



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

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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.

Data Protection Notice - Use of Information

How we use your information at AIB

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

Who We Are

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

How We Collect Information about You and Your Consent

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

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

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

How We Keep Your Information Safe

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

What We Use Your Information For

Offering and Managing Your AIB Products and Services

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

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 has been previously provided to AIB and along with your tax status has not changed. This information was required to be collected from 1st July 2014 (see page 9 for more details).
- Common Reporting Standard (CRS) information has been previously provided to AIB and along with your tax status has not changed. This information was required to be collected from 1st January 2016 (see page 10 for more details).

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

1: Business Details

- a) 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"/>
Day Month Year	Day Month Year
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/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).

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.

Tax Reporting

Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for purposes of identifying those accounts the details of which are reportable to Irish Revenue who may exchange these details with other tax authorities in relevant jurisdiction(s) and may include the following in respect of the Chairperson (or Equivalent), Secretary and All Signatories, other Beneficial Owners/Controlling Persons of the Unincorporated Entity (if any), and the Beneficial Owners/Controlling Persons of any relevant Shareholding Entity: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account numbers of each of the accounts held by the Unincorporated 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 www.revenue.ie/en/business/aeoi/index.html. Customers MUST promptly advise AIB if their tax residence, FATCA and/or CRS entity type classification, and/or Beneficial Owners/Controlling Persons change, and of any change which causes any of above listed information relating to the Beneficial Owners/Controlling Persons (i.e. name, address, TIN/TRN etc.) contained in this form to be incorrect.

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 one of the options below. If No, please go to question 2.)

Description	Mark 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 one of the options below. If No, please go to question 3.)

Description	Mark if applicable	Description	Mark 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 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	Mark 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 mark 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	Mark if applicable	Description	Mark 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 11, 14 or 16).

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	<input type="text"/>
Tax Reference Number	<input type="text"/>

1. Is your business a Financial Institution? (if Yes, please one of the options below. If No, please go to question 2.)

Description	Mark 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:	<input type="checkbox"/>
1) Not resident in a Participating Jurisdiction or does not have a branch located in a Participating Jurisdiction; and	
2) Gross income is primarily attributable to investing, reinvesting, or trading in Financial Assets; and	
3) Managed by another Financial Institution as described in 1(a) above.	

2. Is your organisation one of the entities listed below? (if Yes, please below. If No, please go to question 3.)

Description	Mark if applicable
a) Governmental Entity	<input type="checkbox"/>
b) International Organisation	
c) Central Bank	
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.	

3. Is your organisation of the entities listed below? (please mark 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	Mark 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 (1b) or a Passive NFE (3b) above, please complete the certification details of the Beneficial Owners/Controlling Persons (as applicable on pages 11, 14 or 16).

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 9 and the “Entity Classification Guide”); and/or
- an Investment Entity (as described in 1(b) on page 10) or a Passive NFE under CRS (see page 10 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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

Tax Reference Number

Tax Reference Number

Tax Reference Number

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 9 and the "Entity Classification Guide"); and/or
- an Investment Entity (as described in 1(b) on page 10) or a Passive NFE under CRS (see page 10 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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Reference Number	Tax Reference Number	Tax Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Please note: 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.

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

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 9 and the “Entity Classification Guide”); and/or
- an Investment Entity (as described in 1(b) on page 10) or a Passive NFE under CRS (see page 10 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.

Please note: 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.

Tax Reference Number

Tax Reference Number

Tax Reference Number

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.

Please note: 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.

Tax Reference Number

Tax Reference Number

Tax Reference Number

Details of Beneficial Owners/Controlling Persons of a Shareholding 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.

Please note: 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.

Tax Reference Number

Tax Reference Number

Tax Reference Number

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.

Please note: 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.

Tax Reference Number

Tax Reference Number

Tax Reference Number

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 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 (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:	20 working days ⁽⁴⁾
Currency of reimbursement:	Euro
To contact Allied Irish Banks, p.l.c. for enquiries relating to your account:	Allied Irish Banks, p.l.c., Bankcentre, Ballsbridge, Dublin 4 Tel: 0818 227 060 www.aib.ie
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1 Tel: 1890-777777 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie

Additional information

(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 20 working days until

31 December 2018; within 15 working days from 1 January 2019 until 31 December 2020; within 10 working days from 1 January 2021 to 31 December 2023; and within 7 days from 1 January 2024 onwards, save where specific exceptions apply.

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

(5) Temporary high balances

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

- 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.