



Amend iBB details

How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this
 If you make a mistake, do this
 and mark the correct box

3 Please use BLOCK CAPITAL
 LETTERS and leave one
 space between each word

Company Name
iBB User ID

Please amend the following details for an existing iBB User ID.

Section 1: Amend iBB Client Contact Details

We wish to amend our iBB Client Contact to the Person that is detailed below

First Name
Surname
Contact Phone Number
Email Address

Section 2: Change of Address

Please complete the new Contact Address in the boxes provided below (if required)

Section 3: Change Nominated Account* for billing on iBB

*This is the account the service charge will be debited from.

BIC IBAN

Authorisation

We, the Customer, wish to amend the details of our previously signed Application for iBusiness Banking. We acknowledge that this document is subject to the Terms and Conditions of the iBusiness Banking Agreement. The information provided by you to AIB Group on this form will be held and used to action your request.

Signed on behalf of the Company noted above in accordance with our existing resolution for iBusiness Banking.

AUTHORISED SIGNATORY 1				AUTHORISED SIGNATORY 2			
<input type="text"/>				<input type="text"/>			
Date	Day	Month	Year	Date	Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Checklist

- Please ensure that the correct signatories have signed this Amendment Request
- Once completed please forward this Amendment Request to your branch/Relationship Manager

What Happens Next?

- If you wish to query the status of your request you can contact the iBusiness Banking Operations Team on 0818 72 00 00 or +353 1 641 4889 (Outside Rol) Monday - Friday 08:30 - 17:30

We will be unable to process your request unless it is branded and signed by your branch/Relationship Manager

FOR BANK USE ONLY

ATTENTION! The ORIGINAL form must be kept in branch and a COPY should be FAXED to iBusiness Banking Operations for processing. Fax No: (01) 6089454.

I confirm that the customer signature(s) have been verified

Authorised Signatory at Branch	SIGNATURE
PRINT NAME <input type="text"/>	<input type="text"/>
SIGNING NUMBER <input type="text"/>	DATE Day Month Year <input type="text"/> / <input type="text"/> / <input type="text"/>
CONTACT NUMBER <input type="text"/>	



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