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# Deposit Account Application Form for Company Accounts

Please complete all relevant sections of this form in BLOCK CAPITALS and return the original to us at:

**Bank of Ireland**

PO Box 246

Christian Road, Douglas

Isle of Man IM99 1XF

British Isles

Please note that failure to complete all relevant sections of this application form may lead to a delay in processing your application. If you require any assistance with the completion of this form, please do not hesitate to contact our Customer Services Team on +44 (0) 1624 644222.

# Section A

## Company Details

Name of Company

Registered Office Address

Country

Correspondence Address (if different from above)

Postal/Zip Code  Country

Please provide a reason for the use of this address:

Phone No.  Fax No.

Trading Names

Date and Country of Incorporation

Official Identification Number

Is the company listed? Yes  No  If yes, please state where the company is listed

Principal Place of Business

Registered Office Address  Correspondence Address  Other Address (please provide details)

Name of Regulator (if applicable)

Please provide company, and if applicable, group ownership and structure. This can be provided as a separate document.

Please provide details regarding your business activities of the Company (continue on separate sheets if necessary).

Please provide details of existing relationships with Bank of Ireland or Group companies.

# Section B

## Persons Connected to the Company

**Please Note:** A minimum of two Directors are required. For Private Companies the Beneficial Owner(s) should complete this section and provide Customer Due Diligence (see Section E). Please photocopy this Section for additional appointments.

### Personal Details – First Person

Please indicate this person's connection to the Company (please tick all that apply):

\*Beneficial Owner  Director  Authorised Signatory  Company Secretary

Director / Company Secretary Date of Appointment

Title (Mr/Mrs/Ms/Miss/Other – please state)  Forename(s)

Surname  Any Former Names

Gender M  F  Date of Birth  Mother's Maiden/Birth Name

Town and Country of Birth  Nationality (country)

Permanent Residential Address

Postal/Zip Code  Country

Time at this address:  Years  Months If less than 12 months, please provide previous address:

Daytime Phone No.  Evening Phone No.  Mobile Phone No.

Fax No.  Email Address

Please refer to Section E for details regarding the Customer Due Diligence requirements which should accompany this application.

### Personal Details – Second Person

Please indicate this person's connection to the Company (please tick all that apply):

Beneficial Owner  Director  Authorised Signatory  Company Secretary

Title (Mr/Mrs/Ms/Miss/Other – please state)  Forename(s)

Surname  Any Former Names

Gender M  F  Date of Birth  Mother's Maiden/Birth Name

Town and Country of Birth  Nationality (country)

Permanent Residential Address

Postal/Zip Code  Country

Time at this address:  Years  Months If less than 12 months, please provide previous address:

Daytime Phone No.  Evening Phone No.  Mobile Phone No.

Fax No.  Email Address

Please refer to Section E for details regarding the Customer Due Diligence requirements which should accompany this application.

**\*Beneficial Owner:** For companies not quoted on a regulated exchange, this refers to any person who owns or controls, directly or indirectly, more than 25% of the shares of voting rights in the Company, or who otherwise has a controlling interest in the Company. If any beneficial owner is a legal person and not an individual, please provide information on a separate sheet.

# Section B

## Persons Connected to the Company

### Personal Details – Third Person

Please indicate this person's connection to the Company (please tick all that apply):

Beneficial Owner  Director  Authorised Signatory  Company Secretary

Title (Mr/Mrs/Ms/Miss/Other – please state)  Forename(s)

Surname  Any Former Names

Gender M  F  Date of Birth  Mother's Maiden/Birth Name

Town and Country of Birth  Nationality (country)

Permanent Residential Address

Postal/Zip Code  Country

Time at this address:  Years  Months If less than 12 months, please provide previous address:

Daytime Phone No.  Evening Phone No.  Mobile Phone No.

Fax No.  Email Address

Please refer to Section E for details regarding the Customer Due Diligence requirements which should accompany this application.

### Personal Details – Fourth Person

Please indicate this person's connection to the Company (please tick all that apply):

Beneficial Owner  Director  Authorised Signatory  Company Secretary

Title (Mr/Mrs/Ms/Miss/Other – please state)  Forename(s)

Surname  Any Former Names

Gender M  F  Date of Birth  Mother's Maiden/Birth Name

Town and Country of Birth  Nationality (country)

Permanent Residential Address

Postal/Zip Code  Country

Time at this address:  Years  Months If less than 12 months, please provide previous address:

Daytime Phone No.  Evening Phone No.  Mobile Phone No.

Fax No.  Email Address

Please refer to Section E for details regarding the Customer Due Diligence requirements which should accompany this application.

# Section C

## Account Information

1. Account should be opened in the name of:

If different from registered company name, please provide reason for use of this account name:

### 2. Choice of Account

For our information please also specify your Choice of Account

Currency: GBP  USD  EUR  Other

Please confirm account type (tick where applicable).

Your options include:

Fixed Deposit Account  Call Account  Other (please specify)

Please confirm the required term for your Fixed Deposit Account (maximum term one year):

One Week Fixed  One Month Fixed  Two Months Fixed   
Three Months Fixed  Six Months Fixed  One Year Fixed

**Please note:** If you wish to have a longer term deposit or consider other options, please contact us on **+44 1624 644222** to obtain details of special products which we may have available from time to time.

### 3. Initial Deposit Details

Currency  Amount

Cheque/Draft  Remitted by TT, Swift, Chaps, BACS etc  Internal A/c transfer

**Please note:** The minimum deposit for all accounts is GBP 5,000 or the foreign currency equivalent. If you are opening an account in a foreign currency and require foreign exchange, please contact us on **+44 1624 644222**.

### 4. Maturity Options (please choose A, B, C, or D)

**A** Automatic reinvestment of Capital and Interest

**B** Automatic reinvestment of Capital and transfer Interest to Bank of Ireland Account Number

**C** Automatic reinvestment of Capital and Pay Out Interest by BACS to bank account (Sterling payments only)

Name of Account holder  Bank

Branch Address

Account Number  Sort Code

**D** Other Instructions / Reference (please specify)

### 5. Account Operation

Expected monthly movements on the account

Value of transactions IN  Number of transactions IN: 0-10  10-20  20+

Value of transactions OUT  Number of transactions OUT: 0-10  10-20  20+

Estimated future average balance: £5k-£20k  £20k-£50k  £50k-£100k  £100k-£500k  £500k-£1m  £1m+

Please indicate which countries you would typically expect to be making payments/transferring funds to:

UK  Europe  North America  Worldwide

If you intend to send regular payments to a country which is not your country of residence, please state which one:

### 6. What is the purpose for which the account is being opened?

### 7. Source of Initial Deposit – please provide full details of where the funds have come from.

# Section D

## Legal Requirements

### 1. Data Protection Notice

Bank of Ireland will use the personal information you have given us (and any such information you give us in the future) for opening and administering your account(s), marketing and profiling, risk assessment, fraud prevention purposes and analysis of your transactional information. Any personal information you provide to Bank of Ireland may be stored as data within our computer system.

In order to provide you with certain services, we will have to disclose your personal information to our third party service providers. In addition, we may have to disclose your personal information to legal advisers, auditors and regulatory bodies (in order to comply with relevant laws).

We may search the files of credit reference agencies who will record the search. We may share information about customer accounts with other lenders and with credit reference agencies. This information is used only to make credit granting decision or occasionally for fraud prevention or tracing account holders.

By signing this application form, you agree with the contents of this Data Protection notice and you consent to Bank of Ireland:

- (i) storing and processing any personal information about you as data stored within our computer system;
- (ii) disclosing your personal information (including personal information held as data) in accordance with the contents of this Notice;
- (iii) transmitting personal information (including personal information held as data) to recipients outside of the Isle of Man in order to provide you with the services you have requested.

Bank of Ireland is subject to the Isle of Man's Data Protection Act 2002. Under this law you have a right, inter alia, to:

- (a) apply for a copy of the personal information that we hold as data in relation to you (for which we may make a small charge); and
- (b) to have any inaccuracies contained in such information corrected.

PLEASE NOTE: IF YOU DO NOT CONSENT TO THE TERMS OF THIS NOTICE, YOU SHOULD NOT PROCEED WITH, OR SIGN THIS APPLICATION FORM.

### 2. Declaration and Mandate

1. We have read and understood the General Terms and Conditions of the Bank as well as the specific Terms and Conditions of the account, which may be amended from time to time, and which we accept and by which we agree to be bound.
2. We have read and understood the Data Protection Notice.
3. We certify the accuracy of the statements given and authorise you to make any enquiries which you may consider necessary for confirmation of these.
4. We understand that you may decline this application without being required to state a reason.
5. We have ensured that any alterations made to this application by us have been duly signed by us.
6. We are authorised to sign on behalf of the company

**Signature 1**

Capacity

**Signature 2**

Capacity

**Signature 3**

Capacity

**Signature 4**

Capacity

Date

# Facsimile Indemnity

Please complete this form if you wish to communicate with us by facsimile. This service is optional.

**To:**

**Bank of Ireland**

We refer to the mandate on all our accounts with you and advise you as follows:

You are hereby requested to act and rely on facsimile instructions which we give or purport to give you for all purposes relating to the above accounts provided that in each and every case the facsimile transmission:

- bears the facsimile signature(s) require by the Mandate that we have given you for the operation of our account, and
- is legible and apparently complete.

In consideration of your agreeing to accede to our request, we agree:

1. to absolve you from all responsibility and release you from all claims and demands you may incur for acting on such facsimile instructions; and
2. to indemnify you at all time hereafter against all claims, demands, action, losses, damages, costs, charges and expenses which you may incur or suffer by reason of your honouring and acting upon such instructions.

GIVEN under the Common Seal this  day of  20

PRESENT under the Common Seal of

Was affixed thereto:

Director Signature

Director / Secretary Signature

**For office use only**

Customer/Account Number

Customer Name(s)

# Section E

## Miscellaneous

### 1. Customer Due Diligence

In common with all other banks, we have a legal obligation to verify the identity and permanent residential address of all new customers. This is part of the worldwide drive to prevent the use of banking systems by criminals to disguise the proceeds of crime. We would ask for your patience while we deal with these formalities.

All of the following persons should supply one item from List A and one item from List B.

- Beneficial Owner(s)
- Two Directors, one of which must be an Executive Director
- Two Signatories (if different from Directors)

For more information regarding these requirements, please consult the “Welcome to International Banking” information booklet.

**Please note:** that certified copies of original documents are acceptable; please do not send us your original passport, government issued identity card or driving licence.

#### List A – Proof of Identity – certified copy of

- Valid passport – include number, signature and photograph.
- Your government issued identity card.
- Valid full driving licence, with photograph and signature.

#### List B – Verification of Permanent Residential Address – original or certified copy of

- Utility bill less than three months old (mobile telephone bills and store card bills are not acceptable).
- Valid full driving licence, with photograph (provided this is not supplied as your List A item).
- Credit card or bank statement, less than three months old.
- Letter from a lawyer confirming house purchase completion.
- Most recent mortgage statement.

### Certification of Documents

The following wording must be used:

*‘I certify this to be a true copy of the original, and that the photograph is a true likeness of [the individual concerned].’*

Please provide contact details for the Professional who has certified your documents:

Name

Name of Professional Body or Profession

Contact phone no. and address

### 2. Checklist

Thank you for completing this application form. In order to facilitate the opening of your account, please check that you have completed all the necessary sections of this form, as well as paid specific attention to the following documentation which is required:

- Original or certified copy of Certificate of Incorporation (which will be photocopied and returned to you)
- A certified list of Directors
- Confirmation of Registered Office
- A copy of the Memorandum and Articles of Association
- Limited Company Mandate (your own, or please complete the template provided below) which includes your signatory list.
- Original or certified Verification of Identity and Address documents as outlined above.
- Supporting documentation for source of funds.

# Section E

## Miscellaneous

### 3. Mandate for a Limited Company

Date  Account Number   
At a meeting of the Board of Directors of:   
Limited (the "Company")   
held at  On  20

#### IT WAS RESOLVED:

1. That the Bank of Ireland be appointed Bankers of the Company and that they be and are hereby requested and authorised to:
- (a) honour and comply with all cheques, drafts, bills, promissory notes, acceptances, negotiable instruments and orders expressed to be drawn, accepted, made or given on behalf of the company at any time or times whether the bank account or accounts of the Company are overdrawn by any payment or in relation thereto or are in credit or otherwise;
  - (b) accept and comply with all agreements, indemnities and counter-indemnities in connection with the issue of letters of credit, drafts, telegraphic transfers, purchase and sale of foreign currencies;
  - (c) act on any deposits or hypothecation of securities and documents of title belonging to the Company and on any request for the withdrawal of the same;
  - (d) act on any instruction relating to the accounts, affairs or transactions of the Company generally, provided they are signed by all or any such combination of signatories as detailed below (please specify which option).
- We hereby certify that the above to be a true copy of the minutes.

**Signed** (Chairman)  **Signed** (Secretary)

2. That the names and specimen signatures of the persons present authorised to sign under this Resolution are detailed below and that the Bankers be advised by letter signed by the Chairman for the time being of all changes that may take place in the same from time to time; that a copy of this Resolution be furnished to the Bankers; and that it remain in force until the receipt by the Bankers of a copy of a Resolution rescinding the same.

<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>
<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>
<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>
<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>
<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>
<b>Name</b> <input type="text"/>	Specimen Signature	<input type="text"/>

All signatories to sign  Any one signatory to sign

A combination of signatures as follows:

Date