



Opening your Business Account - Unincorporated Entity (e.g. Association/Society/Club/Charity)

How to complete this form

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

2 Mark circles by clicking to indicate selection



Data Protection Notice

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in branches and online. It may change from time to time.

Contents

- 2 Existing Business Current Account Customer
- 4 Opening your AIB Business Account
- 6 Account Opening Form
- 7 Products and Services Required
- 8 Tax Reporting including Controlling Persons
- 15 Details of Chairperson (or equivalent), Secretary and all Signatories
- 16 Details of any Other Beneficial Owners of the Unincorporated Entity
- 18 Details of Beneficial Owners of a Shareholding Entity
- 21 General Unincorporated Entity Mandate
- 25 Bank Use Only

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

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

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.

- The beneficial ownership of the business has not changed.
- If a trust has been set up to manage the Property (or other assets) of the Unincorporated Entity and the account being opened is to be operated by the Trust you must complete the Trust account opening booklet instead.
- The Chairperson (or equivalent), Secretary and all relevant 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, including Controlling Persons, if any, 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.
- Common Reporting Standard (CRS) information, including Controlling Persons, if any, 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.

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

a) Unincorporated Entity Name* (as in the Book of Rules or Constitution)	<input type="text"/>
b) Address Line 1*	<input type="text"/>
Address Line 2*	<input type="text"/>
Address Line 3	<input type="text"/>
Address Line 3	<input type="text"/>
c) No. of Employees*	<input type="text"/>
d) Main AIB Business Current Account*	<input type="text"/>

[illegible]

- 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).

<p>Signed by the Chairperson (or equivalent)</p> <div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <p style="text-align: center;">Day Month Year</p> <p>Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Signed by Secretary</p> <div style="border: 1px solid black; height: 60px; margin-bottom: 10px;"></div> <p style="text-align: center;">Day Month Year</p> <p>Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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4: Product and Services Required (Please indicate with a ☐ where appropriate)

Business Current Account ☐

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		Signature	
<input type="text"/>		<input type="text"/>	
Day	Month	Day	Month
Date	<input type="text"/> <input type="text"/>	Date	<input type="text"/> <input type="text"/>
	/ <input type="text"/> <input type="text"/>		/ <input type="text"/> <input type="text"/>
	/ <input type="text"/> <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: Please provide us with a copy of your Rules or Constitution:

- You need to show us the relevant rules about
 - Opening and operating a bank account
 - Borrowing

☐
☐

N.B. Borrowing must be in the name of the Trustees of the Unincorporated Entity.

If a trust has been set up to manage the Property (or other assets) of the Unincorporated Entity and the account being opened is to be operated by the Trust you must complete the Trust account opening booklet instead.

Step 2: Complete the following included in this pack

- Account Opening Form to give us your Unincorporated Entity details.
- General Unincorporated Entity Mandate to tell us what instructions we are to take to conduct transactions on your account.
- Details of the Chairperson (or equivalent), Secretary, all Signatories and any other Beneficial Owners.

☐
☐
☐

We will only use personal information provided by you in these forms for the purpose of the opening and conduct of the Unincorporated Entity accounts.

*Any individual who benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.

- All relevant US Foreign Account Tax Compliance Act (FATCA), OECD** Common Reporting Standard (CRS) and Controlling Persons (if any).

**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.
 - Chairperson (or equivalent);
 - Secretary;
 - all persons authorised to sign any transactions on the account of the Unincorporated Entity; and
 - any other Beneficial Owners* of the Unincorporated Entity.

*Any individual who benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.

- The Secretary of the Unincorporated Entity must sign to confirm that the details of the Chairperson (or equivalent), Secretary, all Signatories and Beneficial Owners of the Unincorporated Entity provided is correct.
- We will need suitable proof of identity and residential address of the Beneficial Owners of any entity that itself ultimately benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.
- If your Unincorporated Entity is a Charity and approved by the Revenue Commissioners as an exempt charity, please provide the Revenue Charity number. We will also require you to provide documentary evidence from the Revenue Commissioners that the Charity is approved.
- If your Unincorporated Entity is a Charity and NOT approved by the Revenue Commissioners as an exempt charity, we require a Certificate from a solicitor detailing who the Beneficial Owners are of the Charity (including name, address, occupation and date of birth).

Step 3: Identification requirements (cont'd)

- 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 6 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.
- The account will not become operational until we have centrally approved the identification documents.

In order to comply with our obligations under legislation, we may, at our discretion at any time, seek further information and confirmation as to the identity of any individual who benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.

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 ☐
- Income and Expenditure 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.

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

If No, you can skip question 2 below

If the answer to the above is Yes, you must complete the Trust account opening booklet instead.

If the answer to the above is No, you can proceed completing this booklet.

[illegible]

Address Line 1*	<input type="text"/>
Address Line 2*	<input type="text"/>
Address Line 3	<input type="text"/>
County*	<input type="text"/>
Country*	<input type="text"/>
Contact Person*	<input type="text"/>
Fax Number	<input type="text"/>
Unincorporated Entity Activity*	<input type="text"/>
No. of Employees*	<input type="text"/> Years in Business <input type="text"/>

[illegible]

Customer Telephone Details

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	<input type="checkbox"/>	Business Fixed Term Deposit Account	<input type="checkbox"/>
Demand Deposit Account	<input type="checkbox"/>	Business Notice Deposit Account	<input type="checkbox"/>
Other Account	<input type="checkbox"/>	(If other, please specify)	<input type="text"/>

Statement Diary*

Frequency	Annually <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Day of Month	<input type="text"/> <input type="text"/>	Date of Statement	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Cheque Book Requirements*

Do you want your Company logo on your cheques?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Yes – (you will need to arrange the artwork with a Bank authorised printer at your own expense)			
Cheque Book Required*	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Cheque Book Type*	25 cheques <input type="checkbox"/>	50 cheques <input type="checkbox"/>	100 cheques <input type="checkbox"/>

Lodgement Requirements*

ExpressLodge Card Required*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ExpressLodge Cards allow lodgements to be made using AIB Cash & Cheque Lodgement machines)		
Number of ExpressLodge Cards Required*	<input type="text"/> <input type="text"/>	

***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 <input type="checkbox"/>	No <input type="checkbox"/>
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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 CloverTM - AIBMS's ePOS Solution - please speak to a branch staff member today.

Tax Reporting

Customer Information Notice

Under Irish tax law we need you to confirm some details for us.

We may be required to report to Irish Revenue the details of accounts held by customers and in certain circumstances their Controlling Persons if they are US Persons and/or tax resident outside of Ireland. The details we may share with Irish Revenue include: name, address, tax status, tax reference number, date of birth, place of birth, account number, account balance at year end and interest payments made during the calendar year. Irish Revenue may share this information with other tax authorities. The legislation under which we request this information are the Foreign Account Tax Compliance Act (FATCA) and the Common Reporting Standard (CRS).

Please complete all sections of this form. If we do not get the information, we may not be able to open the account.

We cannot provide tax advice, however you can get more information from your tax advisor or on the Automatic Exchange of Information portal on the Irish Revenue website.

If the Entity's tax status and/or Controlling Persons change, please let us know.

We are also required to submit an annual return of interest to Irish Revenue. For the purposes of this return we may be obliged to seek the collection and verification of an Irish tax reference number of the account holder when opening a new bank account.

Section A - FATCA

US Foreign Account Tax Compliance Act (FATCA)*

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

Indicate Entity Type

When providing answers to the questions below refer to the online Entity Classification Guide for definitions of each entity type (FATCA section). This guide is available at aib.ie/business/help/tax-information-reporting.

All entities must complete question 1 and follow the instructions thereafter.

1. Is your entity a US Person (under FATCA)?

- ☐ a Specified US Person — You must provide a US TRN (Tax Reference Number) and continue to Section B.

US TRN

- ☐ b Other US Person — If you have selected (b) continue to Section B.
- ☐ c None of the above — Select **one** of the entity types in questions 2 or 3 below.

2. Is your entity a Non-Financial Foreign Entity (NFFE) (under FATCA)? – Note that 'foreign' here refers to non-US.

Yes – If so, is it an Active NFFE, or a Passive NFFE?

- ☐ a Active NFFE — If you have selected (a) continue to Section B.
- ☐ b Passive NFFE — If you have selected (b) continue to Section B and complete the certification details of the Controlling Persons.

No – If no, then select one of the entity types in question 3 below.

3. Is your entity a Financial Institution (under FATCA)?

If yes select the applicable option below and continue to Section B.

- ☐ **a** Certified Deemed Compliant Financial Institution
- ☐ **b** Registered Deemed Compliant Financial Institution
- ☐ **c** Partner Jurisdiction Financial Institution (including Irish Financial Institutions)
- ☐ **d** Participating Financial Institution

If you have selected (b) or (c) or (d) you must provide a GIIN (Global Intermediary Identification Number).

GIIN

- ☐ **e** Exempt Beneficial Owner
(Examples: Irish Governmental Organisations, Central Bank of Ireland, the Irish Offices of certain International Organisations and certain retirement / pension funds)
- ☐ **f** Non-Participating Financial Institution
(This is a Financial Institution which is considered non-compliant with FATCA)

Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008

Common Reporting Standard (CRS)*

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

Jurisdiction Tax Residence:

If your entity is not tax resident in any jurisdiction (for example, because it is fiscally transparent), please provide its place of effective management or country in which its principal office is located. Please refer to the Automatic Exchange of Information portal on the Irish Revenue website for more information on tax residence.

Tax Reference Number:

A TRN for the entity must be provided unless the entity is tax resident in a jurisdiction that does not issue a TRN.

Indicate Entity Type

When providing answers to the questions below refer to the online Entity Classification Guide for definitions of each entity type. This guide is available at aib.ie/business/help/tax-information-reporting. The information provided in this section is for CRS and this classification may differ from your entity's FATCA classification in Section A.

All entities must select **one** of the options listed in questions 1 or 2 below.

1. Is your entity a Non-Financial Entity (NFE) (under CRS)?

If yes select the applicable option below.

Yes – If so, is it an Active NFE, or a Passive NFE?

- ☐ **a** Active NFE other than the types listed in 1(b) below.
- ☐ **b** Active NFE of the type listed below:
- Governmental Entity
 - International Organisation
 - Central Bank
 - A corporation, the stock of which is regularly traded on one or more established securities markets or any corporation that is a Related Entity of such corporation.
- ☐ **c** Passive NFE — If you have selected (c) complete the certification details of the Controlling Persons.

No – If no, then select one of the Entity Types in question 2 below.

2. Is your entity a Financial Institution (under CRS)?

If yes select the applicable option below.

If the Entity is an Investment Entity 2(b), please complete the certification details of the Controlling Persons.

- ☐ **a** Financial Institution – Depository Institution, Custodial Institution, Specified Insurance Company or Investment Entity other than that described in 2(b) below.
- ☐ **b** Investment Entity that meets the following conditions:
- Not resident in a Participating Jurisdiction; and
 - Gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets; and
 - Managed by another Financial Institution as described in 2(a) above.

Definitions of Controlling Persons by Legal Entity

Unincorporated Entity (e.g. Association, Society, Club/Charity)

Any individual who ultimately owns, controls or benefits from 25% or more of the property of the unincorporated entity. Where no individual owns, controls or benefits from 25% or more of the property of the unincorporated entity, any individual who otherwise exercises control of the unincorporated entity through other means e.g. as a result of voting rights. Where no individual meets either of the above tests, the details of the individual who holds the position of senior managing official must be provided.

For the purposes of this form, the senior managing official is the person who exercises executive control over the daily or regular affairs of the unincorporated entity through a senior management position e.g. chief executive officer, chief financial officer, managing or executive director, or president.

Important Note: Controlling Persons section need only be completed by (1) an Entity who is a Passive NFFE under FATCA (See Section A) and (2) Passive NFE under CRS (See Section B) or Investment Entity (See Section B, Q2(b))

Certification of Controlling Persons

If the account holder has more than four Controlling Persons, print additional copies of these pages and submit them with this application form.

Name:

Address:

Date of Birth: Day / Month / Year

Country of Birth:

Is the Controlling Person a US Citizen? Yes ☐ No ☐

If the Controlling Person is a US Citizen please include the United States as one of the countries below and provide the Controlling Persons US tax Reference Number (TRN).

In what country(ies) is the Controlling Person tax resident?

Where the Controlling Person is tax resident in any jurisdiction other than Ireland, we require the corresponding TRN for each jurisdiction unless the Controlling Person is tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>
Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>

Name:

Address:

Date of Birth: Day / Month / Year

Country of Birth:

Is the Controlling Person a US Citizen? Yes ☐ No ☐

If the Controlling Person is a US Citizen please include the United States as one of the countries below and provide the Controlling Persons US tax Reference Number (TRN).

In what country(ies) is the Controlling Person tax resident?

Where the Controlling Person is tax resident in any jurisdiction other than Ireland, we require the corresponding TRN for each jurisdiction unless the Controlling Person is tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>
Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>

Important Note: Controlling Persons section need only be completed by (1) an Entity who is a Passive NFFE under FATCA (See Section A) and (2) Passive NFE under CRS (See Section B) or Investment Entity (See Section B, Q2(b))

Certification of Controlling Persons (cont'd)

Name:

Address:

Date of Birth / /

Country of Birth

Is the Controlling Person a US Citizen? Yes ☐ No ☐

If the Controlling Person is a US Citizen please include the United States as one of the countries below and provide the Controlling Persons US tax Reference Number (TRN).

In what country(ies) is the Controlling Person tax resident?

Where the Controlling Person is tax resident in any jurisdiction other than Ireland, we require the corresponding TRN for each jurisdiction unless the Controlling Person is tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>
Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>

Name:

Address:

Date of Birth / /

Country of Birth

Is the Controlling Person a US Citizen? Yes ☐ No ☐

If the Controlling Person is a US Citizen please include the United States as one of the countries below and provide the Controlling Persons US tax Reference Number (TRN).

In what country(ies) is the Controlling Person tax resident?

Where the Controlling Person is tax resident in any jurisdiction other than Ireland, we require the corresponding TRN for each jurisdiction unless the Controlling Person is tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>	Jurisdiction of Tax Residence <input type="text"/>
Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>	Tax Reference Number <input type="text"/>

Details of Chairperson (or Equivalent), Secretary and All Signatories

List hereunder the names of the Chairperson (or equivalent), Secretary and all Signatories.

Chairperson (or equivalent)

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day

/

Month

/

Year

Secretary

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day

/

Month

/

Year

Details of Chairperson (or Equivalent), Secretary and All Signatories (cont'd)

Signatory

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day

Month

Year

/ /

Signatory

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day

Month

Year

/ /

Signatory

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day

Month

Year

/ /

If there are any additional Signatories, please detail their name(s), home address(es), occupation(s) and date(s) of birth on a separate page.

Details of any other Beneficial Owners of the Unincorporated Entity

Please provide details of **any other Beneficial Owners** that is:

1. Any individual or class of individuals who benefits from or who exercises ownership or control (e.g. through voting rights or by other means*) over the property (e.g. money, land or other assets) of the entity or arrangement; and
2. Any individual holding a position in relation to the entity or arrangement:
 - similar or equivalent to the role of a trustee; or
 - who is appointed to exercise powers affecting the entity/arrangement and the interests of the beneficiaries**.

*Exercising control by other means may include exercising a dominant influence over the entity or arrangement and/or having the power to appoint or remove senior management within the entity or arrangement.

****The book of rules/constitution/committee structure for a club/association, if applicable, may set out the positions exercising powers affecting the entity/arrangement.**

Beneficiary Name

Home Address

Occupation

Date of Birth

Day

Month

Year

/

/

Percentage Control

.

%

[illegible]

Details of any other Beneficial Owners of the Unincorporated Entity (cont'd)

(Please photocopy page if more than 4 beneficial owners present)

Beneficiary Name

Home Address

Occupation

Date of Birth

Day

Month

Year

Percentage Control

%

Beneficiary Name

Home Address

Occupation

Date of Birth

Day

Month

Year

Percentage Control

%

List Below Any Shareholding Entity Owning 25% or more of the Unincorporated Entity (if applicable)

1) Name of Entity

Registered Number

% Control in the Unincorporated Entity

2) Name of Entity

Registered Number

% Control in the Unincorporated Entity

3) Name of Entity

Registered Number

% Control in the Unincorporated Entity

4) Name of Entity

Registered Number

% Control in the Unincorporated Entity

I confirm that the details of the Chairperson (or equivalent), Secretary, all Signatories, any other Beneficial Owners and Controlling Persons (if any) of the Unincorporated Entity provided above are 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 Secretary)

General Unincorporated Entity Mandate

Complete in **BLOCK CAPITALS**.

We certify that at a meeting of the Committee of
*(the "Unincorporated Entity")

held on the Day / Month / Year the following resolutions were passed:

*insert name exactly as it appears in the Rules/Constitution.

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 Unincorporated Entity 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", has been received by the Unincorporated Entity) and to make payments and transfers from the account on instructions given in accordance with the drawing instructions in Part III 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 and that the persons named in Part III are the holders of the appropriate office to make and authorise payments on behalf of the Unincorporated Entity in accordance with its rules.

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 Committee advised to the Bank in writing (in the form of a certified extract from the minutes of the relevant meeting in wording acceptable to the Bank or in the Bank's standard form of Unincorporated Entity Supplemental Mandate, as may be appropriate) under the hand of the Chairperson of the meeting and countersigned by the Secretary of the Unincorporated Entity 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.

Confirmation of elected officials and notification of changes in elected officials etc.

- That the Bank be furnished with a list (see Part II below) containing the full names and addresses of the Chairperson, Secretary and other Officers of the Unincorporated Entity and that the Bank be informed by notice in writing signed by the Secretary, as soon as may be, of any change which may take place in the Chairperson, Secretary, other Officers, Beneficial Owners or Controlling Persons.

Part 2

Officers: e.g. Chairperson, Secretary

Name	<input type="text"/>
Residential Address	<input type="text"/>
Position	<input type="text"/>
Name	<input type="text"/>
Residential Address	<input type="text"/>
Position	<input type="text"/>

Part 2 (cont'd)

Name	<div></div>
Residential Address	<div></div>
	<div></div>
Position	<div></div>
Name	<div></div>
Residential Address	<div></div>
	<div></div>
Position	<div></div>
Name	<div></div>
Residential Address	<div></div>
	<div></div>
Position	<div></div>

Part 3

Drawing Instructions

Authorised Signatories (mark 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 (if 'Other' option chosen)

The following 'special' signing instructions shall apply (if applicable): (e.g. 'Any one' up to €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.

Signatory (BLOCK CAPITALS)	<div></div>
Position	<div></div>
Specimen Signature (Sign within box)	<div></div>
Signatory (BLOCK CAPITALS)	<div></div>
Position	<div></div>
Specimen Signature (Sign within box)	<div></div>
Signatory (BLOCK CAPITALS)	<div></div>
Position	<div></div>
Specimen Signature (Sign within box)	<div></div>

Part 3 (cont'd)

Signatory (BLOCK CAPITALS)

Position

Specimen Signature

(Sign within box)

Signatory (BLOCK CAPITALS)

Position

Specimen Signature

(Sign within box)

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 (or equivalent)

Day

Month

Year

Dated the

/

/

Signed by Secretary

Day

Month

Year

Dated the

/

/

Certified a True Copy

The mandate must be signed by the Chairperson (or equivalent) of the meeting at which the mandate resolutions were passed (this person must be a member of the Committee) of the Unincorporated Entity AND the Secretary of the Unincorporated Entity (who must not be the same person as the Chairperson or equivalent) or another member of the Committee.

**Chairperson
(or equivalent)**

Printed Name

Secretary

Printed Name

Dated the

/

/

The date must be the same date or later than 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

Unincorporated Entity Name*
(as in the Book of Rules or Constitution)

Business Classification*
(Please mark as appropriate)

Business Non-Professional ☐ Business Professional ☐ Non-Commercial ☐

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

Source of Funds

Account Classification* L (Business) ☐ P (Charity) ☐

Note: an Unincorporated Entity cannot have a 'Y' (Company) Account Classification.

Bank Use Only (cont'd)

Sector* ^	<input type="text"/>	(^ Refer to Sector Codes on InfoBank)
Sector Group* ^	<input type="text"/>	
Sector Sub Group* ^ (if applicable)	<input type="text"/>	
Central Bank Code* ^	<input type="text"/>	

Non Resident Declaration Held: Yes ☐ No ☐ (Please mark as appropriate)
(Form 263 (37))

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 ^^ (^^Refer to Signatory table on InfoBank)

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 Unincorporated Entity identified its Entity type under FATCA? Yes ☐
- If the Unincorporated Entity is a Specified US Person under FATCA has the Unincorporated Entity provided it's US TRN (Tax Reference Number)? Yes ☐
- If the Unincorporated Entity is (b) a Registered Deemed Compliant Financial Institution, (c) Partner Jurisdiction Financial Institution (including Irish Financial Institutions) or (d) a Participating Financial Institution has the Unincorporated Entity provided its GIIN (Global Intermediary Identification Number)? Yes ☐
- Has the Unincorporated Entity declared its jurisdiction of tax residence? Yes ☐
- Has the Unincorporated Entity provided its tax reference number? Yes ☐ No ☐
- Has the Unincorporated Entity identified its Entity type under CRS? Yes ☐
- If the Unincorporated Entity is (i) a Passive NFFE under FATCA and/or (ii) an Investment Entity (as described in Section B, Question 2(b)) or a Passive NFE under CRS have the additional relevant questions in respect of the Unincorporated Entity Controlling Persons been completed? Yes ☐

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 ☐

Bank Use Only (cont'd)

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*

Date*

Day

/

Month

/

Year

Staff Number*

AIB Opening your business account - Unincorporated Entity

AIB/BAO3 09/24

25 of 25

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:	7 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., 10 Molesworth Street, Dublin 2 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: 01-224 5800 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: 01-224 5800.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 7 working days, 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.