



Employment Details

Employment Type

Employee ☐ Self-employed ☐ Home Maker ☐ Retired ☐ Not Currently Employed ☐

Job Description

Employer's Name

*Basic Gross **Annual** Income (If no Income, please enter 'zero', i.e. enter '0' in Income field)

Will your income be paid into your bank account? Yes ☐ No ☐

Contact Details

Phone Work Phone

Email Address

@

**'personal payment account' means any personal account (sole or joint) that is used primarily for the execution of day to day payment transactions which has at least the following features: the account allows you to (a) place funds, (b) withdraw cash within the European Union and (c) make and receive payment transactions within the European Union including: (i) direct debits, (ii) payment card transactions including online payments, (iii) credit transfers (including standing orders) at terminals and counters of your credit institution where available and via online banking. Current Accounts are usually personal payment accounts.

Personal Details – Applicant 2

*Title Mr ☐ Mrs ☐ Miss ☐ Other ☐ State here

*First Name

*Surname

*Address

*County *Country

Gender Male ☐ Female ☐

Marital Status Married/Civil Partner ☐ Single ☐ Divorced ☐ Widowed ☐ Other ☐

*Date of Birth Day / Month / Year

Place of Birth (as per identity documents)

County/City of Birth *Country

*Purpose of Account

Daily Banking ☐ Other

*Source of Funding for the Account

*Estimated Annual Turnover of the Account €

*Do you hold any personal payment account(s)** (sole or joint) with any credit institution(s) in Ireland? Yes ☐ No ☐

Have you received notice from your credit institution(s) that your personal payment account**
(or all of them if you have more than one) will be closed? Yes ☐ No ☐

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Tax Reporting – Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for the purpose of identifying those accounts, the details of which are reportable to Irish Revenue who may exchange these details with other tax authorities in relevant jurisdiction(s) and may include the following: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account number of each of your accounts, account balance or value at year end of each of your accounts and payments made with respect to each of your accounts during the calendar year. This legislation incorporates the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS).

All relevant sections of this form must be completed. If customers do not provide all of the information requested, we may not be able to proceed with opening the new account until the relevant information is provided.

Please note that AIB is unable to offer tax advice. For tax related questions and/or further information please contact your professional tax advisor or Irish Revenue at <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>.

Customers **must** promptly advise AIB if their tax residence changes.

We are also required to submit an annual return of interest to Revenue under the Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008. For the purposes of this return we may be obliged to seek the collection and verification of a Tax Reference Number (also known as PPSN) from customers when opening a new bank account. This number will be included in the annual return of interest to Revenue.

Applicant 1

***Are you a US Citizen?** Yes ☐ No ☐

***In what country(ies) are you tax resident?**

If you answered yes to the US Citizen question please include the United States as one of the countries below.

Please provide a TRN for each jurisdiction in which you are tax resident unless you are tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Tax Reference Number

Tax Reference Number

Tax Reference Number

Applicant 2

***Are you a US Citizen?** Yes ☐ No ☐

***In what country(ies) are you tax resident?**

If you answered yes to the US Citizen question please include the United States as one of the countries below.

Please provide a TRN for each jurisdiction in which you are tax resident unless you are tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Tax Reference Number

Tax Reference Number

Tax Reference Number

Applicant 1 – Product Information (Required Information – Please complete)

AIB may like to contact you occasionally, as part of our customer service programme, to advise you of AIB Group products and services that may be of benefit to you and relevant to your banking requirements. Please indicate the methods by which you are happy for us to contact you. (AIB Group means Allied Irish Banks p.l.c., its subsidiaries and associated companies).

Mail Yes ☐ No ☐

Phone Yes ☐ No ☐

Email Yes ☐ No ☐

Applicant 2 – Product Information (Required Information – Please complete)

AIB may like to contact you occasionally, as part of our customer service programme, to advise you of AIB Group products and services that may be of benefit to you and relevant to your banking requirements. Please indicate the methods by which you are happy for us to contact you. (AIB Group means Allied Irish Banks p.l.c., its subsidiaries and associated companies).

Mail Yes ☐ No ☐

Phone Yes ☐ No ☐

Email Yes ☐ No ☐

Data Protection Notice

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in branches and online. It may change from time to time.

Deposit Guarantee Scheme Information

By signing this declaration, I/We acknowledge that I/We have been provided with, read and accept the Deposit Guarantee Scheme - Depositor Information Sheet

Applicant 1

Signature

Date Day / Month / Year

Applicant 2

Signature

Date Day / Month / Year

Application / Declaration

WARNING: If you instruct the Bank to make payments from the account on the signature of any one of you, but not all of you, money in the account may be withdrawn without the knowledge of all of the signatories.

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

1. Please open an AIB current account in our joint names (and such other accounts as we may require under the same signing instructions) and we agree that we are bound by the Bank's terms and conditions for these accounts a copy of which has been/will be given to us.
2. We authorise payments and transfers from the account on the signature(s) of:
☐ Any one ☐ Any two ☐ All
3. In the event of the death of any of us, the money then in the account is to be paid to the survivors or survivor of us, subject to any right to payment that the Bank may have. (Delete if not required)
4. We apply for AIB Debit Cards with POS and ATM services and Personal Identification Number (PIN) under the Bank's debit card terms and conditions, which will be sent to us for use with the Card
☐ Please note that you can only apply for cards if you have selected "Any one" to sign)
5. We certify that the information above is accurate and agree that the Bank may make such enquiries about us as it considers necessary in relation to this application.

Applicant 1

Signature

Date Day / Month / Year
 / /

Applicant 2

Signature

Date Day / Month / Year
 / /

CJA Compliance

Type of Proof of Identity Type of Proof of Address Type of Proof of Identity

Type of Proof of Address

☐ *AIB Advantage Account
40060

or ☐ **Personal Bank Account PLUS
40001

or ☐ ***Basic Bank Account
40404

***Do not select this product where the customer already has another personal payment account unless notice to close it has been received.

NSC [][][][][]

Account Classification H A

Staff Referral Code Sub Office Mobile Code

Signing Authority

Statement Diary ☒ Annually ☐ Quarterly ☐ Monthly

Date of Next Statement Day / Month / Year (Leave blank unless customer requests specific date)

AIB Debit Card Yes ☐ No ☐ (If yes ticked, confirm mandates selected is Any one to sign)

Embossed Name 1

Embossed Name 2

Mailing Address Customer Address

*Cheque Book Yes ☐ No ☐

Type

Lodgement Book Yes ☐ No ☐

Type

Mailing Address Customer Address

* Not applicable to the AIB Basic Bank Account

Branch Checklist

- Customer’s CJA documentation has been sighted and verified to be true and original by Official signed below: Yes ☐
- This application has been checked and all mandatory fields have been completed Yes ☐
- PPS No. (Tax Reference No.) documentation received Yes ☐ No ☐
- I confirm that the customer(s) has been provided with the DGS - Depositor Information Sheet Yes ☐
- I confirm that the customer(s) has signed and dated to acknowledge receipt of the DGS - Depositor Information Sheet: Yes ☐

Name of Bank Official

Signature of Bank Official

Staff Number of Bank Official

Date

Day

/

Month

/

Year

AIB Personal Current Account Application Form - Joint

AIB/F514 0122

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Deposit Guarantee Scheme

Depositor Information Sheet



Basic information about the protection of your eligible deposits

Eligible deposits in Allied Irish Banks, p.l.c. are protected by:	the Deposit Guarantee Scheme ("DGS") ⁽¹⁾
Limit of protection:	€100,000 per depositor per credit institution ⁽²⁾
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 ⁽²⁾
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately ⁽³⁾
Reimbursement period in case of credit institution's failure:	7 working days ⁽⁴⁾
Currency of reimbursement:	Euro
To contact Allied Irish Banks, p.l.c. for enquiries relating to your account:	Allied Irish Banks, p.l.c., 10 Molesworth Street, Dublin 2 Tel: 0818 227 060 www.aib.ie
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1 Tel: 01-224 5800 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie

Additional information

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

(4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.

Tel: 01-224 5800.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 7 working days, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

(5) Temporary high balances

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(6) Exclusions

A deposit is excluded from protection if:

- The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund (Deposits by Small Self Administered Pension Schemes are not excluded)
 - public authority

Further information about exclusions can be obtained at www.depositguarantee.ie

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.