

# **Opening your business account**

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

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## Data Protection Notice – Use of Information

### How we use your information at AIB

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

### Who We Are

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

### How We Collect Information about You and Your Consent

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

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

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

### How We Keep Your Information Safe

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

### What We Use Your Information For

#### *Offering and Managing Your AIB Products and Services*

We gather information about you and the products and services you use, or ask us about. We use this information to:

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

#### *Developing Our Relationship – Marketing and Customer Experience*

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

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

#### *Data Analytics – Using Information in Our Business*

We analyse the information that we collect and hold on you through channels such as social media networks (Facebook, Twitter, YouTube etc.). This helps us understand your behaviour, our relationship with you and also our position in a market place. Our analysis helps us to offer you products and services content we believe will be of interest to you.

### Our Legal Obligations

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

### Your Information and Third Parties

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

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

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

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

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

### Accessing and Managing Your Information

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

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

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

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.

# 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/Controlling Persons\*. ☐

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) and OECD\*\* Common Reporting Standard (CRS) questions.

\*\*Organisation for Economic Cooperation and Development

## STEP 3 Identification requirements:

- In order to comply with legislation to combat money laundering and terrorist financing we will need suitable proof of identity and residential address of the following.
  - Chairperson (or equivalent);
  - Secretary;
  - all persons authorised to sign any transactions on the account of the Unincorporated Entity; and
  - any other Beneficial Owners/Controlling Persons\* 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/Controlling Persons of the Unincorporated Entity provided is correct.
- We will need suitable proof of identity and residential address of the Beneficial Owners/Controlling Persons 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/Controlling Persons are of the Charity (including name, address, occupation and date of birth).

# Opening your AIB Business Account (Cont'd)

## 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 indicate with a ✓ 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)[illegible]**Unincorporated Entity Address\*:**

Address Line 1\*

Address Line 2\*

Address Line 3

[illegible]

Country\*

**Correspondence Address:** (if different to Unincorporated Entity Address)

Address Line 1\*

Address Line 2\*

Address Line 3

County\*

Country\* [illegible][illegible]

|  | Q1 | Q2 | Q3 | Q4 | Q5 | Q6 | Q7 | Q8 | Q9 | Q10 | Q11 | Q12 | Q13 | Q14 | Q15 | Q16 | Q17 | Q18 | Q19 | Q20 | Q21 | Q22 | Q23 | Q24 | Q25 | Q26 | Q27 | Q28 | Q29 | Q30 | Q31 | Q32 | Q33 | Q34 | Q35 | Q36 | Q37 | Q38 | Q39 | Q40 | Q41 | Q42 | Q43 | Q44 | Q45 | Q46 | Q47 | Q48 | Q49 | Q50 | Q51 | Q52 | Q53 | Q54 | Q55 | Q56 | Q57 | Q58 | Q59 | Q60 | Q61 | Q62 | Q63 | Q64 | Q65 | Q66 | Q67 | Q68 | Q69 | Q70 | Q71 | Q72 | Q73 | Q74 | Q75 | Q76 | Q77 | Q78 | Q79 | Q80 | Q81 | Q82 | Q83 | Q84 | Q85 | Q86 | Q87 | Q88 | Q89 | Q90 | Q91 | Q92 | Q93 | Q94 | Q95 | Q96 | Q97 | Q98 | Q99 | Q100 | Q101 | Q102 | Q103 | Q104 | Q105 | Q106 | Q107 | Q108 | Q109 | Q110 | Q111 | Q112 | Q113 | Q114 | Q115 | Q116 | Q117 | Q118 | Q119 | Q120 | Q121 | Q122 | Q123 | Q124 | Q125 | Q126 | Q127 | Q128 | Q129 | Q130 | Q131 | Q132 | Q133 | Q134 | Q135 | Q136 | Q137 | Q138 | Q139 | Q140 | Q141 | Q142 | Q143 | Q144 | Q145 | Q146 | Q147 | Q148 | Q149 | Q150 | Q151 | Q152 | Q153 | Q154 | Q155 | Q156 | Q157 | Q158 | Q159 | Q160 | Q161 | Q162 | Q163 | Q164 | Q165 | Q166 | Q167 | Q168 | Q169 | Q170 | Q171 | Q172 | Q173 | Q174 | Q175 | Q176 | Q177 | Q178 | Q179 | Q180 | Q181 | Q182 | Q183 | Q184 | Q185 | Q186 | Q187 | Q188 | Q189 | Q190 | Q191 | Q192 | Q193 | Q194 | Q195 | Q196 | Q197 | Q198 | Q199 | Q200 | Q201 | Q202 | Q203 | Q204 | Q205 | Q206 | Q207 | Q208 | Q209 | Q210 | Q211 | Q212 | Q213 | Q214 | Q215 | Q216 | Q217 | Q218 | Q219 | Q220 | Q221 | Q222 | Q223 | Q224 | Q225 | Q226 | Q227 | Q228 | Q229 | Q230 | Q231 | Q232 | Q233 | Q234 | Q235 | Q236 | Q237 | Q238 | Q239 | Q240 | Q241 | Q242 | Q243 | Q244 | Q245 | Q246 | Q247 | Q248 | Q249 | Q250 | Q251 | Q252 | Q253 | Q254 | Q255 | Q256 | Q257 | Q258 | Q259 | Q260 | Q261 | Q262 | Q263 | Q264 | Q265 | Q266 | Q267 | Q268 | Q269 | Q270 | Q271 | Q272 | Q273 | Q274 | Q275 | Q276 | Q277 | Q278 | Q279 | Q280 | Q281 | Q282 | Q283 | Q284 | Q285 | Q286 | Q287 | Q288 | Q289 | Q290 | Q291 | Q292 | Q293 | Q294 | Q295 | Q296 | Q297 | Q298 | Q299 | Q300 | Q301 | Q302 | Q303 | Q304 | Q305 | Q306 | Q307 | Q308 | Q309 | Q310 | Q311 | Q312 | Q313 | Q314 | Q315 | Q316 | Q317 | Q318 | Q319 | Q320 | Q321 | Q322 | Q323 | Q324 | Q325 | Q326 | Q327 | Q328 | Q329 | Q330 | Q331 | Q332 | Q333 | Q334 | Q335 | Q336 | Q337 | Q338 | Q339 | Q340 | Q341 | Q342 | Q343 | Q344 | Q345 | Q346 | Q347 | Q348 | Q349 | Q350 | Q351 | Q352 | Q353 | Q354 | Q355 | Q356 | Q357 | Q358 | Q359 | Q360 | Q361 | Q362 | Q363 | Q364 | Q365 | Q366 | Q367 | Q368 | Q369 | Q370 | Q371 | Q372 | Q373 | Q374 | Q375 | Q376 | Q377 | Q378 | Q379 | Q380 | Q381 | Q382 | Q383 | Q384 | Q385 | Q386 | Q387 | Q388 | Q389 | Q390 | Q391 | Q392 | Q393 | Q394 | Q395 | Q396 | Q397 | Q398 | Q399 | Q400 | Q401 | Q402 | Q403 | Q404 | Q405 | Q406 | Q407 | Q408 | Q409 | Q410 | Q411 | Q412 | Q413 | Q414 | Q415 | Q416 | Q417 | Q418 | Q419 | Q420 | Q421 | Q422 | Q423 | Q424 | Q425 | Q426 | Q427 | Q428 | Q429 | Q430 | Q431 | Q432 | Q433 | Q434 | Q435 | Q436 | Q437 | Q438 | Q439 | Q440 | Q441 | Q442 | Q443 | Q444 | Q445 | Q446 | Q447 | Q448 | Q449 | Q450 | Q451 | Q452 | Q453 | Q454 | Q455 | Q456 | Q457 | Q458 | Q459 | Q460 | Q461 | Q462 | Q463 | Q464 | Q465 | Q |
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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\*

[illegible][illegible][illegible]

### Customer Telephone Details

[illegible]

Phone Number\*

### E-mail/ Web Details

[illegible]

Web Address

## ACCOUNT OPENING FORM (CONT'D)

**To be completed if the Unincorporated Entity does not have a Book of Rules/Constitution/Committee structure**

The Purpose(s) / aim(s) of the Unincorporated Entity is:

This Unincorporated Entity is governed as follows (i.e. rules on how decisions are taken):

## PRODUCTS AND SERVICES REQUIRED

*Please use BLOCK CAPITALS and indicate with a ✓ 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

(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 a Bank authorised printer at your own expense)

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\*:

Will your business have a need now or in the future to offer credit/debit card payment options to your customers?

Yes ☐

No ☐

Will your business have a need now or in the future to offer credit/debit card payment options in a 'Card not present' or online environment?

Yes ☐

No ☐

If not already indicated, can you please confirm the retail sector that your business operates in?



## TAX REPORTING

Financial institutions in Ireland are required under legislation which incorporates the US Foreign Account Tax Compliance Act (FATCA) and the OECD \* Common Reporting Standard (CRS) into Irish law to seek answers to certain questions for purposes of identifying those accounts, the details of which are reportable to Irish Revenue for onward transmission to tax authorities in relevant jurisdiction(s).

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. Existing customers of Financial Institutions such as AIB must provide the answers to these specific FATCA and CRS questions otherwise we may be obliged to include the account(s) details in the annual FATCA return and CRS return to Irish Revenue.

Please note that AIB is unable to offer taxation advice. For tax related questions and/or further information please contact your professional tax advisor or Irish Revenue (<http://www.revenue.ie/en/business/aeoi/index.html>). Customers MUST advise AIB if their tax jurisdiction information changes.

\* Organisation for Economic Cooperation and Development

### US FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

#### Please indicate entity type

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

#### 1. Is your organisation a US Person? (if yes please tick one of the options below. If no please go to question 2)

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

#### 2. Is your organisation a Financial Institution? (if yes please tick one of the options below. If no please go to question 3)

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

#### 3. Is your organisation an Exempt Beneficial Owner? (if yes please tick below. If no please go to question 4)

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

| Description             | Tick if applicable       |
|-------------------------|--------------------------|
| Exempt Beneficial Owner | <input type="checkbox"/> |

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

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

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

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

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

Note 3: If the Entity is a Passive NFFE, please complete the certification details of the Beneficial Owners/Controlling Persons (as applicable on pages 10,12 or 14).

Please include GIIN/US TIN where applicable.



## OECD COMMON REPORTING STANDARD (CRS)

### Please indicate entity type

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

Jurisdiction Tax Residence

Tax Reference Number

### 1. Is your business a Financial Institution? (if yes please tick one of the options below. If no please go to question 2)

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

### 2. Is your organisation one of the entities listed below? (if yes please tick below. If no please go to question 3)

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

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

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

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

Note 1: If the Entity is an Investment Entity (1 b) or a Passive NFE (3 b) above, please complete the certification details of the Beneficial Owners/Controlling Persons (as applicable on pages 10,12 or 14).

## DETAILS OF CHAIRPERSON (OR EQUIVALENT), SECRETARY AND ALL SIGNATORIES

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

Beneficial Owners/Controlling Person must also complete questions marked \*\* where the Unincorporated Entity is:

- a Passive NFFE under FATCA (see page 8 and the "Entity Classification Guide"); and/or
- an Investment Entity (as described in 1(b) on page 9) or a Passive NFE under CRS (see page 9 and the "Entity Classification Guide")

### Chairperson (or equivalent)

First Name\*

Surname\*

Home Address\*

Occupation\*

Date of Birth\*:  /  /  (Day/Month/Year)

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

### Secretary

First Name\*

Surname\*

Home Address\*

Occupation\*

Date of Birth\*:  /  /  (Day/Month/Year)

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

### Signatory

First Name\*

Surname\*

Home Address\*

Occupation\*

Date of Birth\*:  /  /  (Day/Month/Year)

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

**DETAILS OF CHAIRPERSON (OR EQUIVALENT), SECRETARY AND ALL SIGNATORIES (CONT'D)****Signatory**

First Name\*

Surname\*

Home Address\*

Occupation\*

Date of Birth\*:

(Day/Month/Year)

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

**Signatory**

First Name\*

Surname\*

Home Address\*

Occupation\*

Date of Birth\*:

(Day/Month/Year)

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

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/CONTROLLING PERSONS OF THE UNINCORPORATED ENTITY

Please provide details of **any other Beneficial Owners/Controlling Persons** that is, any individual who benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.

Beneficial Owners/Controlling Person must also complete questions marked \*\* where the Unincorporated Entity is:

- a Passive NFFE under FATCA (see page 8 and the "Entity Classification Guide"); and/or
- an Investment Entity (as described in 1(b) on page 9) or a Passive NFE under CRS (see page 9 and the "Entity Classification Guide")

Beneficiary Name:   
Home Address:   
Occupation:   
Date of Birth:  /  /  (Day/Month/Year) Percentage Control:  .  %

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

Beneficiary Name:   
Home Address:   
Occupation:   
Date of Birth:  /  /  (Day/Month/Year) Percentage Control:  .  %

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

Beneficiary Name:   
Home Address:   
Occupation:   
Date of Birth:  /  /  (Day/Month/Year) Percentage Control:  .  %

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

**DETAILS OF ANY OTHER BENEFICIAL OWNERS/CONTROLLING PERSONS OF THE UNINCORPORATED ENTITY (CONT'D)**

Beneficiary Name:

Home Address:

Occupation:

Date of Birth:  /  /  (Day/Month/Year) Percentage Control:  %

\*\*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

Tax Reference Number (e.g. Personal Public Service Number (PPSN))

[illegible]



## DETAILS OF BENEFICIAL OWNERS/CONTROLLING PERSONS OF A SHAREHOLDING ENTITY

Please provide details of **any other Beneficial Owners/Controlling Persons** that is, any individual who benefits from or who exercises control over at least 25% or more of the property of the Unincorporated Entity.

Beneficial Owners/Controlling Person must also complete questions marked \*\* where the Unincorporated Entity is:

- a Passive NFFE under FATCA (see page 8 and the "Entity Classification Guide"); and/or
- an Investment Entity (as described in 1(b) on page 9) or a Passive NFE under CRS (see page 9 and the "Entity Classification Guide")

|   |   |   |
|---|---|---|
| Beneficiary Name:   | <input type="text"/>  |   |
| Home Address:   | <input type="text"/>  |   |
| Occupation:   | <input type="text"/>  |   |
| Date of Birth:  | <input type="text"/> / <input type="text"/> / <input type="text"/> (Day/Month/Year) | Percentage Control: <input type="text"/> . <input type="text"/> % |
| **Are you a US Citizen?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                            |   |
| **In what country(ies) are you tax resident?  | <input type="text"/>  |   |
| If you answered yes to the US Citizen question please include the United States as one of the countries below |   |   |
| <input type="text"/>  |   |   |
| Tax Reference Number (e.g. Personal Public Service Number (PPSN))   |   |   |
| <input type="text"/>  |   |   |

|   |   |   |
|---|---|---|
| Beneficiary Name:   | <input type="text"/>  |   |
| Home Address:   | <input type="text"/>  |   |
| Occupation:   | <input type="text"/>  |   |
| Date of Birth:  | <input type="text"/> / <input type="text"/> / <input type="text"/> (Day/Month/Year) | Percentage Control: <input type="text"/> . <input type="text"/> % |
| **Are you a US Citizen?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                            |   |
| **In what country(ies) are you tax resident?  | <input type="text"/>  |   |
| If you answered yes to the US Citizen question please include the United States as one of the countries below |   |   |
| <input type="text"/>  |   |   |
| Tax Reference Number (e.g. Personal Public Service Number (PPSN))   |   |   |
| <input type="text"/>  |   |   |

|   |   |   |
|---|---|---|
| Beneficiary Name:   | <input type="text"/>  |   |
| Home Address:   | <input type="text"/>  |   |
| Occupation:   | <input type="text"/>  |   |
| Date of Birth:  | <input type="text"/> / <input type="text"/> / <input type="text"/> (Day/Month/Year) | Percentage Control: <input type="text"/> . <input type="text"/> % |
| **Are you a US Citizen?   | Yes <input type="checkbox"/> No <input type="checkbox"/>                            |   |
| **In what country(ies) are you tax resident?  | <input type="text"/>  |   |
| If you answered yes to the US Citizen question please include the United States as one of the countries below |   |   |
| <input type="text"/>  |   |   |
| Tax Reference Number (e.g. Personal Public Service Number (PPSN))   |   |   |
| <input type="text"/>  |   |   |

## DETAILS OF BENEFICIAL OWNERS/CONTROLLING PERSONS OF A SHAREHOLDING ENTITY (CONT'D)

|   |  |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
|---|--|---|----------------------|---|----------------------|----------------------|------------------|---------------------|----------------------|---|----------------------|---|---|--|--|--|--|--|--|--|--|----------------------|--|--|--|--|--|--|--|--|--|--|
| Beneficiary Name:   | <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div></div> |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| Home Address:   | <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div></div> |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| Occupation:   | <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div><div style="width: 33%;"><input type="text"/></div></div> |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| Date of Birth:  | <input type="text"/>   | / | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | (Day/Month/Year) | Percentage Control: | <input type="text"/> | . | <input type="text"/> | % |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| **Are you a US Citizen?    Yes <input type="checkbox"/> No <input type="checkbox"/>                           |  |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| **In what country(ies) are you tax resident?  |  |   |                      |   |                      |                      |                  |                     |                      |   |                      |   | <input style="width: 100%;" type="text"/> |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| If you answered yes to the US Citizen question please include the United States as one of the countries below |  |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="text"/>  |  |   |                      |   |                      |                      |                  |                     |                      |   | <input type="text"/> |   |   |  |  |  |  |  |  |  |  | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |
| Tax Reference Number (e.g. Personal Public Service Number (PPSN))   |  |   |                      |   |                      |                      |                  |                     |                      |   |                      |   |   |  |  |  |  |  |  |  |  |                      |  |  |  |  |  |  |  |  |  |  |
| <input type="text"/>  |  |   |                      |   |                      |                      |                  |                     |                      |   | <input type="text"/> |   |   |  |  |  |  |  |  |  |  | <input type="text"/> |  |  |  |  |  |  |  |  |  |  |

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

(signed by Secretary)



# General Unincorporated Entity Mandate

We certify that at a meeting of the Committee of

\*(the "Unincorporated Entity")

held on the  /  /  the following resolutions were passed:

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

## PART I

### 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.

### Certification 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 or Beneficial Owners/Controlling Persons.

## PART II

### OFFICERS: E.G. CHAIRPERSON, SECRETARY

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

## PART III

### DRAWING INSTRUCTIONS

#### Authorised Signatories

(insert an "X" as appropriate)

On the signature(s) of

Any One ☐ Any Two ☐ Both ☐ All ☐ of the following:

or Other ☐ (specify in 'Special Instruction' box below)

### PART III (Cont'd)

#### 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) | Position             | Specimen Signature (Sign within box) |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                 |
| Signatory (BLOCK CAPITALS) | Position             | Specimen Signature (Sign within box) |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                 |
| Signatory (BLOCK CAPITALS) | Position             | Specimen Signature (Sign within box) |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                 |
| Signatory (BLOCK CAPITALS) | Position             | Specimen Signature (Sign within box) |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                 |
| Signatory (BLOCK CAPITALS) | Position             | Specimen Signature (Sign within box) |
| <input type="text"/>       | <input type="text"/> | <input type="text"/>                 |

#### Deposit Guarantee Scheme Information

By signing this declaration, I/We acknowledge that I/We have been provided with, read and accept the Deposit Guarantee Scheme - Depositor Information Sheet

Signed by Chairperson (or equivalent)

Dated the  /  /

Signed by Secretary

Dated the  /  /

#### CERTIFIED A TRUE COPY

Chairperson (or equivalent)

Printed Name: \_\_\_\_\_

Secretary

Printed Name: \_\_\_\_\_

Dated:  /  /

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.

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 indicate with a ✓ 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 tick as appropriate)

Business Category\* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (Refer to InfoBank table)

Business Type\* ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (Refer to InfoBank)

Complex Structure\*: Yes ☐ No ☐ (Please tick 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 tick as appropriate)

Source of Funds

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

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

Sector\* ^

Sector Group\* ^

Sector Sub Group\* ^ (if applicable)

Central Bank Code\* ^

**Non Resident Declaration Held:** Yes ☐ No ☐ (Please tick as appropriate)

(Form 263 (37))

**Exempt from DIRT:** Yes ☐ No ☐ (Please tick as appropriate)

Staff Referral Code

Sub Office/Service Outlet

(^ Refer to Sector Codes on InfoBank)

## BANK USE ONLY (CONT'D)

### Lodgement/Cheque Book Order *(Please tick as appropriate)*

|                                  |   |                                     |                                      |                                     |
|----------------------------------|---|-------------------------------------|--------------------------------------|-------------------------------------|
| Lodgement Book:                  | Yes <input type="checkbox"/>  | No <input type="checkbox"/>         |                                      |                                     |
| Cheque Book:                     | 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"/> |                                     |
| Number of Cheque Books required* | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   |                                     |                                      |                                     |
| Name(s) to be Printed on Book    | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |                                     |                                      |                                     |
| Name(s) to be Printed on Book    | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   |                                     |                                      |                                     |
| Signatory 1 ^^                   | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   |                                     |                                      |                                     |
| Signatory 2 ^^                   | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>   |                                     |                                      |                                     |
| Usage Code:                      | High <input type="checkbox"/>   | Medium <input type="checkbox"/>     | Low <input type="checkbox"/>         | <i>(Please tick as appropriate)</i> |
| Triggerable:                     | Yes <input type="checkbox"/>  | No <input type="checkbox"/>         |                                      |                                     |

### 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 its US TRN (Tax Reference Number)? Yes ☐
- If the Unincorporated Entity is (i) a Registered Deemed Compliant Financial Institution, (ii) a Partner Jurisdiction Financial Institution (inc. Irish FI) or (iii) a Participating Financial Institution under FATCA has the Unincorporated Entity provided its GIIN (Global Intermediary Identification Number)? Yes ☐
- Has the Unincorporated Entity declared its jurisdiction of tax residence? Yes ☐ No ☐
- Has the Unincorporated Entity provided its tax reference number? Yes ☐
- 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 1(b) on page 10) or a Passive NFE under CRS have the additional relevant questions in respect of the Unincorporated Entities Beneficial Owners/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 ☐

Referral to AIBMS completed? Yes ☐ No ☐ Not applicable ☐

### Branch confirmation – Mandatory\*

I confirm that all the mandatory fields have been completed\*.

Branch Staff Name\*:

Staff Number\*:

Signature\*:

Date\*:   /   /   (Day/Month/Year)



# 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")<sup>(1)</sup>

Limit of protection:

€100,000 per depositor per credit institution<sup>(2)</sup>

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<sup>(2)</sup>

If you have a joint account with other person(s):

The limit of €100,000 applies to each depositor separately<sup>(3)</sup>

Reimbursement period in case of credit institution's failure:

20 working days<sup>(4)</sup>

Currency of reimbursement:

Euro

To contact Allied Irish Banks, p.l.c. for enquiries relating to your account:

Allied Irish Banks, p.l.c.  
Bankcentre  
Ballsbridge  
Dublin 4  
  
Tel: 0818 227 060  
[www.aib.ie](http://www.aib.ie)

To contact the DGS for further information on compensation:

Deposit Guarantee Scheme  
Central Bank of Ireland  
PO BOX 11517  
Spencer Dock  
North Wall Quay  
Dublin 1  
  
Tel: 1890-777777  
Email: [info@depositguarantee.ie](mailto:info@depositguarantee.ie)

More information:

[www.depositguarantee.ie](http://www.depositguarantee.ie)

# Deposit Guarantee Scheme

## Depositor Information Sheet



### 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.

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

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

More information can be obtained at [www.depositguarantee.ie](http://www.depositguarantee.ie)

#### (4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, PO Box 11517, Spencer Dock, North Wall Quay, Dublin 1.  
Tel: 1890-777777. Email: [info@depositguarantee.ie](mailto:info@depositguarantee.ie). Website: [www.depositguarantee.ie](http://www.depositguarantee.ie).

It will repay your eligible deposits (up to €100,000) within 20 working days until 31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

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

#### 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.