted to your address from a recognised source (e.g. hospital, school) <p>Note A: For Limited Companies, we will carry out a search in the Companies Office to verify the company details. The cost of this search will be debited to your business account.</p> <p>Note B: If your Company is not incorporated in the Republic of Ireland, our staff will advise you on the additional documentation that you require.</p>

Business Account *(Mandatory for all business types)***All fields should be completed.**

Please tick your required accounts/services:

1) Business Account <input type="checkbox"/> <i>Complete page 1</i>	4) Business Surplus Deposit Account <input type="checkbox"/> <i>Complete page 19</i>
2) Business On Line <input type="checkbox"/> <i>Complete pages 15 and 17</i>	5) Business Laser <input type="checkbox"/> <i>Complete page 19</i>
3) Overdraft & Term Lending <input type="checkbox"/> <i>Complete page 19</i>	6) Visa Business Card <input type="checkbox"/> <i>Complete page 21</i>

If you would like a Bank of Ireland representative to talk to you about any of the following products please tick:

a) Finance and Leasing b) Global Markets c) Insurance and Protection

Lending criteria, terms and conditions apply to the above products and services.

Business Account Name Trading Name Business Account Address (correspondence address) Company Telephone Number Fax Number Primary Contact name (Business Administrator Name) Position Held Work Mobile Number Fixed line Email Address Primary Business Activity (e.g. Haulage, Retailer, Farmer) Company registration number Tax Reference Number *Completion of this Tax Reference number is not an application for DIRT exemption.*Time in Business No. of Employees Average annual turnover € (if applicable)Accountant Name Telephone No. Solicitor's Name Telephone No. Do you require a second account for VAT purposes? Yes No **Please tick the following:** Received and understood copy of Terms and Conditions Received and understood copy of Fees and Charges Received and understood copy of Terms of BusinessCustomer Signatory 1 Customer Date Date **Cheque Books and Statements**Frequency of Statements (e.g. monthly, quarterly, yearly)Specify Date (Current Account monthly as standard, Savings Account annually)Standard Cheque Book (50) Businesscheck (Carbonised - Charges Apply) Lodgement Book (50) **For Bank use only**Account Numbers 1. NSC 2. NSC 3. NSC 4. NSC BSUP Yes No RDC

Business Customer (1) Identification Form

(Mandatory for all business types)

Sole Traders/Partnerships

Limited Companies

Customer Consent (Mandatory for all signatories to accounts. Photocopy this page if more signatories are required.)

Account Name

Account Number

Name of person to be identified

Relationship of this person to the above account (please tick) Director Signatory

To: The Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank branches).

Customer Consent: I/We hereby agree that any information and/or any original documents and/or any copy documents supplied by me/us or on my/our behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the Criminal Justice Act, 1994, as amended, varied or substituted from time to time (the "1994 Act"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other "designated bodies" as defined in, under or pursuant to the 1994 Act and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me/us.

I/We hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me/us to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the 1994 Act and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the 1994 Act and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I/we hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member.

I/We hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank; ICS Building Society; any branch of the Bank or ICS Building Society; the separate legal entities that constitute the Bank of Ireland Group; any respective successors, assigns and transferees of the Bank, ICS Building Society or entities aforesaid.

 Signed _____ Date

I do not have an official document with my Name, Address and PPSN.

 Signed _____ Date

For Bank use only

Is person to be identified an existing Bank of Ireland Group customer? Yes No

If Yes: Name of Branch/Group Entity: _____

Existing Customer as at 2/5/95? Yes

Branch NSC Account Number Date Account Opened

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen. ID of person named overleaf need not be established.

Existing Customer after 2/5/95? Yes

Branch NSC Account Number Date Account Opened

ID Documentation for the person named overleaf must be held.

Money laundering Documentation Screen Completed for the above account - Yes

With the person's consent as detailed overleaf, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

Purpose of Account and/or Details of initial lodgement (cheque details, etc.) _____

If No: Name and current permanent address of person named overleaf must be verified in line with procedures.

Face to face contact with person being identified No - If no, specify method of contact: _____

(If 'No', two forms of address verification must be obtained)

Name:

Current Permanent Address:

Name Verification*: Document(s) used: _____

Address Verification 1*: Method(s) used: _____

Address Verification 2*: Method(s) used: _____

Purpose of Account _____

Comments: _____

 Signed (Staff Member) _____ Staff Number Date

*Copies of ID material(s) must be attached with this Form.

Business Customer (2) Identification Form

(Mandatory for all business types)

Sole Traders/Partnerships

Limited Companies

Customer Consent (Mandatory for all signatories to accounts. Photocopy this page if more signatories are required.)

Account Name

Account Number

Name of person to be identified

Relationship of this person to the above account (please tick) Director Signatory

To: The Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank branches).

Customer Consent: I/We hereby agree that any information and/or any original documents and/or any copy documents supplied by me/us or on my/our behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the Criminal Justice Act, 1994, as amended, varied or substituted from time to time (the "1994 Act"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other "designated bodies" as defined in, under or pursuant to the 1994 Act and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me/us.

I/We hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me/us to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the 1994 Act and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the 1994 Act and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which we have supplied any such information, documents and/or copy documents aforesaid, I/we hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member.

I/We hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank; ICS Building Society; any branch of the Bank or ICS Building Society; the separate legal entities that constitute the Bank of Ireland Group; any respective successors, assigns and transferees of the Bank, ICS Building Society or entities aforesaid.

 Signed _____ Date

I do not have an official document with my Name, Address and PPSN.

 Signed _____ Date

For Bank use only

Is person to be identified an existing Bank of Ireland Group customer? Yes No

If Yes: Name of Branch/Group Entity: _____

Existing Customer as at 2/5/95? Yes

Branch NSC Account Number Date Account Opened

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen. ID of person named overleaf need not be established.

Existing Customer after 2/5/95? Yes

Branch NSC Account Number Date Account Opened

ID Documentation for the person named overleaf must be held.

Money laundering Documentation Screen Completed for the above account - Yes

With the person's consent as detailed overleaf, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

Purpose of Account and/or Details of initial lodgement (cheque details, etc.) _____

If No: Name and current permanent address of person named overleaf must be verified in line with procedures.

Face to face contact with person being identified No - If no, specify method of contact: _____

(If 'No', two forms of address verification must be obtained)

Name:

Current Permanent Address:

Name Verification*: Document(s) used: _____

Address Verification 1*: Method(s) used: _____

Address Verification 2*: Method(s) used: _____

Purpose of Account _____

Comments: _____

 Signed (Staff Member) _____ Staff Number Date

*Copies of ID material(s) must be attached with this Form.

Account Mandates (Mandatory for Sole Trader/Partnership)

Sole Traders/Partnerships

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

Brand:

Branch: _____

Date:

*A. Sole Trader Account Mandate

I, the undersigned, having read and understood the current account terms and conditions, hereby authorise you to open and/or continue to operate one or more Accounts in my Name/Business name* of _____

of which I am the sole proprietor and to charge to the appropriate account all cheques, promissory notes, bills, withdrawal forms, and other orders and to act on instructions relating to the accounts, signed accepted or endorsed by myself or _____

who will sign as indicated below, notwithstanding that such action may lead to borrowing or cause any Current Account to be overdrawn or any overdraft to be increased. Furthermore, I hereby agree to hold myself liable for all moneys due and liabilities, demands, claims, losses, costs and expenses incurred under the above authorisation in any manner whatsoever and howsoever. **OR**

*B. Partnership/Joint Account Mandate

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

Branch: _____

Names: _____

*We, the undersigned, having read and understood the current account terms and conditions, hereby authorise you to open one or more accounts in the name of _____

or I, having read and understood the current account terms and conditions, authorise you to convert my existing sole account(s) into the

*Joint Names of _____

*Partnership Name of _____

*Name/or Business Name of _____

and to honour all cheques, promissory notes, bills, withdrawal forms and orders drawn on the accounts and to act on instructions relating to the accounts signed by:

*Any one of _____ *Any two of _____ *All of _____

us notwithstanding that such action may lead to borrowing or cause any account to be overdrawn or any overdraft to be increased. I/We agree with you and one another that in the event of the death of any one or more of us any monies outstanding in any accounts in our joint names shall be payable to or held for the survivor or survivors and in the event of the death of the last survivor for the personal representative(s) of the last survivor. I/We hereby agree to hold ourselves severally as well as jointly liable for all monies due and liabilities incurred under the above authorisation in any manner whatsoever. Furthermore, we hereby agree that this Mandate shall remain in full force and effect until an amending Mandate shall be communicated to you under our joint signatures.

Where the Business On Line facility is provided, that:

 Mr/Ms

(also to sign on page 17) and/or

Signature _____

 Mr/Ms

(also to sign on page 17)

Signature _____

is/are hereby appointed as Administrator(s) for the Business (herein together referred to as the "Administrator(s)"), as such term is defined in the Conditions of Use.

That the Administrator(s) is authorised:

- (a) to confirm in writing to the Bank the identity of the Originating Accounts (as defined in the Conditions of Use) of the Business 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 Nominated Account (as defined in the Conditions of Use);
- (b) to advise the Bank in writing from time to time of any changes to, deletion or addition of Originating Accounts of the Business accessed through the Services; and
- (c) to perform the other functions identified in the Agreement, as same may be amended or varied from time to time.

***Delete as applicable (Each deletion should be initialled)**

On completion of A or B, please sign the area below

Specimen Signature(s) of above named

Name in full _____

Address _____

Signature of Customer(s)

1. _____

2. _____

3. _____

4. _____

Witness _____

Occupation _____

Data Protection Acts

I/We consent to the details, that I/we am/are being asked to supply, being used to provide me/us with information about other products and services, either from the Bank of Ireland Group or which the Bank of Ireland Group has arranged for me/us with a third party. If you would not like the information to be utilised for this purpose, please tick this box.

I/we understand that at any time I/we can ask you to stop or change the methods by which the Bank may send me/us marketing materials. This can be done free of charge by writing to my/our branch of the Bank.

Where more than one applicant, this declaration is to be signed by all parties. [Note: applicants must sign form if personal details are provided.]

To the Bank of Ireland Group

1. Where this application is an application for facilities, I/we confirm that I/we am/are not less than 18 years of age.
2. I/we certify the accuracy of the information in the event of any future applications by me/us (whether oral or written) for a facility, unless I/we expressly advise you to the contrary at the time of any such future application.
3. I/we understand that you reserve the right to decline this or any future application without being required to state or reason that no correspondence will be entered into in such circumstances.
4. I/we hereby consent to the Bank and, where appropriate, the Group, and its or their duly authorised agents, holding, using, disclosing and processing my/our data in the following ways (where defined terms have the meaning set out at the end of this Clause 4):
 - (a) unless I/we have indicated to the contrary in writing, for direct marketing purposes, to advise me/us of products or services of the Bank, the Group or selected third parties. Unless I/we indicate to the contrary, to contact me/us by post, telephone, email, fax or other means (subject to applicable legislation);
 - (b) to carry out statistical analysis and market research;
 - (c) to maintain a "single view" of my/our relationship with the Bank/Group; and whereby data can be transferred between the Bank and members of the Group, and its or their duly authorised agents, held on, or linked to, a Group database and for the Bank and any other Group companies and/or duly authorised agents to manage and develop its/their relationship with me/us and for general business purposes;
 - (d) to carry out searches and disclose information to credit reference agencies for the purpose of assisting applications for credit and credit related services and for ongoing credit review. I/We further consent to the recording of any transaction which may result from this application with the Irish Credit Bureau, any successors thereto, or any other such credit reference agency(ies) (hereinafter referred to as "ICB"); to ICB recording, retaining and disclosing details of searches made against me/us for a period of one year prior to; and one year subsequent to; the date of the search made in respect of this application; to ICB disclosing details of any transaction which might result from this application to financial institutions participating in the ICB and to ICB (and financial institutions participating in the ICB) disclosing to each other any material misstatement of fact contained in applications by me/us for financial services;
 - (e) to manage and administer my/our accounts or policy/policies of insurance on an on-going basis; for on-going credit review and analysis; to the disclosure of information and/or documentation to a prospective or actual assignee; to the disclosure of information and/or documentation to any other party in connection with a loan transfer and securitisation scheme;
 - (f) where I/we hold a mortgage with the Bank/Group, I/we consent to the use of my/our data for the purposes described in the mortgage application, loan offer and mortgage documentation;
 - (g) to hold, use, disclose and process my/our data for any other specific purposes where I/we have given the Bank/Group my/our specific consent to do so;
 - (h) for disclosure or transfer of my/our data abroad but only for any of the purposes specified above, to persons who have been approved by the Bank and/or the Group, and in a manner compliant with applicable data protection legislation. In this Authorisation, the following terms have the following meanings; the "Bank" means The Governor and Company of the Bank of Ireland (which includes Bank branches); the "Group" means any and all of the separate legal entities that comprise the Bank of Ireland Group; my/our "data" means all and any information which has been provided or will be provided to you, whether by me/us or by a third party, including in any application forms; provided in further meetings and discussions with you; ongoing transaction data in respect of my/our accounts and relationships with the Bank/Group; or other such data.
5. In the event of a Facility being approved, I/we authorise you to make the Facility available and to put the appropriate repayment schedule into effect.
6. I/we agree that the Facility (and any other facilities as may be granted by you at your discretion) shall be subject to the terms and conditions and specific provisions detailed in your Credit Agreement, once issued.

Date:

D	D	M	M	Y	Y	Y	Y
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Signature(s):

1. _____
2. _____
3. _____
4. _____

Board Resolution (Mandatory for Limited Company)

Limited Companies

Certified List of Directors, Beneficial Ownership & Shareholder Details

To: Bank of Ireland _____

I certify that the directors of _____ Limited are:

1. Name _____
Occupation _____ Date of Birth
Principal Address _____

2. Name _____
Occupation _____ Date of Birth
Principal Address _____

3. Name _____
Occupation _____ Date of Birth
Principal Address _____

4. Name _____
Occupation _____ Date of Birth
Principal Address _____

I undertake to advise you of any changes to the above list of directors.

Beneficial Ownership Details

I certify that the beneficial ownership (i.e. those with greater than 25% Issued Share Capital) of the above Company is:

1. Name _____
Occupation _____ Date of Birth
Principal Address _____
% of Issued Share Capital _____

2. Name _____
Occupation _____ Date of Birth
Principal Address _____
% of Issued Share Capital _____

3. Name _____
Occupation _____ Date of Birth
Principal Address _____
% of Issued Share Capital _____

4. Name _____
Occupation _____ Date of Birth
Principal Address _____
% of Issued Share Capital _____

Shareholder Details

The Company is to provide a list of names / addresses of Shareholders holding $\geq 10\%$ Issued Share Capital (where the holding is in the name of an individual, occupation and date of birth must be included).

The Company's Registered Office is at _____

For _____ Limited

 Signed _____ Date

 Company Secretary _____

Business On Line Application Form and Legal Agreement

Please choose your preferred service level below:

Service Level 1 & 2

Service Level 3

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);
- (b) hereby confirms to and for the benefit of the Bank that the Administrator may, (notwithstanding the terms of any mandates already provided by such Customer to the Bank in respect of the operation of its accounts) at any time and from time to time by letter in writing to the Bank, amend the provisions of any mandate given by the Customer to the Bank in respect of any Originating Account;
- (i) by the deletion of certain account(s); (ii) by the addition of certain account(s); or (iii) by the addition and deletion of certain account(s);
- (c) acknowledges that the Bank may admit, compromise or reject any claims made upon the Bank in connection with the use of the Services without reference to or authority from the Customer;
- (d) acknowledges and agrees that if the Customer has an expressly agreed overdraft facility, that the Services shall be operated at all times within such facility. The Customer further acknowledges and agrees that any implied limit (if any) on any account of the Customer will not under any circumstances be recognised or taken into account in connection with the operation of the Services;

The Customer has read and agreed to be bound by this Application and Indemnity and all of its terms and the Conditions of Use and the Customer Handbook, all of which as may be amended from time to time at the Bank's discretion. The Customer acknowledges that the Bank shall not accept any amendments, variations, replacements or substitutions to this Application and Indemnity, the Conditions of Use or the Customer Handbook required by the Customer. Words and phrases not specifically defined in this Application shall have the same meaning as in the Conditions of Use when used in this Application and Indemnity.

This Application and Indemnity dated the day of in the year

Limited Company (tick here)

Chairperson (Signature) _____ (Block Capitals) _____

Director (Signature) _____ (Block Capitals) _____

of _____ (Company Name) as authorised by a Resolution, a certified copy of which is attached, passed by the

Board of Directors on the day of in the year .

Sole Trader / Partnership (tick here)

Principal Shareholder/Owner 1 (Signature) _____

Principal Shareholder/Owner 2 (Signature) _____

Principal Shareholder/Owner 3 (Signature) _____

Principal Shareholder/Owner 4 (Signature) _____

Principal Shareholder/Owner 5 (Signature) _____

Principal Shareholder/Owner 6 (Signature) _____

Register for Business On Line - MANDATORY (tick here)

1. Account Number NSC Currency
*Nominated Business On Line Charge Account**

2. Account Number NSC Currency

3. Account Number NSC Currency

4. Account Number NSC Currency

For Bank use only

Application verified: Signed (Authorised Official): _____ Signature No:

Date:

BSUP (applicable) Yes No If Yes, Commencement Date:

Finish Date:

Branch Brand



Business On Line Administrator Details

Confidential Administrator Details

The Administrator(s) must complete the Administrator Details application form(s) below, fold and seal in the prepared envelope and return with the legal agreement.

Administrator 1 Details

Company Name
Administrator Name
Title
Email Address
Work Mobile No.
Fax

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 Middle Name
Work Phone No.
Mother's Maiden Name
Home Address Post Code

You will receive 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)

Administrator 2 Details

Company Name
Administrator Name
Title
Email Address
Work Mobile No.
Fax

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 Middle Name
Work Phone No.
Mother's Maiden Name
Home Address Post Code

You will receive 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)

Confidential

Company Name:

Administrator Details Only

Confidential

Company Name:

Administrator Details Only



Visa Business Card Application Form

Bank of Ireland's Visa Business Card Account Details

Visa Business Card

Gold Visa Business Card

Company Administrator (Contact to receive summary statement and to access Gold Visa Business Online if applicable)

Mr Mrs Miss Ms

First Name Surname

Telephone No. Fax No:

Email*

Company Business Name

Business Type (please tick) Sole Trader Partnership Limited Company Public
 Semi State Non registered in Ireland Non incorporated Business Start Up Business On Line Customer

Company Registration Number

Company Address

Date Company Formed No. of Employees

Primary Business Activity (please tick) Service Distribution Manufacturing Other

Business Activity Description

Preferred Statement Date of the Month 3rd 10th 15th 22nd 28th Note: Automatic payment by Direct Debit 6 days after statement date.

Mother's Maiden Name Date of Birth

Company Password* Company password must be eight characters and a mix of letters and numbers.

*Mandatory fields for Gold Visa Business On Line.

Schedule of Authorised Contacts (Please supply individual credit limits)

1. Name to appear on Business Cards (Please include Mr/Mrs/Ms)
 Date of Birth
 Limit € Mother's Maiden Name ATM/Cash Advance

2. Name to appear on Business Cards (Please include Mr/Mrs/Ms)
 Date of Birth
 Limit € Mother's Maiden Name ATM/Cash Advance
 Total Credit Limit required

Signature 1 Signature 2 Date

Additional Information for Gold Visa Business Online

Mobile No. Email Employee ID Cost Centre

1.

Under the terms of the Mandate dated which you hold, I/we/our Business ("The Customer") requests that you arrange to have Bank of Ireland Visa Business Cards issued in the name of the individuals whose names are set out in the schedule above. It is understood that the Bank of Ireland Visa Business Card Conditions of Use, a copy of which is set out overleaf, current from time to time ("Conditions of Use") shall apply to and in respect of all such Cards. Any amendments, from time to time, will be advised to you in writing. I/we/our Business ("The Customer") consent to the transfer of our information to a third party contracted on behalf of Bank of Ireland for the purpose of operating the Gold Visa Business Online Transaction System.

For Bank use only

Date Customer Credit Grade App. No.

Card No. Account No.

I confirm that the details provided on this application are accurate. I recommend approval of the facility and the issue of cards.

Print Name Signature Authorised Number

Email Address Branch NSC (NB for FIR Credit) RDC

Direct Debit Mandate for Visa Card (Please do not detach. We will send mandate to your branch after account opening)

Name of account to be debited

Account Number Bank Sort Code

To: The Manager - Name Originator Number 30 02 87

Signature 1 Signature 2 Date

Date Corporate Direct Debit Ref **VBC2**

Instructions to Bank : The Bank is hereby authorised to debit the Customer's Current Account at your Branch or any other account of the Customer at your Branch or at any other Branch of the Bank, as the Bank may deem appropriate, with all amounts which under the Conditions of Use may be charged to the Customer's VISA accounts. Banks may refuse to accept instructions to pay direct debits from some types of account.

