







# 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.

Company Name

iBB Userid

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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date <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	
PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
<input type="text"/>	
SIGNING NUMBER	DATE
<input type="text"/>	Day Month Year
CONTACT NUMBER	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="text"/>	



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