






Opening your Business Account - 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**

Thank you for considering AIB as your business partner.

We are committed to providing real value to every customer, and to delivering the highest standard of service in banking and financial services. Our success is reflected in that of our customers.

The management team at your local AIB branch or business outlet has a great deal of experience in providing financial guidance to help businesses start up and expand. Use our experience to your advantage, by getting us involved in discussing your plans.

We will work with you to identify your financial needs and advise you only of the products and services we consider will benefit you and your business. We will be delighted to help your business prosper and grow in any way we can.

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This application pack sets out the steps which you should follow if you wish to apply to open a business account with AIB. The contents of this document do not constitute an offer to open a bank account.

Running your own Business

Starting and running your own business is one of the most rewarding things you can do. Although there are risks, with careful planning you can realise your dream and choosing the right banking partner is a key element for success.

Getting the right finance

There are as many businesses as there are people with viable ideas. But how do you get that initial push to set you on the road to success? You'll need funding to bring your business idea to market, develop it and make it prosper. Think about what kind of finance you need and where it's available. It's important to get the most efficient and effective form of finance for your particular needs. Bank loans are just one source of finance.

You can avail of government grants and other financial support. There are many organisations specifically aimed at helping start-up or early-stage businesses. Enterprise Ireland and Údarás na Gaeltachta offer advice and assistance. The Government and the EU-funded Business Innovation Centres around Ireland assist small and medium-sized businesses. Local Enterprise Offices and Area Partnerships also offer support to businesses based in a particular locality.

Equity – In return for shares, you or another investor can invest money in your business. You exchange part-ownership and perhaps some of the control of the business for the funding that can help get it off the ground. You can turn to family members or business contacts for this equity finance. You yourself can put the money in. Be sure to draw up a written agreement based on professional advice if you're getting equity finance from someone else.

Decide how much **bank** funding you need, how long you need it for and what you want to do with it. These questions will help you decide what you need from your bank. AIB offers a variety of options for short, medium and long term finance:

- Short term finance options help you manage your day-to-day cashflow needs and can also help with seasonal demands, such as buying extra stock when required.
- Medium term finance is especially suited to funding the purchase of fixed assets, machinery etc. with a life span of 5-7 years.
- Long term finance is normally used to fund the purchase of a business premises or asset with a life span of more than 7 years.

AIB offers a wide range of finance options to suit your business needs – please contact your local branch or visit www.aib.ie/business.

Securing your future

When you are self-employed, you need to protect your business interests, as well as those of your family and key people in your company. One of the better ways to plan for the future is by investing surplus cash. AIB offers a number of options. Talk to one of our Financial Advisors for practical advice on maximising the return on your investments.

Your AIB business account

AIB has a nationwide network of branches, so there's one near you. Our informed staff will be happy to discuss how best to finance your business. In addition to our branch network, we offer electronic banking through our iBusiness Banking Channel that allows you to access your account from your own computer, check balances and statements, transfer funds between accounts and pay bills. You can also make individual payments and download current financial information, including foreign exchange rates, stock-market prices and the latest market news. Talk to our iBusiness Banking Specialists who can advise you on the best option for your business.

Whatever your business, whatever your needs, AIB has a comprehensive range of products and services. And we understand the real issues and challenges facing your business.

At all of our branches, we have specialists whose job it is to help businesses succeed. For more information or to meet us, call into any AIB branch or visit our website www.aib.ie/business.

New Business Account Customer

If you are opening an AIB Business Account for the first time complete the application form beginning on page 5.

Existing Business Current Account Customer

If you are an existing AIB Business customer requesting to open an additional Business Current Account and the information listed below in the General section has not changed since your last account review you need only complete steps 1, 2, 3 and 4 on the pages below and over and only submit these two pages of the application form, otherwise you must complete and submit the full application form beginning on page 5.

Sections marked with an * are mandatory and must be completed in full.

General

- The beneficial ownership of the business has not changed.
- All relevant Director(s), Partners, Members and Signatories have previously provided Criminal Justice Act required documentation e.g. proof of identity/address etc. and this information remains unchanged.
- Foreign Account Tax Compliance Act (FATCA) information has been previously provided to AIB and along with your tax status has not changed. This information was required to be collected from 1st July 2014 (see page 10 for more details).
- Common Reporting Standard (CRS) information has been previously provided to AIB and along with your tax status has not changed. This information was required to be collected from 1st January 2016 (see page 11 for more details).

Further assistance in completing the form can be received by contacting your Relationship Manager.

1: Business Details

a) Company Name*
(as per Certificate of Incorporation)

b) Trading Name (only complete,
if different to Company Name)

c) Address Line 1*
Address Line 2*
Address Line 3
Address Line 4

d) No. of Employees*

e) Main AIB Business Current Account* 9 3

2: Account Information*

a) Purpose of New Account* Daily Banking Other

b) Source of Funding for this Account*

c) Estimated Annual Turnover of this Account* €

3: Deposit Guarantee Scheme (DGS)*

- By signing this declaration, I/We acknowledge that I/We have been provided with, read and accept the Deposit Guarantee Scheme - Depositor Information Sheet (see final page for details).

Signed by the Chairperson <input type="text"/> Date <input type="text"/> Day <input type="text"/> / <input type="text"/> Month <input type="text"/> / <input type="text"/> Year <input type="text"/>	Signed by the Company Secretary/Director <input type="text"/> Date <input type="text"/> Day <input type="text"/> / <input type="text"/> Month <input type="text"/> / <input type="text"/> Year <input type="text"/>
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4: Product and Services Required (Please indicate with a where appropriate)

Business Current Account

Business Start-up Current Account By marking this box I/we confirm that I/we wish to apply for the Business Start-up Current Account Fee Offer. I/we confirm that I have received and agree to the Business Start-up Current Account Fee Offer Terms and Conditions set out in the 'Business Start-up Package' brochure.

(Available if you are starting a new business or if your business is in operation for less than 3 years, and you are opening a Business Start-up Current Account for the first time. Charities, voluntary organisations, clubs and associations and incorporated societies are not eligible.)

Young Farmer Current Account By marking this box I/we confirm that I/we wish to apply for the Young Farmer Current Account Fee Offer. I/we confirm that I/we have received and agree to the Young Farmer Current Account Fee Offer Terms and Conditions set out in the 'Young Farmers' Package' brochure.

(Available if you are between 18 and 40 years of age and (a) you have recently purchased or inherited a farm, or (b) you are in the process of purchasing or inheriting a farm, or (c) you are starting your own farming business or entering into a farming partnership.)

Statement Diary*

Frequency Annually Quarterly Monthly
Day Month Year
Day of Month Date of Statement / /

Cheque Book Requirements*

Do you want your Company logo on your cheques? Yes No
Yes – (you will need to arrange the artwork with your printer)
Cheque Book Required* Yes No
Cheque Book Type* 25 cheques 50 cheques 100 cheques

Lodgement Requirements*

ExpressLodge Card Required* Yes No
(ExpressLodge Cards allow lodgements to be made using AIB Cash & Cheque Lodgement machines)
Number of ExpressLodge Cards Required

Please note: ExpressLodge Cards can only be ordered on Current Accounts. The embossed name on the cards will match the customer account profile name.

Lodgement Book Required* Yes No

AIB Merchant Services

AIB Merchant Services (AIBMS) is one of Ireland's largest providers of ePOS and card acceptance terminals. If your Business has a requirement to accept credit/debit cards as payment or you would like to learn more about Clover™ - AIBMS's ePOS Solution - please speak to a branch staff member today.

Mandate

Signing instructions for this account are the same as my main AIB Business Current Account Yes No

If No, please request an appropriate mandate from your AIB Relationship Manager/AIB Branch Official, complete the mandate and return it with this form.

Customer Confirmation*

Please sign to confirm that an additional Business Current Account is to be opened and that you understand and have completed the questions on pages 3 and 4.

Signature <input type="text"/>	Signature <input type="text"/>
Day Month Year Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>

Opening your AIB Business Account

Step 1: Gather together the following documents

- Details of the Company Name and Company Registration number.
- If you are trading under a different name to the Company name, we will need a copy of the Certificate of Registration of that business name.
- Most recent audited accounts, together with bank statements for the previous six months and a bank reference – if these items are available.

NOTE: If your Company or any Shareholding entity is incorporated outside the Republic of Ireland, come and talk to us as we may require additional information.

Step 2: Complete the following included in this pack

- Account Opening Form to give us your business details.
- General Company Mandate to tell us what instructions we are to take to conduct transactions on your business account.
- Details of Beneficial Owners/Controlling Persons* Director(s) and Company Secretary.

We will search in the Companies Office to verify the Company's particulars.

*Any individuals who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercise control over the management of the Company.

- A Company Director must sign and the Company Secretary countersign (or another Director) to confirm that the information provided in respect of the Beneficial Owners/Controlling Persons* of the Company is correct.
- Where the Company is a Guarantee Company without Share Capital the individual(s) could be the person with the casting or deciding vote, e.g. Chairperson, or another relevant member (or members) of the Managing Committee/Board.
- Where no individual owns or controls 25% or more of the shares or voting rights in the Company or otherwise exercises control over the management of the Company, then we will need details for the two individuals who hold the greatest percentage of shares or voting rights in the Company.
- We will need details of the Beneficial Owners/Controlling Persons* of any shareholding company that itself ultimately owns or controls 25% or more of the shares or voting rights in the Company, or otherwise exercises control over the management of the Company.
- All relevant US Foreign Account Tax Compliance Act (FATCA) and OECD** Common Reporting Standard (CRS) questions.

**Organisation for Economic Cooperation and Development

Step 3: Identification requirements

- In order to comply with legislation to combat money laundering and terrorist financing we will need suitable proof of identity and residential address of the following:
 - one person who is authorised to sign any transactions on the account(s) of the Company ("account signatory");
 - one Director
- Those individuals will need to go to the branch where the account is being opened or any AIB branch and produce:
 - 1) Photographic ID: A valid Passport, current Drivers Licence or National Identity Card.
 - 2) Proof of permanent residential address (documents must be no more than six months old):
 - A Utility Bill or Correspondence from a Regulated Financial Institution or a Government Department.
- There are alternative arrangements in place for the establishment of identity and current permanent residential address of persons who do not possess the documentation outlined above. Please talk to one of our staff at your local AIB branch for details.
- If any of the individuals are non-residents, come and talk to us as we may require additional information.

Step 3: Identification requirements (cont'd)

- Identification procedures are not required for certain listed plc's, for example companies listed on the Official List of the Irish Stock Exchange. If your Company is in this category, please let us know.
- The account will not become operational until we have centrally verified the identification documents.

In order to comply with our obligations under legislation, we may, at our discretion at any time seek further information, documentation and confirmation as to the identity of individuals who ultimately own or control the shares or voting rights in the Company or otherwise exercise control over the management of the Company.

Step 4: Do you need Electronic Banking?

- Do you require advice from an iBusiness Banking Specialist?
- Do you require an iBusiness Banking application form?

Step 5: Telephone or call into your local branch and make an appointment to meet with a Relationship Manager

Don't forget to bring the following to your meeting:

- This application pack and all the necessary documents
- Your business plan (if available)
- Audited accounts (if available)

Before your appointment, we recommend that you take a few minutes to read the relevant product terms and conditions. These are the rules and regulations for operating a business account with AIB.

Account Opening Form

Please use **BLOCK CAPITALS** and mark box where appropriate.
Sections marked with an * are mandatory and must be completed in full.

Company Name*
(as on the Certificate of Incorporation)

Trading Name* (if different)

1. Is this a newly formed company (i.e. has not previously traded)?* Yes No

2. If Yes, was a Company Formation Agent used to incorporate the Company?* Yes No

3. If Yes, state the name of the Company Formation Agent*

Business Address*

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Correspondence Address: (if different to Business Address)

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Account Opening Form (cont'd)

Contact Person*

Work Fax Number

Business Description*

No. of Employees* Years in Business

Business Premises Status Owned Leased Rented (Please mark as appropriate)

No. of Outlets

Purpose of Account*

Daily Banking Other

Source of Funding for the Account*

Estimated Annual Turnover of the Account* €

Main Banker NSC

Company Reg. No. / Trading Cert. No.

Country where Incorporated*

Operating/Trading where (i.e. Country)*

Auditors Name

Charity Status Number

Customer Telephone Details

Work Mobile Phone Number

Work Phone Number*

Email / Web Details

Work Email Address

Work Web Address

Products and Services Required

Please use **BLOCK CAPITALS** and mark box where appropriate.
Sections marked with an * are mandatory and must be completed in full.

Account Type Requirements*

Business Current Account

Business Start-up Current Account By marking this box I/we confirm that I/we wish to apply for the Business Start-up Current Account Fee Offer. I/we confirm that I have received and agree to the Business Start-up Current Account Fee Offer Terms and Conditions set out in the 'Business Start-up Package' brochure.

(Available if you are starting a new business or if your business is in operation for less than 3 years, and you are opening a Business Start-up Current Account for the first time. Charities, voluntary organisations, clubs and associations and incorporated societies are not eligible.)

Young Farmer Current Account By marking this box I/we confirm that I/we wish to apply for the Young Farmer Current Account Fee Offer. I/we confirm that I/we have received and agree to the Young Farmer Current Account Fee Offer Terms and Conditions set out in the 'Young Farmers' Package' brochure.

(Available if you are between 18 and 40 years of age and (a) you have recently purchased or inherited a farm, or (b) you are in the process of purchasing or inheriting a farm, or (c) you are starting your own farming business or entering into a farming partnership.)

Demand Deposit Account

Other Account (If other, please specify)

Statement Diary*

Frequency Annually Quarterly Monthly

Day of Month Date of Statement / /

Cheque Book Requirements*

Do you want your Company logo on your cheques? Yes No

Yes – (you will need to arrange the artwork with your printer)

Cheque Book Required* Yes No

Cheque Book Type* 25 cheques 50 cheques 100 cheques

Lodgement Requirements*

ExpressLodge Card required* (ExpressLodge Cards allow lodgements to be made using AIB Cash & Cheque Lodgement machines) Yes No

Number of ExpressLodge Cards Required

Please note: ExpressLodge Cards can only be ordered on Current Accounts. The embossed name on the cards will match the customer account profile name.

Lodgement Book Required* Yes No

AIB Merchant Services Requirements

AIB Merchant Services (AIBMS) is one of Ireland's largest providers of ePOS and card acceptance terminals. If your Business has a requirement to accept credit/debit cards as payment or you would like to learn more about Clover™ - AIBMS's ePOS Solution - please speak to a branch staff member today.

Tax Reporting

Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for purposes 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 in respect of Beneficial Owners/Controlling Persons of the Company and any relevant Shareholding Entity: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account numbers of each of the accounts held by the Company, account balance or value at year end of each of the accounts, and payments made with respect to each of the 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 contact your professional tax advisor or Irish Revenue at www.revenue.ie/en/business/aeoi/index.html. Customers MUST promptly advise AIB if their tax residence, FATCA and/or CRS entity type classification, and/or Beneficial Owners/Controlling Persons change, and of any change which causes any of above listed information relating to the Beneficial Owners/Controlling Persons (i.e. name, address, TIN/TRN etc.) contained in this form to be incorrect.

US Foreign Account Tax Compliance Act (FATCA)

Please indicate entity type

Under legislation which incorporates FATCA into Irish law you are required to identify the Entity Type applicable to your organisation. When providing answers to the questions below please refer to the "Entity Classification Guide" for descriptions of each entity type. This Guide is available at <http://business.aib.ie/help/tax-information-reporting>

1. Is your organisation a US Person? (if Yes, please one of the options below. If No, please go to question 2.)

Description	Mark if applicable
Specified US Person (Note 1)	<input type="checkbox"/>
Other US Person	<input type="checkbox"/>

2. Is your organisation a Financial Institution? (if Yes, please one of the options below. If No, please go to question 3.)

Description	Mark if applicable	Description	Mark if applicable
Certified Deemed Compliant Financial Institution (FI)	<input type="checkbox"/>	Participating Financial Institution (Note 2)	<input type="checkbox"/>
Registered Deemed Compliant Financial Institution (Note 2)	<input type="checkbox"/>	Non-Participating Financial Institution	<input type="checkbox"/>
Partner Jurisdiction Financial Institution (inc. Irish FI) (Note 2)	<input type="checkbox"/>		

3. Is your organisation an Exempt Beneficial Owner? (if Yes, please below. If No, please go to question 4.)

(Examples: Government Entity, Central Bank, Pension Trust, and International organisation such as World Bank, and IMF)

Description	Mark if applicable
Exempt Beneficial Owner	<input type="checkbox"/>

4. If your organisation does not fall into one of the categories above, it is a Non-Financial Foreign (Non-US) Entity (NFFE). (Please mark selection below)

Typically an NFFE will be an Active NFFE if less than 50% of its gross income is from passive sources (including dividends, interest, annuities, and rent) AND less than 50% of its assets are held for the production of passive income. It is expected that the majority of organisations will fall into the Active NFFE category. A Passive NFFE is one that is not an Active NFFE.

Description	Mark if applicable	Description	Mark if applicable
Active NFFE	<input type="checkbox"/>	Passive NFFE (Note 3)	<input type="checkbox"/>

Note 1: Please provide US TRN (Tax Reference Number)

Note 2: Please provide GIIN (Global Intermediary Identification Number)

Note 3: If the Entity is a Passive NFFE, please complete the certification details of the Beneficial Owners/Controlling Persons (Page 13 & 15).

Please include GIIN/US TIN where applicable.

OECD Common Reporting Standard (CRS)

Please indicate entity type

Under legislation which incorporates the CRS into Irish law you are required to provide your jurisdiction of tax residence, tax reference number and to identify the entity type applicable to your organisation. When providing answers to the questions below please refer to the "Entity Classification Guide" for descriptions of each entity type. This Guide is available at <http://business.aib.ie/help/tax-information-reporting>

Jurisdiction Tax Residence

Tax Reference Number

1. Is your business a Financial Institution? (if Yes, please one of the options below. If No, please go to question 2.)

- | Description | Mark if applicable |
|---|--------------------------|
| a) Financial Institution - Depository Institution, Custodial Institution, Specified Insurance Company or Investment Entity other than that described in 1(b) below. | <input type="checkbox"/> |
| b) Investment Entity (Note 1) that meets the following conditions: | <input type="checkbox"/> |
| 1) Not resident in a Participating Jurisdiction or does not have a branch located in a Participating Jurisdiction; and | |
| 2) Gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets; and | |
| 3) Managed by another Financial Institution as described in 1(a) above. | |

2. Is your organisation one of the entities listed below? (if Yes, please below. If No, please go to question 3.)

- | Description | Mark if applicable |
|---|--------------------------|
| a) Governmental Entity | <input type="checkbox"/> |
| b) International Organisation | |
| c) Central Bank | |
| d) Corporation, the stock of which is regularly traded on one or more established securities markets or corporation that is a Related Entity of such a corporation. | |

3. Is your organisation one of the entities listed below? (please mark one of the options below.)

Typically a non-Financial Entity (NFE) will be an Active NFE if less than 50% of its gross income is from passive sources (including dividends, interest, annuities and rent) AND less than 50% of its assets are held for the production of passive income. It is expected that the majority of organisations will fall into the Active NFE category. A Passive NFE is one that is not an Active NFE.

- | Description | Mark if applicable |
|-------------------------|--------------------------|
| a) Active NFE | <input type="checkbox"/> |
| b) Passive NFE (Note 1) | <input type="checkbox"/> |

Note 1: If the Entity is an Investment Entity (1b) or a Passive NFE (3b) above, please complete the certification details of the Beneficial Owners/Controlling Persons (Page 13 & 15).

Details of Company Director(s)

Company Name

List hereunder the names of all of the Company Directors

Company Director Name

Date of Birth Day / Month / Year

Percentage Shareholding . %

Company Director Name

Date of Birth Day / Month / Year

Percentage Shareholding . %

Company Director Name

Date of Birth Day / Month / Year

Percentage Shareholding . %

Company Director Name

Date of Birth Day / Month / Year

Percentage Shareholding . %

Please provide further detail in respect of one of the Directors listed above. This person must provide proof of identity and proof of their current residential address. Refer to page 5 for guidance.

Director Name

Home Address

Date of Birth Day / Month / Year

Occupation

Percentage Shareholding . %

Details of Company Secretary

Company Secretary Name

Date of Birth Day / Month / Year

Percentage Shareholding . %

Details of Beneficial Owners/Controlling Persons of the Company

Company Name

- Please provide details of all Beneficial Owners/Controlling Persons, i.e. individuals who ultimately own or control 25% or more of the shares or voting rights in the Company or otherwise exercise control over the management of the Company.
- Where no individual is a Beneficial Owner/Controlling Persons, we will need details for two individuals.
- Where the Company is a Guarantee Company without Share Capital the individual(s) could be the person with the casting or deciding vote, e.g. Chairperson, or another relevant member (or members) of the Managing Committee/Board.

Beneficial Owners/Controlling Person must also complete questions marked ** where the Company is:

- a Passive NFFE under FATCA (see page 10 and the “Entity Classification Guide”); and/or
- an Investment Entity (as described in 1(b) on page 11) or a Passive NFE under CRS (see page 11 and the “Entity Classification Guide”)

Name

Home Address

Date of Birth Day / Month / Year

Occupation

Percentage Shareholding . %

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Home Address

Date of Birth Day / Month / Year

Occupation

Percentage Shareholding . %

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Beneficial Owners/Controlling Persons of the Company (cont'd)

Name

Home Address

Date of Birth Day / Month / Year

Occupation

Percentage Shareholding . %

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

Tax Reference Number

Tax Reference Number

Tax Reference Number

Name

Home Address

Date of Birth Day / Month / Year

Occupation

Percentage Shareholding . %

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

Tax Reference Number

Tax Reference Number

Tax Reference Number

List Below any Shareholding Entity Owning 25% or More

List below any shareholding entity that itself ultimately owns or controls 25% or more of the shares or voting rights in the Company or otherwise exercises control over the management of the Company.

1) Company Name

Registered Number Percentage of shares owned in this Company . %

2) Company Name

Registered Number Percentage of shares owned in this Company . %

3) Company Name

Registered Number Percentage of shares owned in this Company . %

4) Company Name

Registered Number Percentage of shares owned in this Company . %

Details of Beneficial Owners/Controlling Persons of a Shareholding Company

Company Name

For any of the shareholding entities listed at the bottom of the previous page please provide details of all Beneficial Owners/Controlling Persons that is, individuals who ultimately own or control 25% or more of the shares or voting rights in the Shareholding Entity or otherwise exercise control over the management of the Company. Where no individual is a Beneficial Owners/Controlling Persons, we will need details for two individuals.

Beneficial Owners/Controlling Person must also complete questions marked ** where the Company is:

- a Passive NFFE under FATCA (see page 10 and the “Entity Classification Guide”); and/or
- an Investment Entity (as described in 1(b) on page 11) or a Passive NFE under CRS (see page 11 and the “Entity Classification Guide”)

Name

Home Address

Date of Birth Day / Month / Year Percentage Shareholding . %

Occupation

Shareholding Company Name

Registered Address

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Home Address

Date of Birth Day / Month / Year Percentage Shareholding . %

Occupation

Shareholding Company Name

Registered Address

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Beneficial Owners of a Shareholding Company (cont'd)

Name

Home Address

Date of Birth Day / Month / Year Percentage Shareholding . %

Occupation

Shareholding Company Name

Registered Address

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name

Home Address

Date of Birth Day / Month / Year Percentage Shareholding . %

Occupation

Shareholding Company Name

Registered Address

**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 note: Where you are tax resident in any jurisdiction other than Ireland, you are required to provide the corresponding Tax Reference Number (TRN) (if any), for each jurisdiction.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

I confirm that the information provided above in respect of Beneficial Owners/Controlling Persons of the Company is correct and that I am authorised to provide such information. If the questions "Are you a US citizen?" and "In what country(ies) are you tax resident?" are required to be answered, I undertake to provide a copy of the Customer Information Notice at the start of the Tax Reporting section of this form to all persons whose information is provided prior to providing their information to AIB.

(Signed by Company Director and countersigned by the Company Secretary or another Company Director)

General Company Mandate

Complete in **BLOCK CAPITALS** with a black ballpoint pen.

We certify that at a meeting of the Director(s) of

("the Company")

Enter the name of the Company **exactly** as it appears on the Certificate of Incorporation, including symbols, brackets, abbreviations and punctuations.

held on the ^{Day} / ^{Month} / ^{Year} the following Resolutions were passed:

This date should be the same as, or after, the date on which the Company was incorporated.

Part 1

Account opening and operation

- That Allied Irish Banks, p.l.c. ("the Bank") is hereby requested and authorised to open and keep an account or accounts ("the account") for the Company subject to the Bank's relevant Terms and Conditions for Current, Demand Deposit and Masterplan Accounts (a copy of which, together with the Bank's brochure "Business Fees and Charges" and the Bank's "Terms of Business" have been received by the Company) and to make payments and transfers from the account on instructions given in accordance with the drawing instructions in Part II hereof.

Certificate of Information

- We hereby certify the accuracy of all information provided to the Bank for the purpose of the opening of the account.

Alterations and variations

- That this mandate, having been notified to the Bank, shall remain in force unless and until altered or varied by new instructions given pursuant to a decision of the Board advised to the Bank in writing (in the form of a certified extract from the minutes of the relevant meeting or in the Bank's standard form of Company Supplemental Mandate as may be appropriate) under the hand of a Director and countersigned by the Secretary or another Director of the Company whereupon such new or supplemental instructions giving effect to such decision (to the extent that the same shall be at variance or inconsistent therewith) shall replace or alter, as the case may be, the instructions herein contained.

Changes in Director(s) etc.

- That the Bank be informed by notice in writing, signed by at least one Director and countersigned by the Secretary or another Director, as soon as may be, of any change in the Beneficial Owners/Controlling Persons Directors and Secretary of the Company.

Borrowing

- That the Company do borrow from the Bank from time to time and give security for such borrowing to such extent as may be arranged with the Bank.

Part 2

Drawing Instructions

(Mark with a as appropriate)

On the signature(s) of: Any One Any Two Both All of the following

or Other (specify in 'Special Instructions' box below)

Special Signing Instructions (complete only if 'Other' option chosen above) – PRINT IN BLOCK CAPITALS

The following 'special' signing instructions shall apply (if applicable): (e.g. 'Any one' up to/including €xxx, 'Any two' over that amount etc.). Special Instructions are accepted at the discretion of the Bank and should be discussed and agreed with the Bank before this mandate is completed.

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

Part 2 (Cont'd)

Complete in **BLOCK CAPITALS** with a black ballpoint pen.

1) Signatory Full Name	<input type="text"/>
Company Position	<input type="text"/>
Specimen Signature (sign within the box)	<input type="text"/>
2) Signatory Full Name	<input type="text"/>
Company Position	<input type="text"/>
Specimen Signature (sign within the box)	<input type="text"/>
3) Signatory Full Name	<input type="text"/>
Company Position	<input type="text"/>
Specimen Signature (sign within the box)	<input type="text"/>
4) Signatory Full Name	<input type="text"/>
Company Position	<input type="text"/>
Specimen Signature (sign within the box)	<input type="text"/>
5) Signatory Full Name	<input type="text"/>
Company Position	<input type="text"/>
Specimen Signature (sign within the box)	<input type="text"/>

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

Signed by Chairperson	<input type="text"/>	Signed by Company Secretary/Director	<input type="text"/>
Dated the	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	Dated the	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year

Certified to be a true extract from the minutes of the Company

The mandate must be signed here by the Chairperson of the meeting at which the mandate resolutions were passed (this person must be a Director of the Company) and countersigned by the Company Secretary (who must not be the same person as the 'Chairperson') or another Director of the Company.

Chairperson: Print Name	<input type="text"/>	
Signed by Chairperson	<input type="text"/>	
Company Secretary/ Director: Print Name	<input type="text"/>	
Signed by Company Secretary/Director	<input type="text"/>	
Dated the	<input type="text"/> Day / <input type="text"/> Month / <input type="text"/> Year	The date must be the same date or after the date of the meeting shown on the first page of the mandate.

Bank Use Only

Please use **BLOCK CAPITALS** and mark box where appropriate.
Sections marked with an * are mandatory and must be completed in full.

Branch NSC: 9 3

Company Name*
(as on the Certificate of Incorporation)

Business Classification* Business Non-Professional Business Professional Non-Commercial
(Please mark as appropriate)

Business Category* (Refer to InfoBank table)

Business Type* (Refer to InfoBank)

Complex Structure* Yes No (Please mark as appropriate)

Contact Details

Salutation* (RM to specify salutation for customer correspondence)

Products and Services* – (Select the Account Types and Product Codes for each account to be opened)
Product Code 40012 must be selected when opening a Business Start-up Current Account.

Product 1

Account Type

Product Code Account No

Product 2

Account Type

Product Code Account No

Product 3

Account Type

Product Code Account No

Product 4

Account Type

Product Code Account No

Product 5

Account Type

Product Code Account No

Short Name*

Signing Authority* Any One Any Two Both All of the following **or** Other
(Please mark as appropriate)

Source of Funds

Account Classification* Y (Company) P (Charity) X (Irish State Sponsored & Semi State) Q (AIB Subsidiary)

Bank Use Only (cont'd)

Sector* ^

Sector Group* ^

Sector Sub Group* ^
(if applicable)

Central Bank Code* ^

(^ Refer to Sector Codes on InfoBank)

Non Resident Declaration Held

(Form 263 (37))

Yes

No

(Please mark as appropriate)

Exempt from DIRT

Yes

No

(Please mark as appropriate)

Staff Referral Code

Sub Office/Service Outlet

(if applicable)

Lodgement/Cheque Book Order (Please mark as appropriate)

Lodgement Book

Yes

No

Cheque Book

Yes

No

Cheque Book Type*

25 cheques

50 cheques

100 cheques

Number of Cheque Books Required*

Name(s) to be Printed on Book

Name(s) to be Printed on Book

Signatory 1 ^^

Signatory 2 ^^

Usage Code

High

Medium

Low

(Please mark as appropriate)

Triggerable

Yes

No

ExpressLodge Card Required*

(ExpressLodge Cards allow lodgements to be made using AIB Cash & Cheque Lodgement machines)

Yes

No

Number of ExpressLodge Cards Required*

***Please note:** ExpressLodge Cards can only be ordered on Current Accounts.

The embossed name on the cards will match the customer account profile name.

Tax Reporting*

• Has the Company identified its Entity type under FATCA?

Yes

• If the Company is a Specified US Person under FATCA has the Company provided its US TRN (Tax Reference Number)?

Yes

• If the Company is (i) a Registered Deemed Compliant Financial Institution, (ii) a Partner Jurisdiction Financial Institution (inc. Irish FI) or (iii) a Partipating Financial Institution under FATCA has the Company provided its GIIN (Global Intermediary Identification Number)?

Yes

• Has the Company declared its jurisdiction of tax residence?

Yes

• Has the Company provided its tax reference number?

Yes

No

• Has the Company identified its Entity type under CRS?

Yes

• If the Company is (i) a Passive NFFE under FATCA and/or (ii) an Investment Entity (as described in 1(b) on page 11) or a Passive NFE under CRS have the additional relevant questions in respect of the Company's Beneficial Owners/Controlling Persons been completed?

Yes

Bank Use Only (cont'd)

I confirm that the customer(s) has been provided with the DGS - Depositor Information Sheet

I confirm that the customer(s) has signed and dated to acknowledge receipt of the DGS - Depositor Information Sheet

Referral to AIBMS completed? Yes No Not applicable

Branch confirmation – Mandatory

I confirm that all the mandatory fields have been completed.

Branch Staff Name

Signature

Staff Number Date / /

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:	20 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., Bankcentre, Ballsbridge, Dublin 4 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: 1890-777777 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: 1890-777777.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 20 working days until

31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, 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.