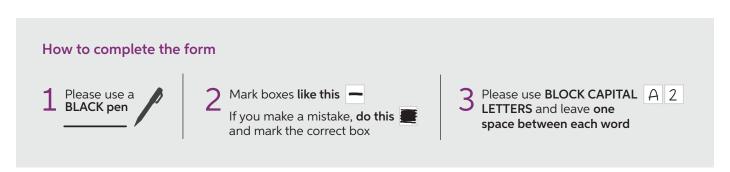




Opening your Business Account - Sole Trader/Partnership



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.

Data Protection Notice - Use of Information

How we use your information at AIB

In this Notice, we explain how we collect information about you, how we use it and how you can interact with us about it.

Who We Are

When we talk about "AIB", or "us" or "we" in this Notice, we are referring to Allied Irish Banks, p.l.c. and its subsidiaries, affiliates and their respective parent and subsidiary companies ("AIB Group"). We will share information about you within AIB Group.

How We Collect Information about You and Your Consent

We collect personal information, for example when you open an account; make a deposit; apply for a loan; use your credit or debit card; or look for advice about your investments. We will also collect information from others, such as credit bureaus (like the Irish Credit Bureau), or through our website, apps, social media sites, community based discussion forums and CCTV footage. We will sometimes record phone conversations to improve security, resolve complaints, improve service and train our people. We will always let you know when we are recording our calls with you.

Our websites use 'cookie' technology. A cookie is a little piece of text that our server places on your device when you visit any of our websites. They help us make the site work better for you. You can find out more about cookies, including how to disable them on www.aib.ie. We also use cloud technology to store data including your information, to support our infrastructure and to deliver you real time personalised offers.

By using our products and services, or asking about them directly or online, you are consenting to us collecting and using your information in the ways we explain in this notice and any future versions of it.

How We Keep Your Information Safe

We know that you care about how information about you is used, stored and shared. We appreciate your trust in us to do that. To protect your information we use security measures that comply with Irish law and meet international standards. This includes computer safeguards and secure files and buildings.

What We Use Your Information For

Offering and Managing Your AIB Products and Services We gather information about you and the products and services you use, or ask us about. We use this information

- make recommendations about the products or services you hold with us,
- decide how the products and services you don't yet hold might be suitable for you, and
- decide to offer these to you, the terms and conditions under which we offer them and how we will offer them to you, for example directly or through digital media.

Developing Our Relationship – Marketing and Customer Experience

We may use your information for direct marketing purposes, where you have given us permission to do so. We may make you aware of products and services which may be of interest to you. We may do this by phone, mail, email, text or through other digital media. You can decide how much direct marketing you want to accept, so we make it as easy as possible for you to change your direct marketing preferences, simply contact us directly online or by calling 1890 724 724.

We will also use the information we have gathered on you to personalise your experience on digital media such as websites, apps, ATMs, social media sites, mobiles and tablet devices. This may include giving you product and service content we believe might be of interest to you.

Data Analytics – Using Information in Our Business We analyse the information that we collect and hold on you through channels such as social media networks (Facebook, Twitter, YouTube etc.). This helps us understand your behaviour, our relationship with you and also our position in a market place. Our analysis helps us to offer you products

and services content we believe will be of interest to you.

Our Legal Obligations

We have legal obligations to prevent fraud, tax avoidance, money laundering and terrorist financing. These obligations mean we have to continually update our customer information. Often we have to share customer information with third party law enforcement agencies. Where false or misleading information is given to us, or we suspect criminal activity we will record this and tell the appropriate law enforcement agencies, which may be within and outside Ireland.

Your Information and Third Parties

We sometimes use other companies and individuals to work on our behalf or to give us information to help us make decisions. For example to:

- analyse data;
- · collect debts;
- · trace information;
- process information; and
- · conduct market research.

We contract with all third parties to whom we give your information for these purposes to keep your information confidential and to respect the law on data protection.

If at any time you would like to be removed from our market research database please let us know by writing to AIB, Office of the Director of Retail & Business Banking, Bankcentre, Ballsbridge, Dublin 4.

We use credit reference agencies to check your credit history, your debts, how you operate your accounts and to verify your identity. The credit reference agencies record these searches, whether we offer you credit or not. We give them information about the products and services you hold with us and we keep them updated about how well you repay credit. We do this so that we can make decisions about offering credit and carry out credit reviews. We may use credit scoring techniques and automated decision making systems to either fully or partially assess your application.

Accessing and Managing Your Information

We try to make sure that the information we have about you is accurate and up-to-date. Sometimes we may ask you to verify that the information we have remains accurate. If your information changes or you believe we have information which is inaccurate or not up-to-date please let us know and we will change it.

Under the Data Protection Acts you have the right to see the personal information we hold about you. We will charge you €6.35 for this. To get a copy of this information, write to your local AIB branch or to the SARS Unit, 4th Floor, 1 Adelaide Road, Dublin 2.

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

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 9.

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 three pages of the application form, otherwise you must complete and submit the full application form beginning on page 9.

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

General

- The beneficial ownership of the business has not changed.
- For a Sole Trader, you have previously provided Criminal Justice Act required documentation e.g. proof of identity/ address etc. and this information remains unchanged.
- If your entity type is a Partnership, all Partners 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 9, Step 2, final bullet point 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 9, Step 2, final bullet point for more details).

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

ruither assistance in completing the form	I can be received by	contacting your netation	Jisilip Mariager.	
1: Business Details				
a) Sole Trader/Partnership Name*				
b) Trading Name (if different)				
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 Ban	nking Oth	er		
b) Source of Funding for this Account*				
c) Estimated Annual Turnover of this Acco	ount* €			
3: Deposit Guarantee Scheme (DGS)*				
By signing this declaration, I/We acknown Guarantee Scheme - Depositor Information			, read and accept t	he Deposit
Signature of Sole Trader/Partner		Signature of Sole Trad	er/Partner	
Day Month	Year	Day	Month	Year
Dated the day of /		Dated the day	of /	

3: Deposit Guarantee Scheme (DGS)* (cont'd)

Signature of Sole Trader/Partner	Signature of Sole Trader/Partner
Day Month Year Dated the day of /	Day Month Year Dated the day of /
Signature of Sole Trader/Partner	
Day Month Year	
Dated the day of /	
4: Product and Services Required (Please indicate v	with a — where appropriate)
Business Current Account	
Offer. I/we confirm the	we confirm that I/we wish to apply for the Business Start-up Current Account Fee at I have received and agree to the Business Start-up Current Account Fee Offer set out in the 'Business Start-up Package' brochure.
	on for less than 3 years, and you are opening a Business Start-up Current Account
Young Farmer Current Account Offer. I/we confirm the	we confirm that I/we wish to apply for the Young Farmer Current Account Fee at I/we have received and agree to the Young Farmer Current Account Fee Offer set out in the 'Young Farmers' Package' brochure.
	ntly purchased or inherited a farm, or (b) you are in the process of purchasing or
Statement Diary*	
Frequency Annually Quarterly	Monthly
Day of Month Date of Statem	ent Day Month Year
Cheque Book Requirements*	
Do you want your Company logo on your cheques?	Yes No
Yes – (you will need to arrange artwork with your printer)	
Cheque Book Required*	Yes No
Cheque Book Type* 25 cheq	ues 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 0 match the customer account profile name.	Current Accounts. The embossed name on the cards will
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.

4: Product and Services Required (cont'd)

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 5, 6 and 7.

Sole Trader Signature	
Day Month Year Date / / / / / / / / / / / / / / / / / / /	
Partner Signature	Partner Signature
Day Month Year Date / / / /	Day Month Year Date / / / / / / / / / / / / / / / / / / /
Partner Signature	Partner Signature
Day Month Year Date / / / / / / / / / / / / / / / / / / /	Day Month Year Date / / / / / / / / / / / / / / / / / / /

Opening your AIB Business Account

Step 1: Gather together the following documents

•	If you are trading under a name other than your own surname(s), we will need a copy of your Certificate of Registration of that business name.	
•	Most recent accounts, together with bank statements for the previous six months and a bank reference – if these items are available.	
S	tep 2: Complete the following included in this pack	
•	Account Opening Form to give us your business details.	
•	Account Opening Request and Mandate to tell us what instructions we are to take to conduct transactions on your business account.	
•	Details of all Partners and other Beneficial Owners/Controlling Persons* in the case of Partnerships. We will also need confirmation of each Partner and any other Beneficial Owner's percentage share of the capital, profit or voting rights in the Partnership.	

- In the case of Partnerships, one Partner must sign to confirm that the information provided in respect of the Partners and other Beneficial Owners/Controlling Persons is correct.
- We will need details of the Beneficial Owners/Controlling Persons of any entity that itself ultimately owns or controls a 25% or more share of the capital or profits, or voting rights in the Partnership, or otherwise exercises control over the management of the Partnership.
- Any individuals who ultimately own or control a 25% or more share of the capital, or profits or voting rights in the Partnership, or who otherwise exercise control over the management of the Partnership.

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 the General Partners, where a General Partner is a Company, Details of Beneficial Owners/Controlling Persons of the Company, other Beneficial Owners/Controlling Persons of the Partnership (if any) and the Beneficial Owners/Controlling Persons of any relevant Shareholding Entity: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account number of each of the accounts held by the Partnership, 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.

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 for a Sole Trader.
- 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 for a Partnership:
 - all the Partners of the Partnership and
 - at least one person authorised to sign any transactions on the account of the Partnership
- 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 Driver's 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

Step 3: Identification requirements (cont'd)

- 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 these individuals are non-residents, come and talk to us as we may require additional information.
- 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 any individuals who ultimately are entitled to or control the capital or profits or voting rights in the Partnership or otherwise exercise control over the management in the Partnership.

The Bank must be informed by notice in writing, signed by one Partner of any change which may have taken place in the Partners or Beneficial Owners/Controlling Persons.

Step 4: Telephone or call into your local branch and make an appointment to meet with a Relationship Manager

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)	
Accounts (if available)	
Before your appointment, we recommend that you take a f conditions. These are the rules and regulations for operatir	'

Account Opening Form

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

For Sole Trader and Partnership

Sole Trader/Partnership Nam	e* (and	Tradir	ng Nai	me if	differ	ent)															
Business Address*																					
																				1	
Address Line 1*			_	_	_																
Address Line 2*			_	_ _	_																
Address Line 3			<u> </u>	_	+		-													<u></u>	
County*			_ _	_ _	_		<u> </u>													Ļ	
Country*																					
Correspondence Address (if o	differer	nt to	Busi	ness	Ad	dres	s)														
Address Line 1*																					
Address Line 2*																					
Address Line 3																					
County*																					
Country*																					
For Sole Trader Only Gender	Male		Fer	nale																	
Date of Birth	Day	/ [Mont	h /	′		/ear														
Are you a US Citizen?* Y	es	١	10		ln ۱	wha	t coı	untry	y(ies	s) ar	e yo	u ta	ıx re	side	ent?	×					
If you answered Yes to the US Please note: You must provide jurisdiction that does not issue Tax Reference Number	a TRN	for e		juris	dicti	ion ii	n wh	nich					ider	nt ur	nles	s yo	e ta	x re	nt ir	n a 	
Home Address*																					
Address Line 1*																					
Address Line 2*																					
Address Line 3																					
County*																					
Country*																					

For Sole Trader and Partnership 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 Country where Established* Operating/Trading where (i.e. Country)* **Auditors Name Customer Telephone Details** Work Mobile Phone Number Work Phone Number* **Email/Web Details** Work Email Address Work Web Address

Farming Details

Complete if appropriate	Full-Time	Part-Ti	me		
Annual Turnover (Thousand	ds) €				
Profit/Loss (Thousands)	€	Day	Month Ye	ar	
Number of Months, please s	state period ending a	s at /			
Type of Farming (e.g. Dairy, Tillage, Mixed, Dry Stock, Fish, Horticulture/Market Garden, O					
Number of Acres	Owned		Rented		
Specify Acreage	Pasture		Tillage		
	Let		Other		
Livestock Numbers	Dairy		Dry Stock		
	Pigs		Sheep		
	Poultry		Other		
Co-op Name					
Do you have a Co-op Accou	int? Yes	No			
Milk Quota					
(Please state if gallons or litres)	Owned		Leased		
Accountant					
Product Informati		ease complete)			
In future we, AIB Group, we services, including those av AIB Group thinks may be o purposes, the services of a following? (Please mark as	vailable from other c f interest to you. In t reputable external a	ompanies in AIB this connection, a	Group and carefully nd occasionally for	y selected third market researd	d parties, which ch and statistical
1) Customer	Mail Yes N	o Phone	Yes No	Email	Yes No
2) Customer	Mail Yes N	o Phone	e Yes No	Email	Yes No
3) Customer	Mail Yes N	o Phone	e Yes No	Email	Yes No
4) Customer	Mail Yes N	o Phone	Yes No	Email	Yes No
5) Customer	Mail Yes N	O Phone	Yes No	Email	Yes No

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** By marking this box I/we confirm that I/we wish to apply for the Business Start-up Current Account Fee **Business Start-up Current Account** 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.) By marking this box I/we confirm that I/we wish to apply for the Young Farmer Current Account Fee Young Farmer Current Account 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 Diarv* Frequency **Annually** Quarterly Monthly Month Day Year Date of Statement Day of Month Cheque Book Requirements* Do you want your Company logo on your cheques? Yes - (you will need to arrange artwork with your printer) Cheque Book Required* Yes Cheque Book Type* 100 cheques 25 cheques 50 cheques **Lodgement Requirements*** ExpressLodge Card Required* No Yes (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* **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 TM - AIBMS's ePOS Solution - please speak to a branch staff member today.

Details of Each Partner

1) Customer																								
First Name*																								
Surname*																								
Home Address*																								
																						Т	T	
																						Н	╁	
		Day		Мс	nth			Ye	ear															
Date of Birth*			/			/							P	erc	enta	ige !	Shar	e*						%
Are you a US Citizen?*	Yes			No			In w	/hat	COL	ıntry	/(ies	s) ar	e yo	u ta	ax re	side	ent?†	÷						
If you answered Yes to the Please note: Where you are corresponding Tax Referen	e tax r	esid	ent	in a	ny j	urisc	dicti	on c	othe	r th	an I	rela												
Tan Dafanana a Namahan					D -	c		N I								. D -	c		N.L.					
Tax Reference Number			1	Tax	Re	fere	nce	Nur	nbe	er				1	ıax	кке	ferei	nce	NU	mpe	er			
2) Customer																								
First Name*																								
Surname*																						Ī	ī	
Home Address*																					Т	Т	ī	
Trome Address																					╁			
		Day		Mc	nth			Ye	ear															
Date of Birth*			/			/							F	Perc	enta	ige :	Shar	·e*						%
Are you a US Citizen?*	Yes			No			In w	/hat	COL	ıntry	/(ies	s) ar	e yo	ou ta	ax re	side	ent?†	+						
If you answered Yes to the Please note: Where you are corresponding Tax Referen	e tax r	esid	ent	in a	ny j	urisa	dicti	on c	othe	r th	an I	rela												
Tax Reference Number			J	Tax	Re	fere	nce	Nur	nbe	er					Tax	Re	fere	nce	Nu	mbe	er			
			1																					
3) Customer															,									
First Name*																								
Surname*																								
Home Address*																								
	С	ay	1	Мс	nth			Υe	ear		1													
Date of Birth*			/			/							F	Perc	enta	ige	Shar	·e*						%
Are you a US Citizen?*	Yes			No			In w	/hat	COL	ıntry	y(ies	s) ar	e yo	u ta	ax re	eside	ent?†	+						
If you answered Yes to the Please note: Where you are corresponding Tax Referen	e tax r	esid	ent	in a	ny j	urisa	dicti	on c	othe	r th	an I	rela												
Tax Reference Number																								

Details of Each Partner (cont'd)

4) Customer																							
First Name*																							
Surname*																							
Home Address*																							
	Day		Month			Ye	ar																
Date of Birth*		/		/							Р	erce	enta	ige	Sha	re*							%
Are you a US Citizen?*	Yes	1	No		In w	/hat	cou	intry	/(ies	s) are	e yo	u ta	x re	side	ent?	×							
If you answered Yes to the Please note: Where you are corresponding Tax Referen	e tax resic	lent i	n any j	uris	dicti	on o	the	r tha	an I	relar													
Tax Reference Number			Tax Re	fere	ence	Nun	nbe	r					Тах	(Re	fere	ence	e Nu	ımb	er				
5) Customer																							
First Name*																							
Surname*																							
Home Address*																							
																ī				T	T		
	Day		Month			Ye	ar																
Date of Birth*] / [/							Р	erce	enta	ige	Sha	re*							%
Are you a US Citizen?*	Yes	1	No		In w	/hat	cou	ıntry	/(ies	s) are	e yo	u ta	x re	side	ent?	*							
If you answered Yes to the Please note: Where you are corresponding Tax Referen	e tax resic	lent i	n any j	uris	dicti	on o	the	r th	an I	relai													
Tax Reference Number] - 	Tax Re	fere	ence	Nun	nbe	r					Tax	(Re	fere	ence	e Nu	ımb	er				

Details of Other Beneficial Owners/Controlling Persons (if any)

Please provide details of other Beneficial Owners/Controlling Persons of the Partnership (other than the Partners detailed on page 15) (if any) i.e. Any individuals who ultimately own or control a 25% or more share of the capital or profits or voting rights in the partnership, or who otherwise exercise control over the management of the partnership.

1) Beneficiary Name																										
Home Address																										
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Date of Birth			/			/							Pe	erce	nta	ge (Cont	rol								%
Are you a US Citizen?*	Yes			No			In v	vhat	cou	ntry	(ies)	are	e yo	u ta	ax re	esid	ent?	×								
If you answered Yes to the Please note: Where you a corresponding Tax Refere	re tax re	eside	ent	in a	ny j	uriso	dict	ion c	othe	r tha	an Ir	elar														
Tax Reference Number				Tax	: Re	fere	nce	Nur	mbe	r]	Ta	x Re	efere	nce	Nu	mb	er					
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Are you a US Citizen?*	Yes			No			ln ۱	vhat	601		· ·	۱ ۵ ۲ ۵		+-		محنط	on+2	×								
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Details of Other Beneficial Owners/Controlling Persons (if any) (cont'd)

4) Beneficiary Name					
Home Address					
Occupation	Day	Month	Year		
Date of Birth		//		Percentage Control	. %
Are you a US Citizen?*	Yes	No In v	vhat country(ies) ar	e you tax resident?*	
If you answered Yes to Please note: Where yo corresponding Tax Ref	u are tax reside erence Numbe	ent in any jurisdicti	ion other than Irela each jurisdiction.		o provide the
List below any shareho Partnership. 1) Name of Entity Registered Number	olding entity ow	rning 25% or more		or otherwise exercise	s control over the
2) Name of Entity					
Registered Number			Percentage Cont	rol in the Partnership	. %

Details of Beneficial Owners/Controlling Persons of a Shareholding Entity

Please provide details of **all Beneficial Owners/Controlling Persons** that is, any 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 Shareholding Entity.

1) Beneficiary Name																								
Home Address																								
Date of Birth	D	ay	/	Мо	nth	/		Y	ear		1 -	Dorce	nta	a	Shar	o Co	ontr	ol.		1		1	1	0/
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Occupation												-									-		-	
Shareholding Entity Name																						<u> </u>		
Registered Address																								
Are you a US Citizen?*	Yes			No			In v	vhat	t coi	untr	y(ie	s) ar	e yo	u ta	ax re	side	nt?†	X						
If you answered Yes to the L Please note: Where you are corresponding Tax Referenc Tax Reference Number	tax re	esid	ent i er (Tl	n ar RN)	ny ji (if a	urisa ny)	dicti , for	ion (othe ch ju	er th urisc	nan	Irela			are	req	uire	d to		ovid	le th			
Tax Neterence Number				Iax	1161	CIC	rice	TNU	IIID	-I					lax	. INCI	CIC	rice	INUI					
2) Beneficiary Name																				1		1	7	
Home Address																				╁		╬		
Trome Address																				╬		╬	╬	1
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	D	ay		Mo	nth			\ 	 /ear															
Date of Birth			/			/					ı	Perce	enta	ge S	Shar	e Co	ontr	ol				Ŀ		%
Occupation																								
Shareholding Entity Name																								
Registered Address																								
Are you a US Citizen?*	Yes			No			In v	wha	t co	untr	ry(i∈	es) ar	e yc	ou ta	ax re	side	ent?	*						
If you answered Yes to the U Please note: Where you are corresponding Tax Reference	tax re	esid	ent i	in a	ny j	uris	dict	ion	othe	er th	nan	Irela												7
Tax Reference Number			Tax Reference Number												Tax	Re ⁻	fere	nce	· Nu	mb	er			
I confirm that the inform Persons of the Partners					abo	ve ii	n re	spe	ct o	f Pa	rtne	ers a	nd d	othe	er Be	enefi	icial	Ov	vner	s/C	ontr	ollir	ng	
(To be signed by Partn	er)																							

Account Opening Request and Mandate

Please use **BLOCK CAPITALS** and mark box where appropriate. Complete using a black ball point pen. To: Allied Irish Banks, p.l.c. ("the Bank"): I/We hereby request the Bank to open and keep an account or accounts ("the account") for me/us in my/our names (delete if not applicable) 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 me/us) and I/we agree to be bound by same. **Certification of Information** I/We hereby certify the accuracy of all information provided to the Bank for the purpose of the opening of the account. A) To be Completed by Sole Trader Only Day Month Year Dated the day of 1) Full Name of Sole Trader Signature of Sole Trader Address of Witness Occupation of Witness Signature of Witness B) To be Completed for Joint Business Accounts and Partnerships Only We instruct the Bank, in the event of the death of any of us, to pay the money then in the account to the survivors or survivor of us, subject to any right of payment that the Bank may have. (Delete if not required) WARNING: IF YOU INSTRUCT THE BANK TO MAKE PAYMENTS FROM THE ACCOUNT ON THE SIGNATURE OF ANY, BUT NOT ALL OF YOU, MONEY IN THE ACCOUNT MAY BE WITHDRAWN WITHOUT THE KNOWLEDGE OF ALL OF YOU. We hereby authorise the Bank to permit payments and transfers from the account on the signature(s) of or Other* Any One Any Two **Both** Αll of the following: (Please mark as appropriate) * Insert "other" instructions in the box provided below Special Signing Instructions for Joint Business Accounts or Partnerships Only (complete if 'Other' option chosen) The following 'Special Signing Instructions' shall apply. (e.g. Any one up to €xxx). Special Instructions are accepted at the discretion of the Bank - and should be discussed and agreed with the Bank before this mandate is completed.

B) To be Completed for Joint Business Accounts and Partnerships Only (cont'd)

1) Signatory (Insert full name in BLOCK CAPITALS)	Specimen Signature (Sign within box)
2) Signatory (Insert full name in BLOCK CAPITALS)	Specimen Signature (Sign within box)
3) Signatory (Insert full name in BLOCK CAPITALS)	Specimen Signature (Sign within box)
4) Signatory (Insert full name in BLOCK CAPITALS)	Specimen Signature (Sign within box)
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5) Signatory (Insert full name in BLOCK CAPITALS)	Specimen Signature (Sign within box)
C) Deposit Guarantee Scheme - To be Completed	d by Sole Traders, Joint Business
C) Deposit Guarantee Scheme - To be Completed Accounts and Partnerships Only	d by Sole Traders, Joint Business
Accounts and Partnerships Only	by Sole Traders, Joint Business have been provided with, read and accept the Deposit Guarantee
Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We	
Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We Scheme - Depositor Information Sheet.	have been provided with, read and accept the Deposit Guarantee
Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We Scheme - Depositor Information Sheet. 1) Signature of Sole Trader/Partner	have been provided with, read and accept the Deposit Guarantee 2) Signature of Sole Trader/Partner
Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We Scheme - Depositor Information Sheet.	have been provided with, read and accept the Deposit Guarantee
Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We Scheme - Depositor Information Sheet. 1) Signature of Sole Trader/Partner Day Month Year	have been provided with, read and accept the Deposit Guarantee 2) Signature of Sole Trader/Partner Day Month Year
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Accounts and Partnerships Only By signing this declaration, I/We acknowledge that I/We Scheme - Depositor Information Sheet. 1) Signature of Sole Trader/Partner Day Month Year Dated the Jay Month Year Dated the Day Month Year Dated the Day Month Year	have been provided with, read and accept the Deposit Guarantee 2) Signature of Sole Trader/Partner Day Month Year Dated the / / / / / / / / / / / / / / / / / / /

D) The Following Section Must be Signed by ALL the Partners in the Partnership/all Joint Customers

Dated the day of	Month /	Year			
1) Full Name of Partner					
Signature of Partner					
Address of Witness					
Occupation of Witness					
Signature of Witness					
2) Full Name of Partner					
Signature of Partner					
Address of Witness					
Occupation of Witness					
Signature of Witness					
3) Full Name of Partner					
Signature of Partner					
Address of Witness					
Occupation of Witness					
Signature of Witness					
4) Full Name of Partner					
Signature of Partner					
Address of Witness					
Occupation of Witness					
Signature of Witness					
5) Full Name of Partner					
Signature of Partner					
Address of Witness					
Occupation of Witness Signature of Witness					

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															
Sole Trader/Partnership Name (Trading Name if different)															
Business Classification (Please mark as appropriate)	Business N	Non-Profe	essional		Busi	ness	s Prof	essio	nal		No	n-Co	mme	rcial	
Business Category											(R	efer to	InfoBa	ınk tab	le)
Business Type												(Re	fer to I	nfoBar	nk)
Complex Structure Yes No (Please mark as appropriate)															
Contact Details															
Salutation (RM to specify salutation for	r customer corre	spondence)													
Products and Services – (Selection Product 1	t the Accour ct Code 400												nt Ac	coun	t.
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 A	ny One	Any Two	E	Both		All		or Ot	her		(Pleas	se marl	k as ap	propria	ate)
Source of Funds															
Account Classification L (Bu	siness)		P (Char	rity)		Pleas	e mark	as app	ropria	ate)					

Bank Use Only (cont'd)

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Sector ^										_							
Sector Group ^															o Secto		
Sector Sub Group ^ (if applicable)													Code	es or	n InfoBa	ink)	
Central Bank Code ^											_						
Non Resident Declarati (Form 263 (37))	ion Held	Yes	No	(Plea	ase mar	k as ap	propria	te)									
Exempt from DIRT	`	Yes	No	(Plea	ase mar	k as ap	propriat	te)									
Staff Referral Code	aff Referral Code																
Sub Office/Service Outlet (if applicable)																	
Lodgement/Cheque Bo	ook Order (Pl	lease tick a	as app	ropriate	e)												
Lodgement Book	Yes	No															
Cheque Book	Yes No																
Cheque Book Type	25 cheques	5	0 chec	ques		100	chequ	ues									
Number of Cheque Boo	ks Required																
Name(s) to be Printed or	n Book																
Name(s) to be Printed or	n Book																
Signatory 1 ^^																	
Signatory 2 ^^															ignator n InfoB		le
Usage Code		High		Mediur	n		Low		(Ple	ase m	ark a	ıs appı	ropriate	∍)			
Triggerable	Yes	No															
ExpressLodge Card Red	quired*																
(ExpressLodge Cards allo	ow lodgemer	nts to be m	nade u:	sing AlE	3 Cash	a & Ch	neque	Lodg	jemer	nt ma	achi	nes)	Yes	5		No	
Number of ExpressLodg	ge Cards Requ	uired															
*Please note: ExpressLor The embossed name on								ne.									
I confirm that the custon	ner(s) has bee	en provide	d with	the DG	S (Dep	ositor I	Informat	ion She	eet)								
I confirm that the custon	ner(s) has sigi	ned and d	ated to	ackno	wledg	e rec	eipt of	the I	OGS (1	Depos	itor Ir	nforma	ation Sh	neet)			
Referral to AIBMS compl	leted?	Yes	N	0	Not	appli	icable										
Branch Confirmation -	Mandatory																
I confirm that all the mar	ndatory fields	s have bee	n com	pleted.													
Branch Staff Name																	
Signature																	
Staff Number				Date		ay	/ Mc	onth	/	Ye	ear						

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 $\rm { \in }100,000^{(2)}$							
If you have a joint account with other person(s):	The limit of \in 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

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:

- (a) certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- (b) sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- (c) the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- (d) 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:

- (1) The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) It is a deposit made by a depositor which is one of the following:
- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- ullet 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.