

ARREARS MANAGEMENT THIRD PARTY NOMINATION AND AUTHORITY MANDATE

For Personal Sole, Personal Joint and Sole Trader Accounts

Please Refer to Completion Instructions hereunder *

Complete in BLOCK CAPITALS using a black or blue ballpoint pen

This authority relates to all of your accounts and all of your dealings with the Bank. It does not authorise the Third Party to operate your accounts.

To: Allied Irish Banks, p.l.c. ("the Bank")

I/We

Name (Block Capitals)

Address

_____	of	_____
_____	of	_____
_____	of	_____

hereby revoke any/all previous authority(ies) to third parties to liaise with the Bank in relation to my/our arrears on my/our accounts or negotiate on my/our behalf.

I/We hereby nominate

Name (Block Capitals)

Address

_____	of	_____
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("the Third Party")

To liaise and negotiate with the Bank in relation to the arrears on my/our accounts and my/our obligations to the Bank in general.

I/We hereby authorise the Bank to disclose to the Third Party all information and details in relation to all of my/our accounts with the Bank and all my/our dealings with the Bank and to liaise and negotiate with the Third Party in relation to the arrears on my/our accounts and my general obligations to the Bank with a view to agreeing a revised repayment arrangement.

I/We undertake if called upon to do so by the Bank to ratify and confirm in writing all negotiations and agreements made on my/our behalf by the Third Party with the Bank.

This authority shall remain operative and in full force and effect until notice in writing is received by Allied Irish Banks, p.l.c. from me/us of revocation of same or in the event of my death of any of us, until you shall have received notice thereof.

This section must be signed by one or more of the account holders

Signature must be witnessed by a Bank Official or a Solicitor

Dated this day of 20__

(Signature of Account Holder)

(name of witness)

(Signature of Witness)

(address of witness)

(Occupation of witness)

(Signature of Account Holder)

(name of witness)

(Signature of Witness)

(address of witness)

(Occupation of witness)

(Signature of Account Holder)

(name of witness)

(Signature of Witness)

(address of witness)

(Occupation of witness)

AUTHORITY FOR THIRD PARTY TO LIAISE WITH THE BANK AND TO NEGOTIATE IN RELATION TO ARREARS ON BEHALF OF A CUSTOMER

This document revokes any and all previous authorities to Third Parties and to negotiate in relation to arrears.

<u>Name/Residential Address Account Holders</u>	Insert the name(s) and residential addresses of the Account Holder(s) to the account.
<u>Name/Address Third Party</u>	This form of authority allows the person named in this section to obtain Arrears correspondence/information, and/or to negotiate on behalf of a customer. Insert the Name & Address of the Third Party.
<u>Date of the Arrears Management Third Party Nomination and Authority Mandate</u>	This is the date on which the Arrears Management Third Party Nomination and Authority Mandate was completed by the Account Holder(s) and witnessed appropriately.
<u>Signature of the Witness(es)</u>	The witness(es) must be present at the time the Account Holder(s) signed the Mandate. The witness(es) must be a Bank Official or a Solicitor. No exceptions permitted.
<u>Signature of the Account Holder(s)</u>	For Joint Accounts: <ul style="list-style-type: none"> • One or more of the Account Holders must sign the Arrears Management Third Party Nomination and Authority Mandate • Either party to the account is entitled to nominate a Third party to whom the Bank will be authorised to disclose all information to which the customer(s) would have access.