

Unincorporated Body*

Business Current and Demand Deposit Account Application Pack

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

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

Bank of Ireland 

For small steps, for big steps, for life

5 Steps to opening your Business Account with Bank of Ireland

STEP 1 Gather the following documentation:

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 Consent 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.

▶ 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 Organisation 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

Signed

Joe Bloggs

Organisation Representative to sign here

Date

01 / 09 / 17

BANK USE ONLY

ACCOUNT NUMBERS

NSC - -

NSC - -

A/c No.

A/c No.

RDC

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) **UNIVERSITY OF LIMERICK DUMMY CLUB/SOCIETY**

(the "organisation")

Organisation Address (BLOCK CAPITALS ONLY)

Clubs & Societies
Student's Union
University of Limerick
Castletroy
Limerick

Correspondence Address (if different from above) (BLOCK CAPITALS ONLY)

Organisation Tel.

Organisation Fax

Organisation Email* **dummyclub@noemail.ie**

Organisation Web Address*

Primary Contact Name **Joe Bloggs**

Primary Contact Tel. **087 123 4567**

Organisation's Main Activity (detailed description) **University Club and Society**

Time in Business Years Months

Time with Bank of Ireland Group Years Months

Expected Annual Turnover **€ 2000**

Type of Transactions expected through the Account (tick all applicable)

Cash Cheque DD / SO
 Electronic 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 **90** - -

YOUR STATEMENT REQUIREMENTS How often do you require a Statement?

Monthly Quarterly Annually Other

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 the card
(max 24 characters)

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

Name to appear on Card 1
(max 24 characters)

Signature 1

Name to appear on Card 2
(max 24 characters)

Signature 2

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 the card
(max 24 characters)

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

We have a number of other services that you may be interested in for your business. Please tick below if you require, or are interested in receiving information regarding, any of the following:

Deposits

Lending/Overdrafts

Electronic Services

Asset Finance

Invoice Finance

Foreign Exchange

Treasury Services

Other (please specify)

CHEQUE BOOK Please indicate which you require:

Standard Cheque Book (50 cheques)

Businesscheck Cheque Book (carbonised)
- Additional charges apply for this cheque book style

Name to appear on Cheque Book*

*This must always show your legal name and if required can also include a trading name as detailed above.

BANK USE ONLY

All applications verified

Signed

(Authorised Official)

Signature No.

Date

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

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 to either of these questions, 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 to either of these questions, 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 to either of these questions, 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 to either of these questions, 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.

Signed
 President/Chairperson of the organisation

Signed
 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 <http://www.revenue.ie/en/business/aeoi/index.html>

ACCOUNT NUMBERS

A/c No. 1.

NSC - -
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.

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* (the "organisation") held on the

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

/ / 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", "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 any two all (please tick one box) of the following **Authorised Signatories**

1. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

2. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

3. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

4. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

5. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

6. **Signatory Name** (BLOCK CAPITALS)

Specimen Signature

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.

Resolution by the Unincorporated Body ("the organisation") - (continued)

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

Mr/Ms **Administrator 1**
Signature (also to sign on page 9) and/or
Mr/Ms **Administrator 2**
Signature (where required) (also to sign on page 9)

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
- 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.

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

Signed 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 Does the business have any business dealings / trade with Iran? Yes No
Was there any element of non face to face contact with the principal(s) of the connection during the application? Yes No Does the business have any trading partners who deal with / trade with Iran? Yes No
Are there any non-resident politically exposed persons (PEP) associated with the account/entity? Yes No Does the client intend to have dealings with High/Very High risk countries? Yes No

Source of Funds

Source of Wealth

*If 'Y' to any of the above questions, relationship should be considered of higher risk.

OVERALL RISK RATING* Standard High

All higher risk rated accounts must be referred to Network Governance & Control for sign off prior to account opening.

Email: NG&C@boi.com

Signed (Staff Member) Staff Number

Date / /

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 below) Authorised Signatory Elected Officer/ Committee member

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 hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my 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 laws and regulations concerning the prevention of money laundering and terrorist financing ("anti money laundering provisions");
- ▶ the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act"); and/or
- ▶ the Return of Payments Regulations 2008 (the '2008 regulations')

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 party to the extent required, under pursuant to or in connection with the anti money laundering provisions the 2008 regulations and/or the 1997 Act, or that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me 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 anti money laundering provisions 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 anti money laundering provisions 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 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 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, any branch of the Bank; the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank or entities aforesaid.

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 consent 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 Number

Date / / Copies of ID material(s) must be attached to this Form

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 below) Authorised Signatory Elected Officer/ Committee member

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 hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my 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 laws and regulations concerning the prevention of money laundering and terrorist financing ("anti money laundering provisions");
- ▶ the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act"); and/or
- ▶ the Return of Payments Regulations 2008 (the '2008 regulations')

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 party to the extent required, under pursuant to or in connection with the anti money laundering provisions, the 2008 regulations and/or the 1997 Act, or that may at any time provide or be requested to provide any service(s) to me. I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me 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 anti money laundering provisions 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 anti money laundering provisions 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 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 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, any branch of the Bank; the separate legal entities that constitute the Bank of Ireland Group and any respective successors, assigns and transferees of the Bank or entities aforesaid.

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 consent 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 Number

Date / / Copies of ID material(s) must be attached to this Form

Business On Line Application Form and Legal Agreement

Customer Name

University of Limerick Dummy Club

Contact Email Address

dummyclub@noemail.com

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 do not wish the Administrator to have the facility to receive passwords over the phone please tick here

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;

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 (Signature)

Joe Bloggs

(Block Capitals)

JOE BLOGGS

Authorised Signature (Signature)

Mary Bloggs

(Block Capitals)

MARY BLOGGS

(this cannot be the same person as above)

of

(Organisation Name)

University of Limerick Dummy Club

as authorised by a Resolution, a certified copy of which is attached, passed by

the Committee on the day of in the year

REGISTER FOR BUSINESS ON LINE (Tick here)

1. Account Number*

NSC - -

Currency

*Nominated Account to which monthly subscription fee will be charged

2. Account Number

NSC - -

Currency

3. Account Number

NSC - -

Currency

4. Account Number

NSC - -

Currency

INTERNATIONAL ACCOUNT NUMBER

Account Number

NSC - -

Currency

Account Number

NSC - -

Currency

Bank of Ireland Credit Card Number

FOR BANK USE ONLY

Copies of pages 1, 5, 6, 9, 11 to be sent to Business On Line Support Unit, Bank of Ireland Group Payments, Operations Centre (1st floor), Cabinteely, Dublin 18.

Signed (Authorised Official)

Sig No.

Date

/ /

Name (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 to authenticate (via SMS) Users with 'Payee Authentication' rights on your Business On Line profile. Business On Line will send security codes to this nominated phone only. Please note that only one mobile phone may be nominated by the Administrators.

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 5)

Organisation Name	<input type="text" value="University of Limerick Dummy Club"/>	Administrator Name	<input type="text" value="Joe Bloggs"/>
Title	<input type="text" value="Mr"/>	Email Address	<input type="text" value="joe.bloggs@noemail.com"/>
Work Mobile No	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Fax	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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" value="01"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/> <input type="text" value="0"/>	Middle Name*	<input type="text" value="John"/>
Work Phone No*	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="7"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value=""/>		
Mother's Maiden Name*	<input type="text" value="Copper"/>		
Home Address*	<input type="text" value="No. 1, Main Street, Casteltroy, Limerick"/>		
Post Code	<input type="text" value=""/>		

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	<input type="text" value="Joe Bloggs"/>	(Signature)
Date	<input type="text" value="01"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="7"/>	

ADMINISTRATOR 2 DETAILS (as identified on page 5)

Organisation Name	<input type="text" value="University of Limerick Dummy Club"/>	Administrator Name	<input type="text" value="Mary Bloggs"/>
Title	<input type="text" value="Miss"/>	Email Address	<input type="text" value="mary.bloggs@noemail.com"/>
Work Mobile No	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Fax	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>

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" value="03"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="3"/>	Middle Name*	<input type="text" value="Ann"/>
Work Phone No*	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="6"/> <input type="text" value="5"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value=""/>		
Mother's Maiden Name*	<input type="text" value="Rabbitte"/>		
Home Address*	<input type="text" value="No.7, High Road, Castletroy, Limerick"/>		
Post Code	<input type="text" value=""/>		

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	<input type="text" value="Mary Bloggs"/>	(Signature)
Date	<input type="text" value="01"/> <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="1"/> <input type="text" value="7"/>	

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)

Mr Mrs Miss Ms Dr Other

First Name

Surname

Telephone Number (Please include full international dialling number)

0

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

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* (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.

CONSENT TO DIRECT MARKETING

I consent to the details that I am being asked to supply, being used to provide me with information about other products and services, either from the Bank of Ireland, or which the Bank has arranged for me with a third party.

If you would not like the information to be utilised for this purpose, please tick this box

I understand that at any time I can ask you to stop or change the methods by which the Bank may send me marketing materials. This can be done by writing to Bank of Ireland, Credit Card Services, Operations Ireland, Group Operations & Payments, Ground Floor, Cabinteely Dublin 18.

Under the terms of The Mandate dated which you hold, I/we/our Business ("The Company") 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. I/we/our Business ("The Company") consent to the transfer of our information to a third party contracted on behalf of the Bank of Ireland for the purpose of operating the Gold Card Business Online Transaction System.

Signature 1

Signature 2

Date

(CONTINUED OVERLEAF)

SEPA Direct Debit Mandate

Unique Mandate Reference:
(to be completed by the creditor)

Name of Account Holder:

Creditor Identifier: IE84VBC300287

Address of Account Holder:

Creditor Name: Bank of Ireland

Signature(s)

Creditor Address: Bank of Ireland, Credit Card Centre, Operations Centre, 2nd Floor, Cabinteely Dublin 18.

Type of Payment: Recurring

Date:

Account Number (IBAN) (Account to be debited):

BIC of Debtor Bank (optional):

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

FOR 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 CHECK LIST

Beneficial Ownership Section - Completed, photocopied & attached

Direct Debit Mandate - Completed and signed

List of Authorised Cardholders - Completed

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