



Opening your Business Account - Incorporated Society

How to complete the form

1 Please use a **BLACK** pen



2 Mark boxes **like this**
 If you make a mistake, **do this**
 and mark the correct box

3 Please use **BLOCK CAPITAL**
 LETTERS and leave **one**
 space between each word

Thank you for considering AIB as your business partner.

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

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

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

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.

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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.

New Business Account Customer

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

Existing Business Current Account Customer

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

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

General

- The beneficial ownership of the business has not changed.
- All relevant Management Committee Members, Society Secretary 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, 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 (see page 9 for more details).
- 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 (see page 10 for more details).

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

1: Business Details

a) Incorporated Society Name*

(as on the Certificate of Acknowledgement of Registration of the Society/Rules of the Incorporated Society)

b) Address Line 1*

Address Line 2*

Address Line 3

Address Line 4

c) No. of Employees*

d) Main AIB Business Current Account* 9 3

2: Account Information*

a) Purpose of New Account* Daily Banking Other

b) Source of Funding for this Account*

c) Estimated Annual Turnover of this Account* €

Operating where (i.e. Countries)*

3) Deposit Guarantee Scheme (DGS)*

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

Signed by the Chairperson	Signed by the Society Secretary
<input type="text"/>	<input type="text"/>
Date <input type="text"/> Day <input type="text"/> / <input type="text"/> Month <input type="text"/> / <input type="text"/> Year <input type="text"/>	Date <input type="text"/> Day <input type="text"/> / <input type="text"/> Month <input type="text"/> / <input type="text"/> Year <input type="text"/>

4: Product and Services Required (Please indicate with a where appropriate)

Business Current Account

Statement Diary*

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

Cheque Book Requirements*

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

Lodgement Requirements*

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

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

Lodgement Book Required* Yes No

AIB Merchant Services

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

Mandate

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

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

Customer Confirmation*

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

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

Opening your AIB Business Account

Step 1: Gather together the following documents

- Original Certificate of Acknowledgement of the Registration of the Incorporated Society ("the Society").
- Printed version of the Rules of the Society
- Most recent audited accounts, together with bank statements for the previous six months and a bank reference – if these items are available.

Step 2: Complete the following included in this pack

- Account Opening Form to give us your Incorporated Society details.
- General Incorporated Society Mandate to tell us what instructions we are to take to conduct transactions on your account.
- Details of all Beneficial Owners Persons*, Society Secretary and members of the Management Committee.

*Individual who ultimately owns or controls 25% or more of the shares or voting rights in the Incorporated Society or otherwise exercises control over the management of the Incorporated Society.

- A member of the Management Committee must sign and the Secretary countersign (or another member of the Management Committee) to confirm that the information provided in respect of the Secretary, Management Committee members and Beneficial Owners, Controlling Persons (if any), of the Incorporated Society is correct.
- Where no individual owns or controls 25% or more of the shares or voting rights in the Incorporated Society or otherwise exercises control over the management of the Incorporated Society, then we will need details for the two individuals who hold the greatest percentage of shares or voting rights in the Incorporated Society.
- We will need details of the Beneficial Owners of any entity that itself ultimately owns or controls 25% or more of the shares or voting rights in the Incorporated Society, or otherwise exercises control over the management of the Incorporated Society.
- All relevant US Foreign Account Tax Compliance Act (FATCA), OECD** Common Reporting Standard (CRS) and any Controlling Persons questions.

**Organisation for Economic Cooperation and Development

Step 3: Identification requirements

- In order to comply with legislation to combat money laundering and terrorist financing we will need suitable proof of identity and residential address of the following:
At least one member of the Management Committee of the Incorporated Society; and
 - At least one person authorised to sign any transactions on the account of the Incorporated Society
- Identification procedures are not required for certain listed plc's, for example companies listed on the Official List of the Irish Stock Exchange. If the shareholding company is in this category, please let us know.
- 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.
- There are alternative arrangements in place for the establishment of identity and current permanent residential address of persons who do not possess the documentation outlined above. Please talk to one of our staff at your local AIB branch for details.
- If any of the individuals are non-residents, come and talk to us as we may require additional information.
- The account will not become operational until we have centrally verified the identification documents.

The Bank must be informed by notice in writing, signed by at least one member of the Management Committee and countersigned by the Secretary, as soon as may be, of any change in the Beneficial Owners, Controlling Persons (if any), Management Committee members and Secretary of the Incorporated Society or any change in status of the Incorporated Society.

Step 3: Identification requirements (cont'd)

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 individual who ultimately own or control the shares or voting rights in the Incorporated Society or otherwise exercise control over the management of the Incorporated Society.

Step 4: Do you need Electronic Banking?

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

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

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

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

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

Account Opening Form

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

Incorporated Society Name*

(as on the Certificate of Acknowledgement of Registration of the Society/Rules of the Incorporated Society)

Incorporated Society Address*

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Correspondence Address: (if different to Incorporated Society Address)

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Contact Person*

Work Fax Number

Society Activity*

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* €

Auditors Name

Charity Status Number

Telephone Details

Work Mobile Phone Number

Work Phone Number*

Email/Web Details

Work Email Address

Work Web Address

Products and Services Required

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

Account Type Requirements*

Business Current Account Demand Deposit Account Other Account

(If other, please specify)

Statement Diary*

Frequency Annually Quarterly Monthly

Day of Month Date of Statement / /

Cheque Book Requirements*

Do you want your Society 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 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 Requirements

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

Tax Reporting

Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for the purpose 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 Controlling Persons of the Company: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account numbers of each of the accounts held by the Incorporated Society, 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

<https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>.

Customers **must** promptly advise AIB if their tax residence, FATCA and/or CRS entity type classification, and/or Controlling Persons change, and of any change which causes any of the above listed information relating to the Controlling Persons (i.e. name, address, TIN/TRN etc.) contained in this form to be incorrect.

We are also required to submit an annual return of interest to Revenue under the Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008. For the purposes of this return we may be obliged to seek the collection and verification of a Tax Reference Number of the Incorporated Society when opening a new bank account.

Tax Reporting Section A - FATCA

US Foreign Account Tax Compliance Act (FATCA)*

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

Please indicate Entity Type

Under legislation which incorporates FATCA into Irish law you are required to identify the Entity Type applicable to your Entity. **This guide is available at business.aib.ie/help/tax-information-reporting. When providing answers to the questions below refer to the online Entity Classification Guide for definitions of each Entity Type (FATCA section).**

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 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 GIIN (Global Intermediary Identification Number).

GIIN

- e** Exempt Beneficial Owner
(Examples: Governmental Organisation, Central Bank, Pension Trust and International Organisations such as World Bank and IMF)
- f** Non-Participating Financial Institution
(This is a Financial Institution which is considered non-compliant with FATCA)

Organisation for Economic Cooperation and Development (OECD) Common Reporting Standard (CRS)*

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

Please indicate Entity Type

Under legislation which incorporates the CRS into Irish law you are required to provide your jurisdiction of tax residence, tax reference number, and to identify the Entity Type applicable to your entity. **When providing answers to the questions below refer to the online Entity Classification Guide for definitions of each Entity Type. The information provided in this section is for CRS and this classification may differ from your FATCA classification on Page 2. This guide is available at business.aib.ie/help/tax-information-reporting**

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

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 OECD automatic exchange of information portal for more information on tax residence.

Tax Reference Number:

Your entity must provide a TRN unless your entity is tax resident in a jurisdiction that does not issue a TRN.

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

Incorporated Society

Any individual who ultimately owns or controls 25% or more of the shares in the incorporated society. Where no individual owns or controls 25% or more of the shares in the incorporated society, any individual who otherwise exercises control of the incorporated society 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 incorporated society 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:

Are you a US Citizen? Yes No

In what country(ies) are you tax resident?

If you answered Yes to the US Citizen question please include the United States as one of the countries below.

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

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:

Are you a US Citizen? Yes No

In what country(ies) are you tax resident?

If you answered Yes to the US Citizen question please include the United States as one of the countries below.

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

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 Day / Month / Year

Country of Birth

Are you a US Citizen? Yes No

In what country(ies) are you tax resident?

If you answered Yes to the US Citizen question please include the United States as one of the countries below.

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

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

Are you a US Citizen? Yes No

In what country(ies) are you tax resident?

If you answered Yes to the US Citizen question please include the United States as one of the countries below.

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

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 Incorporated Society Secretary and Management Committee Members

Insert the name of the Incorporated Society

Incorporated Society Secretary Details

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day Month Year
 / /

Percentage Share*

 . %

1) Management Committee Member

First Name*

Surname*

Home Address*

Occupation*

Date of Birth*

Day Month Year
 / /

Percentage Share*

 . %

Details of Incorporated Society Secretary and Management Committee Members (cont'd)

2) Management Committee Member

First Name*
Surname*
Home Address*
Occupation*
Date of Birth* Day / Month / Year Percentage Share* . %

3) Management Committee Member

First Name*
Surname*
Home Address*
Occupation*
Date of Birth* Day / Month / Year Percentage Share* . %

4) Management Committee Member

First Name*
Surname*
Home Address*
Occupation*
Date of Birth* Day / Month / Year Percentage Share* . %

Details of Beneficial Owners of the Incorporated Society

Insert the name of the Incorporated Society

Please provide details of all Beneficial Owners, i.e. any individual who ultimately owns or controls 25% or more of the shares or voting rights in the Incorporated Society or otherwise exercises control over the management of the Incorporated Society. Where no individual is a Beneficial Owners, we will need details for two individuals (please refer to page 5 for guidance).

1) Beneficiary Name

Home Address

Occupation

Date of Birth

Day Month Year
 / /

Percentage Share/Voting Rights

 . %

2) Beneficiary Name

Home Address

Occupation

Date of Birth

Day Month Year
 / /

Percentage Share/Voting Rights

 . %

Details of Beneficial Owners of the Incorporated Society (cont'd)

3) Beneficiary Name

Home Address

Occupation

Date of Birth Day / Month / Year

Percentage Share/Voting Rights . %

4) Beneficiary Name

Home Address

Occupation

Date of Birth Day / Month / Year

Percentage Share/Voting Rights . %

List Below any Shareholding Entity Owning 25% or More of the Incorporated Society

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

1) Entity Name

Registered Number Percentage Share/Voting Rights . %

2) Entity Name

Registered Number Percentage Share/Voting Rights . %

3) Entity Name

Registered Number Percentage Share/Voting Rights . %

4) Entity Name

Registered Number Percentage Share/Voting Rights . %

Details of Beneficial Owners of a Shareholding Entity

Insert the name of the Incorporated Society

Please provide details of all Beneficial Owners, i.e. any individual who ultimately owns or controls 25% or more of the shares or voting rights in the Shareholding Entity or otherwise exercises control over the management of the Shareholding Entity.

1) Beneficiary Name

Home Address

Occupation

Date of Birth

Day Month Year
 / /

Percentage Share/Voting Rights

. %

Shareholding Company Name

Registered Address

2) Beneficiary Name

Home Address

Occupation

Date of Birth

Day Month Year
 / /

Percentage Share/Voting Rights

. %

Shareholding Company Name

Registered Address

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

3) Beneficiary Name

Home Address

Occupation

Date of Birth

Percentage Share/Voting Rights

Shareholding Company Name

Registered Address

 Day / Month / Year . %

4) Beneficiary Name

Home Address

Occupation

Date of Birth

Percentage Share/Voting Rights

Shareholding Company Name

Registered Address

 Day / Month / Year . %

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

(Signed by one Management Committee member and countersigned by the Secretary/or another member of the Management Committee)

General Incorporated Society Mandate

Mandate to open accounts of all types including loan accounts with the Bank at any of its branches.

This mandate does not apply to AIB iBusiness Banking or AIB Credit Cards, both of which are subject to separate Agreements and instructions.

To: Allied Irish Banks, p.l.c.

We certify that at a meeting of the Committee of Management of ^

('the Society')

Insert Full Name

^Enter the name of the Society as it appears in the Rules of the Society.

Day

Month

Year

held on the

 / /

the following Resolutions were passed:

Part 1

RESOLVED:

1. That Allied Irish Banks, p.l.c. ('the Bank'), be and is hereby appointed to act as Bankers to the Society.
2. That the Bank be and is hereby requested and authorised to open, 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 Society), such account(s) in the name of the Society as may be considered appropriate for the receipt and disbursement of the Society's monies and to give effect to any order, direction, request or instruction expressed to have been made or given by the Society relating to drawings on or withdrawals or transfers from such account(s) from time to time originated by cheque, bill, note, acceptance, instrument, order (including a standing order and a banker's order), debit (including a direct debit), request, instruction or receipt, as the case may be, appropriate to the particular type of account, effected made or given in accordance with the drawing instructions set out in Part III hereof and notwithstanding that such account(s) be over drawn by such payments or otherwise.
3. That the Society do hereby certify the accuracy of all information provided to the Bank for the purpose of the opening of the account.
4. That the Bank be and is hereby requested to receive any monies lodged with the Bank or with the Bank's appointed agents or mandated to the Bank for credit of the account(s) of the Society and to collect payment for the Society for credit of such account(s) of all cheques, bills, notes, pay orders and other instruments, whether negotiable or not negotiable which may be lodged with the Bank or with the Bank's appointed agents from time to time.
5. That the Society do borrow from the Bank from time to time on foot of such account(s) or otherwise, and give security for such borrowing to such extent as may be arranged with the Bank.
6. In the event of any cheque, bill, note, pay order or other instrument lodged by the Society or on its instructions with the Bank or the Bank's appointed agents for collection and crediting to any such account(s) being dishonoured on presentment or of the Bank being obliged for any justifiable reason (of which your decision shall be conclusive) to repay the proceeds thereof after collection to any person whether claiming as true owner, drawer, drawee, payee, endorsee, or otherwise, to debit the amount to any such account(s), together with all fees and charges incurred in connection therewith.
7. 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 Management Committee advised to the Bank in writing (in the form of a certified extract from the minutes of the relevant meeting, or in the Bank's standard form of Society Supplemental Mandate, form AIB/MAN09), under the hand of a Committee Member and countersigned by the Secretary of the Society whereupon such new or supplemental instructions giving effect to such decision (to the extent that same shall be at variance or inconsistent therewith) shall replace or alter, as the case may be, the instructions herein contained.
8. That the Bank be furnished with the Certificate of Acknowledgement of the Registration of the Society (for sighting purposes only) and a printed version of the Rules of the Society, together with a list (see Part II below) containing full names and addresses of the Management Committee and of the Secretary of the Society or a memorandum in lieu signed by at least one Committee Member and countersigned by the Secretary, and that the Bank be informed by notice in writing, signed by at least one Committee Member and countersigned by the Secretary as soon as may be, of any change taking place from time to time in the Beneficial Owners Management Committee and Secretary of the Society.

Part 2 - Management Committee Members and Secretary

Complete in **BLOCK CAPITALS**.

1) Full Name
 Residential Address

 Committee Position

2) Full Name
 Residential Address

 Committee Position

3) Full Name
 Residential Address

 Committee Position

4) Full Name
 Residential Address

 Committee Position

5) Full Name
 Residential Address

 Committee Position

6) Full Name
 Residential Address

 Committee Position

7) Full Name
 Residential Address

 Committee Position

8) Full Name
 Residential Address

 Committee Position

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.

<p>Signed by Chairperson</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Day Month Year</p> <p>Dated the <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"/></p>	<p>Signed by Society Secretary</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Day Month Year</p> <p>Dated the <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"/></p>
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Certified a true copy

The mandate must be signed here by the Chairperson of the meeting at which the mandate resolutions were passed (the person must be a member of the Management Committee) and the Society Secretary (who must not be the same person as the 'Chairperson') or another member of the Management Committee of the society.

<p>Chairperson</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Day Month Year</p> <p>Dated the <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>Secretary</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>The date must be the same date or after the date of the meeting shown on the first page of the mandate.</p>
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Note: Where more than one account is maintained a separate mandate should be completed for each account unless signing instructions are identical.

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:

Incorporated Society Name*

(as on the Certificate of Acknowledgement of the Registration of the Society/Rules of the Incorporated Society)

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

Business Category* (Refer to InfoBank table)

Business Type* (Refer to InfoBank)

Complex Structure* Yes No (Please mark as appropriate)

Contact Details

Salutation* (RM to specify salutation for customer correspondence)

Products and Services* – (Select the Account Types and Product Codes for each account to be opened)

Product 1

Account Type

Product Code Account No

Product 2

Account Type

Product Code Account No

Product 3

Account Type

Product Code Account No

Product 4

Account Type

Product Code Account No

Product 5

Account Type

Product Code Account No

Short Name*

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

Source of Funds

Account Classification* Y (Company) P (Charity)

X (Irish State Sponsored & Semi State) Q (AIB Subsidiary)

Bank Use Only (cont'd)

Sector* ^

Sector Group* ^

Sector Sub Group* ^
(if applicable)

Central Bank Code* ^

(^ Refer to Sector Codes on InfoBank)

Non Resident Declaration Held:

(Form 263 (37))

Yes No (Please mark as appropriate)

Exempt from DIRT

Yes No (Please mark as appropriate)

Staff Referral Code

Sub Office/Service Outlet

 (if applicable)

Lodgement/Cheque Book Order (Please mark as appropriate)

Lodgement Book

Yes No

Cheque Book

Yes No

Cheque Book Type*

25 cheques 50 cheques 100 cheques

Number of Cheque Books Required*

Name(s) to be Printed on Book

Name(s) to be Printed on Book

Signatory 1 ^^

Signatory 2 ^^

(^^ Refer to Signatory table on InfoBank)

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 Incorporated Society identified its Entity type under FATCA? Yes

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

• If the Incorporated Society 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 Incorporated Society provided its GIIN (Global Intermediary Identification Number)? Yes

• Has the Incorporated Society declared its jurisdiction of tax residence? Yes

• Has the Incorporated Society provided its tax reference number? Yes No

• Has the Incorporated Society identified its Entity type under CRS? Yes

• If the Incorporated Society 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 Incorporated Society's Controlling Persons been completed? Yes

Bank Use Only (cont'd)

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

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

Referral to AIBMS completed? Yes No Not applicable

Branch Confirmation – Mandatory

I confirm that all the mandatory fields have been completed.

Branch Staff Name

Signature

Staff Number Date / /

Deposit Guarantee Scheme

Depositor Information Sheet



Basic information about the protection of your eligible deposits

Eligible deposits in Allied Irish Banks, p.l.c. are protected by:	the Deposit Guarantee Scheme ("DGS") ⁽¹⁾
Limit of protection:	€100,000 per depositor per credit institution ⁽²⁾
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 ⁽²⁾
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately ⁽³⁾
Reimbursement period in case of credit institution's failure:	10 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: 1890-777777 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie

Additional information

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

(4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.

Tel: 1890-777777.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 10 working days from

1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

(5) Temporary high balances

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(6) Exclusions

A deposit is excluded from protection if:

- The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following:

- credit institution
- financial institution
- investment firm
- insurance undertaking
- reinsurance undertaking
- collective investment undertaking
- pension or retirement fund (Deposits by Small Self Administered Pension Schemes are not excluded)
- public authority

Further information about exclusions can be obtained at www.depositguarantee.ie

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.