






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

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

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 an Unincorporated Entity 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.
- 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.

1: Business Details

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

b) Address Line 1*
Address Line 2*
Address Line 3
Address Line 3

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* €

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 (or equivalent)	Signed by Secretary
<input type="text"/>	<input type="text"/>
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <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"/>
Date Day Month Year <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Date Day Month Year <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

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.

Account Opening Form

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

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

Unincorporated Entity Address*:

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Correspondence Address: (if different to Unincorporated Entity Address)

Address Line 1*

Address Line 2*

Address Line 3

County*

Country*

Contact Person*

Fax Number

Unincorporated Entity Activity*

No. of Employees* Years in Business

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 where (i.e. Countries)*

Auditors Name

Charity Status Number (if applicable)

Customer Telephone Details

Mobile Phone Number

Phone Number*

Email/ Web Details

Email Address

Web Address

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 Entity: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account numbers of each of the accounts held by the Entity, 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 Entity 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

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:

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 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 . %

Beneficiary Name

Home Address

Occupation

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

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

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

Beneficiary Name	<input type="text"/>
Home Address	<input type="text"/>
Occupation	<input type="text"/>
Date of Birth	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> / Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Percentage Control	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

Beneficiary Name	<input type="text"/>
Home Address	<input type="text"/>
Occupation	<input type="text"/>
Date of Birth	Day <input type="text"/> <input type="text"/> / Month <input type="text"/> <input type="text"/> / Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Percentage Control	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %

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

1) Name of Entity	<input type="text"/>
Registered Number	<input type="text"/>
% Control in the Unincorporated Entity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2) Name of Entity	<input type="text"/>
Registered Number	<input type="text"/>
% Control in the Unincorporated Entity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3) Name of Entity	<input type="text"/>
Registered Number	<input type="text"/>
% Control in the Unincorporated Entity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4) Name of Entity	<input type="text"/>
Registered Number	<input type="text"/>
% Control in the Unincorporated Entity	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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)

Part 2 (cont'd)

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

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.

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

Signatory (BLOCK CAPITALS)

Position

Specimen Signature
(Sign within box)

Signatory (BLOCK CAPITALS)

Position

Specimen Signature
(Sign within box)

Signatory (BLOCK CAPITALS)

Position

Specimen Signature
(Sign within box)

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* 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* L (Business) P (Charity)

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

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 ^^ (^^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*

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.