



Change iBusiness Banking (iBB) Authorised Signatories (Clubs/Unincorporated Associations/Schools)

How to complete the form

1 Please complete / type online, print, sign and return to your local branch or relationship manager

2 Mark circles by clicking to indicate selection



.....
This supplemental resolution is for AIB iBusiness Banking only and does not affect the general mandate held by the Bank for the operation of the Company's Bank accounts.
.....

Company Name

Existing User ID

Minutes of a meeting of [insert details of managing body e.g. The Committee] (the "Meeting")

duly convened and held on

Day Month Year
 / /

the following Resolutions were passed:

1. That the authority of the authorised signatories whose names were given by the Entity to Allied Irish Banks, p.l.c. ('the Bank') in the resolution dated

Day Month Year
 / /

in respect of the operation of the Entity's iBusiness Banking Services be revoked and the following authorised signatories be substituted in lieu, namely:

PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>

2. The following number of the above is/are hereby authorised to sign any document amending the Agreement or any ancillary document and do all or any acts or things on behalf of the Entity as they are in their discretion think fit in connection with the Services.

TICK ONE BOX ONLY Any 1 Signatory Any 2 Signatories All signatories

3. That the appointment of the Customer Contact named in the resolution dated

Day Month Year

		/			/				
--	--	---	--	--	---	--	--	--	--

be revoked and that the following person (who must be one of the authorised signatories nominated above) be substituted in lieu, for the purpose of giving and receiving of notices in relation to iBusiness Banking. (Complete only if you wish to change your Client Contact.)

Contact Name:	<table border="1" style="width: 100%; height: 20px;"></table>
Contact Phone:	<table border="1" style="width: 100%; height: 20px;"></table>
Email Address:	<table border="1" style="width: 100%; height: 20px;"></table>
Contact Fax:	<table border="1" style="width: 100%; height: 20px;"></table>
Customer Address:	<table border="1" style="width: 100%; height: 30px;"></table>

4. That the authorised signatories and customer contact (where applicable) above may be changed pursuant to a decision of the Board, certified to the Bank in writing under the hand of the Chairperson/President/Principal Officer* and countersigned by the Secretary/Treasurer/Officer* of the Entity.

It is here by certified that the foregoing is a true extract from the minutes of the meeting.

<p>CHAIRPERSON/PRESIDENT/PRINCIPAL OFFICER: PRINT NAME</p> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	<p>SIGNATURE</p> <table border="1" style="width: 100%; height: 30px;"></table>
<p>SECRETARY/TREASURER/OFFICER: PRINT NAME</p> <table border="1" style="width: 100%; height: 20px;"></table> <table border="1" style="width: 100%; height: 20px;"></table>	<p>SIGNATURE</p> <table border="1" style="width: 100%; height: 30px;"></table>

*If this resolution and any amendment to it is to be certified by an officer other than the Chairperson or President and/or countersigned by an officer other than the Secretary or Treasurer of the Entity, please contact the Bank to confirm who should and/or countersign.

Checklist

- Please ensure all relevant sections are complete
- 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNING NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

CONTACT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

SIGNATURE

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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
/		



Allied Irish Banks, p.l.c. Registered Office: 10 Molesworth Street, Dublin 2. Registered in Ireland, Number 24173.

Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.