



HAP Internal Transfer Request Form

This form is for transferring funds to / from a "Currency" account that has an NSC of 93-00-67 or 23-85-90

Debit Account Name: [Grid]

Debit Account Sort Code: [Grid] Debit Account Number: [Grid] Currency of Debit Account: [Grid]

Amount to be Debited: [Grid] Debit Currency Code: [Grid]

Credit Account Name: [Grid]

Credit Account Sort Code: [Grid] Credit Account Number: [Grid] Currency of Account: [Grid]

Reference / Narrative (Maximum 18 Characters) [Grid]

Dealers Rate & Reference / Forward Contract (if applicable) [Grid] Rate: [Grid] Reference: [Grid]

***If debiting branch a/c please have payment signed off by two authorised signatures at branch.
If debiting hold account, customer's signature(s) required - must be signed in accordance with mandate.
Fax is only acceptable where valid Fax Indemnity is in place
N.B. transfers must be done over phone with the CSU (01) 611 5210 if accounts are linked

Terms and Conditions relating to payments apply (the "Terms"). The Terms are set out in the Terms and Conditions issued by Allied Irish Banks, p.l.c. (the "Bank") for the account to be debited. Please read the Terms carefully, copies of which are available at any branch of the Bank and on www.aib.ie.

To: Allied Irish Banks, p.l.c. Please carry out the above payment instruction on my/our behalf. I/we acknowledge that I/we have read the Terms and agree to be bound by them.

Customer Authorised Signature(s) [Grid] Customer Authorised Signature(s) [Grid]
Authorised Branch Signature & Number [Grid] Authorised Branch Signature & Number [Grid]

Branch use only / Hold Accounts use only
Funds: [Grid] [Grid]
Fax Indemnity: [Grid] [Grid]
Signature Verified: [Grid] [Grid]
Original Held at Branch: [Grid] [Grid]
Call Back Details: [Grid] [Grid]
Flag Checked: [Grid] [Grid]

Queries regarding this form to (01) 611 5210