



Change iBusiness Banking (iBB) Authorised Signatories (Company)

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

.....
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 the meeting of the Board of Directors of

(the 'Company') duly held on the

Day Month Year / /

the following Resolutions were passed:

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

Day Month Year / /

in respect of the operation of the Company'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 Client 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:

Contact Phone:

Email Address:

Contact Fax:

Customer Address:

4. That the authorised signatories and Client Contact (where applicable) above may be changed pursuant to a decision of the Board, certified to the Bank in writing under the hand of a Director and countersigned by a second Director or the Secretary of the Company.

It is here by certified that the foregoing is a true extract from the minutes of the Meeting of the board of directors of the Company. This must be signed by the chairperson of the meeting (this person must be a director of the company) and countersigned by another director of the company or Company Secretary.

CHAIRPERSON: PRINT NAME

SIGNATURE

DIRECTOR / COMPANY SECRETARY: PRINT NAME

SIGNATURE

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?

- Your Local Administrator can monitor iBB to verify that the amendment has been processed
- 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 RoI) 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! 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

SIGNING NUMBER

CONTACT NUMBER

SIGNATURE

DATE

Day Month Year
 / /



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.