

# Deposit Account Application Form for Individual and Joint 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

## Personal Details First Account Holder

**Please note:** For joint account holders each applicant should complete a separate sheet for Section A. Please photocopy this sheet should there be more than four joint account holders.

### 1. First Account Holder

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:

Please provide a Codeword (up to 12 characters) and select a date to be used as an additional security measure on your account.

Codeword  Date   
**Joint Applicants only:** Please state your relationship with the other applicant(s)

### 2. Contact Details

Correspondence Address - if different from residential address.   
  
Postal/Zip Code  Country   
Please provide a reason for the use of this address:   
  
  
Daytime Phone No.  Evening Phone No.  Mobile Phone No.   
Fax No.  Email Address

### 3. Occupation Details

Employed  Self-employed  Receiving a pension  Other (please specify)   
Occupation  Please note: If self-employed, please state nature of business. If retired, please state previous occupation.  
Annual Income (please tick) £0 - £25k  £25k - £50k  £50k - £75k  £75k - £100k  £100k- £250k  250k+   
Employer's Name and Address (or business name and address if self-employed)

### 4. EU Residents Only

If your permanent residence is in a European Union Member State any interest you earn will be subject to the provisions of the European Union Savings Tax Directive. Certain personal information, including that relating to interest income, will be provided to the relevant tax authorities.

**Please provide the following information:**

1 Tax Identification Number:   
Or  
2 Date of Birth  and Town of Birth

# Section A

## Personal Details Second Account Holder

### 1. Second Account Holder

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:

Please provide a Codeword (up to 12 characters) and select a date to be used as an additional security measure on your account.

Codeword  Date   
**Joint Applicants only:** Please state your relationship with the other applicant(s)

### 2. Contact Details

Correspondence Address - if different from residential address.   
  
Postal/Zip Code  Country   
Please provide a reason for the use of this address:   
  
  
Daytime Phone No.  Evening Phone No.  Mobile Phone No.   
Fax No.  Email Address

### 3. Occupation Details

Employed  Self-employed  Receiving a pension  Other (please specify)   
Occupation  Please note: If self-employed, please state nature of business. If retired, please state previous occupation.  
Annual Income (please tick) £0 - £25k  £25k - £50k  £50k - £75k  £75k - £100k  £100k- £250k  250k+   
Employer's Name and Address (or business name and address if self-employed)



# Section A

## Personal Details Fourth Account Holder

### 1. Fourth Account Holder

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:

Please provide a Codeword (up to 12 characters) and select a date to be used as an additional security measure on your account.

Codeword  Date   
**Joint Applicants only:** Please state your relationship with the other applicant(s)

### 2. Contact Details

Correspondence Address - if different from residential address.   
  
Postal/Zip Code  Country   
Please provide a reason for the use of this address:   
  
  
Daytime Phone No.  Evening Phone No.  Mobile Phone No.   
Fax No.  Email Address

### 3. Occupation Details

Employed  Self-employed  Receiving a pension  Other (please specify)   
Occupation  Please note: If self-employed, please state nature of business. If retired, please state previous occupation.  
Annual Income (please tick) £0 - £25k  £25k - £50k  £50k - £75k  £75k - £100k  £100k- £250k  250k+   
Employer's Name and Address (or business name and address if self-employed)

# Section B

## Account Information

### 1. 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.

### 2. 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**.

### 3. 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)

### 4. 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:

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

Generic terms such as 'savings' may not be adequate. If applicable, please provide reasons for banking outside your country of residence.

### 6. Source of Funds and Wealth

Please provide full details of where the funds have come from. For example, maturity of existing investment (name which one), switching investment (name which one), sale of property (when), sales of shares (include details) etc.

Please provide full details of where your wealth originated. For example, savings from earnings (state time period), inheritance (when and from whom), gift (when and from whom), compensation (when and from whom), sale of asset (when and name of asset) etc.

**Please note:** Any source of funds other than salary may require original supporting documentation.

# Section C

## 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 decisions 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.

#### Marketing

We, and other companies within the Bank of Ireland Group, may contact you from time to time by post, telephone, e-mail or any other means (subject to the applicable legislation) with details of products or services which we think may interest you. You may at any time request a cessation or change to the methods by which you receive marketing materials.

Please tick this box if you **do not** wish to receive such marketing information  Please tick this box if you **do not** wish to receive our customer newsletter

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. I/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 I/we accept and by which I/we agree to be bound.
2. I/We have read and understood the Data Protection Notice.
3. I/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. I/We understand that you may decline this application without being required to state a reason.
5. I/We have ensured that any alterations made to this application by me/us have been duly signed by me/us.

**Please Note:** All interest will be paid gross, unless you are a resident of the EU and the Retention Tax Option applies. You may incur a tax liability in your own jurisdiction, which is your sole responsibility and you should seek independent tax advice to clarify your position.

#### A For Sole Accounts Only

I hereby authorise you to open a deposit account in my sole name and at any time to accept future deposits to such account or to subsequently open such further accounts in my name as I may direct, and to operate those accounts on my sole signature:

Signature  Date

#### B For Joint Accounts Only

We hereby authorise you to open a deposit account in our names and:

1. This authority is to remain in force for any sums deposited, both as separate deposits or as additions to an existing deposit, either now or at any time in the future, or for an extension of a maturing deposit, or for any repayment, until receipt by you of notice in writing to the contrary.
2. Any money now or hereafter standing to the credit of any account in our joint names shall be payable to, or the order of, the survivor of us, or the executors or administrators of such survivor.
3. We hereby authorise you to accept instructions concerning any monies in our joint names and interest arising thereon signed by:

(please select one option) All signatories  Any one signatory  Other (please specify)

We further request and authorise you to accept remittances for the credit of any such joint account tendered to you in the name of any one of us.

**Please note:** If this section is not completed or if the instruction is unclear, we will require the signatures of ALL account holders to operate the account.

Signature 1  Signature 2   
Signature 3  Signature 4   
Date

# Facsimile Indemnity

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

**To:**

**Bank of Ireland**

\*I/We,  hereby instruct and authorise you to honour and act upon any instructions received by way of FAX TRANSMISSION purporting to be signed by \*me/us in accordance with \*my/our Bank Mandate with yourselves, in relation to the transfer of funds periodically from \*my/our account with whatever amount may be specified in any such FAX TRANSMISSION and pay the said amounts to the specific payees detailed therein. You will be under no obligation to seek \*my/our confirmation that such instructions are true and accurate and properly given.

AND \*I/WE HEREBY ACKNOWLEDGE AND AGREE that in consideration of your agreeing to act on the instruction aforesaid, all the protections and defences available to the Bank under applicable legislation or other laws shall be available to you in relation to such instructions or other orders and \*I/we expressly waive any rights \*I/we have to bring to any claim or invoke any proceedings in relation to the transfer of funds from \*my/our account pursuant to such FAX TRANSMISSION and \*I/We shall at all times hereafter indemnify you and keep you indemnified against all claims, demands, actions, losses, damages, costs, charges and expenses which you may incur or suffer by reason of your honouring and acting upon such instructions as aforesaid.

This Indemnity shall be governed by and construed in accordance with the laws of the Isle of Man and \*I/we agree to submit to the non exclusive jurisdiction of the courts of the Isle of Man.

\*Delete as appropriate.

Signature	<input type="text"/>	Print name	<input type="text"/>
Signature	<input type="text"/>	Print name	<input type="text"/>
Signature	<input type="text"/>	Print name	<input type="text"/>
Signature	<input type="text"/>	Print name	<input type="text"/>
Date	<input type="text"/>	(dd/mm/yyyy)	

**For office use only**

Customer/Account Number

Customer Name(s)

# Section D

## Miscellaneous

### 1. Marketing

Please help us by letting us know where you found out about this account and/or about Bank of Ireland. (please complete or tick all that apply)

Newspaper/Magazine advert	<input type="checkbox"/>	Which publication?	<input type="text"/>	"Best Buy" Table	<input type="checkbox"/>
Internet	<input type="checkbox"/>	Which site?	<input type="text"/>	Family or Friends	<input type="checkbox"/>
Financial Advisor	<input type="checkbox"/>	Please specify who?	<input type="text"/>	I am an existing customer of Bank of Ireland	<input type="checkbox"/>
Other (please specify)	<input type="text"/>				

### 2. 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 applicants must supply the forms of identification listed below together with the completed application form. Please submit one item from List A and one item from List B. 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	<input type="text"/>	Name of Professional Body or Profession	<input type="text"/>
Contact phone no. and address	<input type="text"/>		

### 3. 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:

- You have received and read the Bank of Ireland (I.O.M) Limited General Terms & Conditions as well as the Specific Terms & Conditions relating to this account.
- You have read, understood and agree to Data Protection Notice.
- You have completed separate Personal Details sheets for each applicant (Section A).
- You have included original or certified Proof of Identity and Address documents for each applicant.
- You have included supporting documentation for source of funds.
- You have chosen a tax option if you are an EU resident.
- You have chosen the number of signatories required to accept instructions (for Joint Account Holders).
- You have read and understood the Declaration and Mandate, and have signed and dated under the Joint Account or Sole Account section as required.

**Please note** that the above documentation is the minimum requirement and additional documentation may be requested in order to further your application.

This document can be made available in Braille,  
large print or audio upon request.