

Unincorporated Organisations Business Account

Application Form
Northern Ireland

Welcome to Bank of Ireland UK

To help us to process your application as quickly as possible, it is important that this form is completed accurately.

A. Complete all relevant sections of this form

Section 1 Your Organisation Details

Section 2 Tax Residency Details

Section 3 Choose Your Ways to Bank

Section 4 Business Account Mandate

Section 5 Current Account Switching Transfer Authority

Section 6 Data Protection – Using Your Information

Section 7 Declaration and Agreement

B. Identifying our Customers

As with all other financial institutions, we are legally required to identify and, where required, verify the identity of our customers (both the business entity and the individuals behind the entity including beneficial owners above a certain threshold and related parties i.e. those individuals who own / manage / operate the bank account). In order to comply with these obligations, before your account is opened we may seek documentation or information from you or an independent source to confirm the identity of the entity and/or the individual(s) specified overleaf. Please ensure that you have the consent of all individual(s) specified overleaf that you may provide us with the information we require in order to verify their identity.

Please ask your Account Manager or your branch for details of those individual(s) for whom we will require documentation to confirm their identity.

Even if you are a long standing customer and wish to open additional Accounts with us, we are required to carry out identity checks where we have not already done so or where we may need to update documentation or information already held by us.

Identity must be verified to the Bank's satisfaction before the account(s) can be opened. The Bank may at its discretion seek further information and or documents to ensure compliance with its legal obligations.

C. Examples of acceptable evidence of identity and address

Identity evidence	Address evidence
Valid Passport (<i>not more than 10 years old</i>) Valid UK Photo Card or Provisional Driving Licence (<i>not more than 10 years old for Full, or 3 years old for Provisional</i>)	Valid UK Photo Card Licence (<i>if not used for identity evidence</i>) Bank/Building Society/Credit Card /Mortgage statement (<i>dated within 6 months</i>) Recent utility bill in your name (<i>not mobile, dated within 6 months</i>)

If you are unable to provide any of the above documentation please contact your Account Manager or branch as other forms of verification may be acceptable.

D. Purpose of Your Account and Expected Account Operation

We are also legally required to understand the purpose and intended nature of your business account with us. We will therefore ask you for relevant information about your business / your account with us including:

- ▶ The purpose of your bank account
- ▶ The source of funds in to the account
- ▶ Expected annual turnover
- ▶ The expected types of transactions through the account (frequency / volume / size for each type)
- ▶ Estimated % of your income that is generated as cash
- ▶ Details of any countries you trade / transact with outside UK and EU / EEA and income generated from those countries

E. Additional Documentation Required

Depending on the set up, purpose and the industry sector of the organisation documentation may vary. Your Account Manager or branch staff will be able to advise you on any additional requirements specific to your organisation.

F. Completing this form

- ▶ It's much easier and quicker for us to read and process your application when the information is typed. For handwritten applications, please use black pen and block capitals.
- ▶ If typing the information, ensure you PRINT a paper copy immediately as you will be unable to save a copy for later.
- ▶ Contact your branch or account manager to make an appointment. They will be there to support you through the process. Remember to bring the application form and all the relevant documentation with you.

G. Our range of Products and Services

We have a number of services that may meet the needs of your business. Some of these are subject to status. Please tick below if you are interested in receiving information regarding any of the following:

- | | | | | | | | | | |
|----------------------------|--------------------------|--------------------------------------|--------------------------|-----------------|--------------------------|---------------|--------------------------|-----------------------|--------------------------|
| Business Current Account | <input type="checkbox"/> | Invoice Discounting / Factoring | <input type="checkbox"/> | CHAPS | <input type="checkbox"/> | Borrowings | <input type="checkbox"/> | BACS | <input type="checkbox"/> |
| Fixed Term Deposit Account | <input type="checkbox"/> | Foreign Exchange / Treasury Services | <input type="checkbox"/> | Deposit Account | <input type="checkbox"/> | Asset Finance | <input type="checkbox"/> | Cross Border Payments | <input type="checkbox"/> |

Section 1: Your Organisation Details

Full Name of Unincorporated Organisation (this will be the account name)² **SOUTHERN HEALTH AND SOCIAL CARE TRUST**

Main Contact Address **FINANCE DEPARTMENT, DAISY HILL HOSPITAL,**
NEWRY Postcode **BT358DR**

Correspondence Address (if different from above)
Postcode

Contact Mobile No.*
*We require a contact mobile number to notify you of important information such as, but not limited to, service changes, outages or suspected fraud on your account. Please ensure this is kept up-to-date.

Contact Telephone No. **028 375 60242** Contact Email Address **Caroline.doyle@southerntrust.hscni.net**

Purpose of Organisation **HEALTH TRUST** Type of Organisation **HEALTH TRUST**

Country of Residence **NORTHERN IRELAND** Resident ☒ Non Resident ☐

Number of Employees **14,000** Expected Annual Turnover **£673 mn.**

VAT Registration No. (if applicable) Date Established **01/04/2007**

Countries in which you trade outside the EU **N/A**

Will you continue to Bank with your existing Bankers? Yes ☒ No ☐

Where is your main Business Account held? / Sort Code: /

Accountants / Auditors Details **N/A**

Firm Contact Name
Address
Telephone No. Postcode
Email Fax No.

By providing your accountant's details above, you are authorising Bank of Ireland UK to provide information about your bank account to them if requested.

Section 2: Tax Residency Details

Covering FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standard) requirements.

Please answer all questions unless instructed otherwise on the form.

1 Is the Unincorporated Organisation actively trading as its main business? Yes ☒ No ☐
An Actively trading company is generally a company carrying out a business activity such as a trade or profession, or a company actively buying and selling goods with a view to making a profit. Do not answer "Yes" if 50% or more of your gross income is passive income (i.e. dividends, interest, royalties, annuities and rent), and if 50% or more of your assets are held for the production of passive income.
If "Yes" please proceed to Question 2. If "No" we will be required to contact you for further information.

2 Is the Unincorporated Organisation a Financial Institution? Yes ☐ No ☒
The term 'Financial Institution' refers to any entity that:
(a) Accepts deposits in the ordinary course of a banking or similar business; or
(b) Holds, as a substantial portion of its business, financial assets for the account of others; or
(c) Is an investment entity; or
(d) Is an insurance company (or a holding company of an insurance company), that issues, or is obligated to make payments with respect to, a cash value insurance or annuity contract.
If "Yes" we will be required to contact you for further information.

3a Is the Unincorporated Organisation resident for tax purposes in the U.S.? Yes ☐ No ☒
If "Yes" you must complete 3(b). If "No", please proceed to Question 3(c)

3b Is the Unincorporated Organisation a U.S. Person? Yes ☐ No ☐
The term 'US Person' refers to (1) a partnership created or organised in the United States or under the law of the United States or of any state, or the District of Columbia (2) a corporation created or organised in the United States or under the law of the United States or of any state, or the District of Columbia (3) any estate or trust other than a foreign estate or foreign trust.
If "Yes", please provide your U.S. Tax Identification Number (TIN):

3c Is the Unincorporated Organisation tax resident in any country/territory other than the UK or the U.S.? Yes ☐ No ☒
If "Yes", please list below all countries/territories in which the Unincorporated Organisation is tax resident, and provide the corresponding Tax Identification Number (TIN), or equivalent for each country/territory.

Country/Territory	Tax Identification Number (or Equivalent)

If the Unincorporated Organisation is tax resident in more than two jurisdictions, please continue on a separate sheet.

Section 3: Choose Your Ways to Bank

Bank of Ireland UK has a range of payment services designed to meet the needs of your business. **A business current account is required to service online banking channels and business cards unless specified below.**

ONLINE BANKING

We offer a choice of digital banking channels — get 24/7 account access, save time and reduce transaction fees.

365 Digital & Phone Banking is most suitable for small businesses with simplistic online banking needs, making daily payments totalling less than £20,000*. It offers single person access to online banking via a web browser, mobile or tablet app, and telephone banking. *£10,000 if the payee has been authenticated via SMS.

Business On Line is most suitable for businesses with more comprehensive online banking requirements. Set-up multiple users with online access, opt for dual authentication of payments, view currency accounts and make bulk salary or supplier payments.

I want to register for 365 Digital & Phone Banking ☐

You can only nominate **one of the authorised account signatories** detailed in Section 4 for 365 Digital & Phone Banking access. If you are the sole authorised account signatory you are not required to complete this section — once your account is open, call 03456 006 552 to get set up.

Name of Nominated User

Nominated User Signature

Date

Nominated User Mobile No.

Nominated User Email

I want to register for Business On Line ☐

You will need to complete a separate application form. Please ask your branch or account manager for a copy, or download from our website.

SHSCT IS ALREADY REGISTERED FOR BUSINESS ON LINE

BUSINESS CARDS

Our cards give you better control over your spending and the flexibility to pay online, in person or over the phone.

I want to register for Business Visa Debit Card(s) ☐

If you require more than 3 cardholders, please continue on a separate sheet. Business Visa Debit Cardholders are not required to be listed as Authorised Signatories on the account.

Name

Cardholder 1

Mobile No**

Email Address

Signature

In consideration of you issuing me this card, I agree to the Terms and Conditions which apply.

DOB

Name

Cardholder 2

Mobile No**

Email Address

Signature

In consideration of you issuing me this card, I agree to the Terms and Conditions which apply.

DOB

Name

Cardholder 3

Mobile No**

Email Address

Signature

In consideration of you issuing me this card, I agree to the Terms and Conditions which apply.

DOB

**We will in some cases use this mobile number to confirm online purchases made via your Debit Card.

I am interested in Commercial Credit Card(s) ☐

You will need to complete a separate application form. Please ask your branch or account manager for a copy.

I want to register for Business Quick Lodge Card(s) ☐

OTHER SERVICES

Please indicate below if you require any of the following:

Standard Cheque Book

Yes

No

Cheques per book

50

200

Lodgement Book

Yes

No

Name to appear on Cheque Book***

***This must always show your Unincorporated Organisation's Name in Section 1.

Bank Statements

Please select a Statement Date

☐ ☐

For business current accounts, you will receive a paper statement each month, however you can choose to go paperless after registering for 365 Digital & Phone Banking. For information on statements for other products please refer to a Guide to Banking for Business Customers Northern Ireland.

Foreign Exchange Do you wish to talk with us about Foreign Exchange Services?

Yes

No

Card Payments Does your business have a requirement to accept card payments?

Yes****

No

**** By ticking the box above you are consenting to and authorising Bank of Ireland UK to give your personal information to our chosen merchant services provider so that they may contact you to advise you about their products and services.

Section 4: Business Account Mandate

For bank use only

Email a scan of this section to Signature Verification with the details below:

Account Number(s): _____ Sort Code: _____

Please pass the Resolution set out below. Having done so, please provide the information requested.

Before signing please ensure you have fully read and understood the authority you have given to the Bank in this Mandate.

To Bank of Ireland (UK) plc (the "Bank")

Full Name of Unincorporated Organisation **SOUTHERN HEALTH AND SOCIAL CARE TRUST**

The Account Holder name above shall be bound by, and requires the Bank to act on, the instructions contained in the Resolution below which I certify to be a true copy of the original Resolution duly passed at a meeting of the Board of Directors / ~~Committee / Council / Members~~ of the said Account Holder on the **12** day of **JUNE** (month) **2019** (year).

To be completed by the Chairperson/~~Secretary~~

Signatory Name **ROBERTA BROWNLEE**

Signature

Date **12/06/2019**

Resolved that:

1.) The following Authorised Signatory / Signatories ~~is~~ are required to transact and give instructions.

☐ Any one of the Signatories

☐ All of the Signatories

☐ Any two of the Signatories

☒ Non Standard signing arrangements (see specific instructions attached) **SEE APPENDIX 1.**

2) For the purposes of this Resolution, the term "Account Holder" shall mean the Unincorporated Organisation named as the Account Holder in the Mandate set out above.

3) The Bank is hereby requested to open and / or continue one or more accounts, in the name of the Account Holder, at any branch(es) or department of the Bank.

4) The Bank is hereby authorised to honour and negotiate all cheques and other negotiable instruments drawn, made, endorsed or accepted on behalf of the Account Holder and to act on all instructions relating to the accounts affairs or transactions of the Account Holder, notwithstanding that such action may lead to borrowing or cause any of the accounts to be overdrawn or any overdraft to be increased provided that they are signed on behalf of the Account Holder in accordance with the Mandate set out above.

5) The Bank be supplied with a list of the officials authorised to sign in accordance with the Mandate set out above, together with their specimen signatures and the Bank be given notice in writing, signed by the then Chairperson / Secretary (as the case may be) and any one of the Authorised Signatories (set out overleaf), of any change which may occur from time to time in the list of Authorised Signatories and of any changes which may occur from time to time in the Membership / Governance of the Account Holder. **SEE APPENDIX 1 & 2.**

6) The Bank is hereby requested to grant accommodation from time to time by way of overdraft, loan or otherwise for the purposes of the Account Holder, on such terms and conditions as are then current or may be stipulated by the Bank from time to time.

7) The Bank is authorised to act on any instruction to countermand or revoke any cheque, draft or order to pay before it is effected provided that the same is signed on behalf of the Account Holder in accordance with the Mandate set out above.

8) The Bank is hereby authorised in respect of any information and / or

copy documents supplied to the Bank to enable the Bank to comply with its obligations to establish the identity of the Account Holder in accordance with the UK money laundering legislation, at any time, to disclose to, transfer to, or send copies thereof to any branch, any other member of the Bank of Ireland Group or persons so authorised under UK legislation who may at any time provide or be requested to provide any services to the Account Holder.

9) Any information and / or copy documents which have been supplied to any member of the Bank of Ireland Group or any branch of the Bank to enable it to comply with its obligations to establish the identity of the Account Holder in accordance with the UK money laundering legislation may at any time be disclosed or transferred to, or copies thereof sent by such member or branch to the Bank or another branch of the Bank so as to enable the Bank to comply with its obligations under UK legislation. For the benefit of any such member of the Bank of Ireland Group, the Account Holder confirms that such member may act on this authorisation as if it were specifically addressed to such member.

10) The Bank is hereby authorised in respect of any information supplied to the Bank relating to the identity of the Account Holder or in any connection with any matter arising from any application made to the Bank to make all and any enquiries the Bank considers appropriate or disclose any information contained in this form or any such application to, any third party providing a credit reference service and the Account Holder confirms that the Bank may disclose information relating to any account (if opened) and its operation to any credit reference agency.

11) This Resolution shall be communicated to the Bank and shall remain in full force until an amending Resolution shall be passed by the Board of Directors / Committee / Council / Members of the Account Holder and a copy thereof certified by the Chairperson of the meeting shall be communicated to the Bank.

Complete Section 4a and / or 4b as applicable

Section 4a: Non-Personal Officers / Committee Members

(companies and other non-personal entities)

Please complete this page in BLOCK CAPITALS

N/A

Name of Officer / Committee Member	<input type="text"/>		
Full Name(s) of Nominated Individual(s)* (incl. middle names)	<input type="text"/>		
Registered Office Address	<input type="text"/>		Postcode <input type="text"/>
Correspondence Address (if different from Registered Office Address)	<input type="text"/>		Postcode <input type="text"/>
Country of Residence	<input type="text"/>	Position in Organisation	<input type="text"/>
Registration number (if applicable)	<input type="text"/>	Tel/Mobile No.	<input type="text"/>

Name of Officer / Committee Member	<input type="text"/>		
Full Name(s) of Nominated Individual(s)* (incl. middle names)	<input type="text"/>		
Correspondence Address	<input type="text"/>		Postcode <input type="text"/>
Registered Office Address (if different from Correspondence Address)	<input type="text"/>		Postcode <input type="text"/>
Country of Residence	<input type="text"/>	Position in Organisation	<input type="text"/>
Registration number (if applicable)	<input type="text"/>	Tel/Mobile No.	<input type="text"/>

*Complete personal details in Section 4b

Section 4b: Personal Officers / Committee Members

- to be completed by all personal Officers / Committee Members and Nominated Individuals acting on behalf of non-personal Officers / Committee Members (as detailed in section 4a)



We take your privacy seriously and we want you to be clear about how your personal information is used. Please read our Privacy Notice which explains, for example, your personal information rights, the types of personal information collected, how it is used, and who it is shared with. In addition, each Officer / Committee Member / Signatory must read Section 6 'Data Protection—Using Your Information' and Section 7 'Declaration and Agreement'. Each Officer / Committee Member / Signatory also consents to their identity being electronically verified where required. Please see Section B on Page 2 'Identifying our Customers'. By providing the information requested on this Mandate you accept and agree to be bound by those terms.

Please complete in BLOCK CAPITALS

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>									
Residential Address	<input type="text"/>											
	<input type="text"/>					Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Country of Residence	<input type="text"/>					Resident	<input type="checkbox"/> Non Resident <input type="checkbox"/>					
Date of birth	<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"/>	Position in organisation	<input type="text"/>					
Gender	<input type="text"/>	Occupation	<input type="text"/>				Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Tel/Mobile No.	<input type="text"/>											
Signature	<input type="text"/>						Date	<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"/>

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>									
Residential Address	<input type="text"/>											
	<input type="text"/>					Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Country of Residence	<input type="text"/>					Resident	<input type="checkbox"/> Non Resident <input type="checkbox"/>					
Date of birth	<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"/>	Position in organisation	<input type="text"/>					
Gender	<input type="text"/>	Occupation	<input type="text"/>				Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Tel/Mobile No.	<input type="text"/>											
Signature	<input type="text"/>						Date	<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"/>

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>									
Residential Address	<input type="text"/>											
	<input type="text"/>					Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Country of Residence	<input type="text"/>					Resident	<input type="checkbox"/> Non Resident <input type="checkbox"/>					
Date of birth	<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"/>	Position in organisation	<input type="text"/>					
Gender	<input type="text"/>	Occupation	<input type="text"/>				Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Tel/Mobile No.	<input type="text"/>											
Signature	<input type="text"/>						Date	<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"/>

- to be completed by all personal Officers/Committee Members and Nominated Individuals acting on behalf of non-personal Officers/Committee Members (as detailed in section 4a)

- to be completed by all personal Officers/Committee Members and Nominated Individuals acting on behalf of non-personal Officers/Committee Members (as detailed in section 4a)



Section 7 'Declaration and Agreement', Each Officer / Committee Member / Signatory must read and understand the terms of the Mandate and verify where required. Please see Section B on Page 2 'Identifying our Customers'. By providing the information requested on this Mandate you accept and agree to be bound by those terms.

Please complete in BLOCK CAPITALS

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>				
Residential Address	<input type="text"/>						
	<input type="text"/>					Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country of Residence	<input type="text"/>					Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	
Date of birth	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Position in organisation <input type="text"/>	
Gender	<input type="text"/>	Occupation	<input type="text"/>				
						Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tel/Mobile No.	<input type="text"/>						
Signature	<input type="text"/>					Date <input type="text"/> <input type="text"/>	
						/	
						<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>
Residential Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Residence	<input type="text"/>	Resident	<input type="checkbox"/> Non Resident <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Position in organisation	<input type="text"/>
Gender	<input type="text"/>	Occupation	<input type="text"/>
		Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tel/Mobile No.	<input type="text"/>		
Signature	<input type="text"/>		Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Title	<input type="text"/>	Full Name (incl. any middle names)	<input type="text"/>
Residential Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Residence	<input type="text"/>	Resident	<input type="checkbox"/> Non Resident <input type="checkbox"/>
Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Position in organisation	<input type="text"/>
Gender	<input type="text"/>	Occupation	<input type="text"/>
		Are you an Authorised Signatory? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tel/Mobile No.	<input type="text"/>		
Signature	<input type="text"/>		
	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Section 5: Current Account Switching Transfer Authority - N/A

Depending on your needs and preferences you may qualify for the Current Account Switch Services (CASS). Alternatively, the Bank of Ireland UK Switch Service will apply. Please see our Current Account Switch Service Information Pack for full details.

Do you wish to close your existing Current Account?

Yes ☐

No ☐

Do you meet the following CASS eligibility?

- i) a business with an annual turnover that does not exceed £6.5 million and employs fewer than 50 people
- ii) a small charity with an annual income of less than £6.5 million
- iii) a small trust with a net asset value of less than £6.5 million

Yes ☐

No ☐

Complete Section (A)
Current Account Switch Service (CASS)

Complete Section (B)
Bank of Ireland UK Switch Service

Section (A) Current Account Switch Service (CASS)

Do you have any security attached to your existing account?

Yes* ☐ No ☐

*If yes, please contact your current bank to ensure this does not delay your switch.

I/we agree and confirm that:

- ▶ I/we give consent for Bank of Ireland UK to switch my/our Old Account(s), which is a qualifying sterling current account, to my/our New Account through the Current Account Switch Service.
- ▶ I/we have satisfied myself/ourselves that my/our New Account meets my/our needs and delivers the services I/we require even although the protections, features and benefits may not be the same as my/our Old Account.
- ▶ I/we am/are aware that the switch process begins 6 working days before the Switch Date.
- ▶ I/we hereby instruct Bank of Ireland UK to close my/our Old Account in accordance with the Account Closure Instruction. This cannot be reversed or cancelled any later than the close of business 7 working days before the Switch Date.
- ▶ I/we give my/our consent to the redirection of all payments to and from my/our Old Account to be made to and from my/our New Account for 3 years after the Switch Date, or longer in accordance with clause 1.14 of the Current Account Switch Agreement.
- ▶ I/we have familiarised myself/ourselves with the Current Account Switch Data Privacy Notice as found within the Current Account Switching Services booklet, which explains what Bank of Ireland UK and my/our Old Bank will use my/our information for.
- ▶ I/we have received, read and agree to be bound by this consent, the Current Account Switch Agreement and the Account Closure Instruction as found in the Current Account Switching Services booklet.

Section (B) Bank of Ireland UK Switch Service

Select ONE option

☐ **Leave my existing account open** - Instruct my/our old bank to cancel from my/our old account any direct debits, standing orders and future date payments which I/we have requested to be transferred to my/our Bank of Ireland UK account and **leave my/our existing old bank account open**.

☐ **Close my existing account(to be selected if you are ineligible for CASS)**
Instruct my/our old bank to cancel all direct debits, standing orders and future date payments from my/our old bank account; **close my/our old bank account and transfer any credit balance** to my/our new Bank of Ireland UK account detailed below on the preferred Switch Date. I am/we are aware that I/we must clear any overdraft before the account can be closed. I/We can confirm I/we will destroy any card(s) and/or cheque books on the account by the date below

Select EITHER 'Bank to Action' or Customer 'Self-Management' for each of A – C.

A. Direct Debit Mandates and Payments Set Up (select ONE option)

☐ **Bank to Action** - Set up ALL direct debit mandates, standing orders, future date payments and online beneficiaries on my/our new Bank of Ireland UK account as per my/our old bank account

☐ **Self-Management** - I/ We want to choose what is to be set up on my / our new account after Bank Of Ireland UK send me / us the information received from my/our old bank. I / We are aware that the switching process will pause until I/ we confirm this with Bank of Ireland UK

B. Direct Debits Originators (select ONE option)

☐ **Bank to Action** - Provide my/our new account details to each party I/ we pay by direct debit

☐ **Self-Management** - Send me / us letters so that I/ we can forward my / our new account details to any originators by myself / ourselves

C. Incoming Credit Payments (please choose ONE option)

☐ **Bank to Action** - Provide my / our new account details to parties making payments in to my / our account as per enclosed 'Request to redirect credit payments to new account' form(s)

☐ **Self-Management** Send me / us letters so that I / We can forward my / our new account details to any parties by myself / ourselves

I/we agree and confirm that:

- ▶ Where you have selected 'Bank to Action' you authorise Bank of Ireland UK to contact your old bank to request full details of all direct debits, standing orders, online beneficiaries, future-dated payments, and any recurring credit and/or debit payments from the bank account set out overleaf.
- ▶ I/we have received, read and understood the relevant information pack regarding Bank of Ireland UK Switch service and confirm my/our agreement.

Section 5 (cont): Current Account Switching Transfer Authority

Signatories (Please sign the below authority in accordance with the terms of the mandate held with your current bank)

I/we are using Current Account Switch Service (CASS) ☐ I/ We are using Bank of Ireland UK Switch Service ☐

I/we have received, read and understood the relevant section within the Current Account Switching Services information pack and confirm my/our agreement. N/A

Customer Signature Date / /

Customer Signature Date / /

Customer Signature Date / /

By completing this authority, you give us your permission to approach your previous bank / branch and give them permission to act on our request.

To the Manager

Previous Bank Branch N/A

We are transferring our account(s) to Bank of Ireland UK. Would you please act on the signed authority above. Please complete details of account(s) to be transferred

Name of Unincorporated Organisation
(as per bank statement)

Address of Unincorporated Organisation
(as per bank statement) Postcode

Please note if the details completed are not identical to the details held by your old Bank the switch will automatically be rejected.

Current Account Details (N.B. Please do NOT include Deposit Accounts)

Please complete details of all Current Accounts you wish to switch

National Sort Code Old Bank Sort Code New Bank of Ireland UK Sort Code N/A

Account Name Old Bank Account Number New Bank of Ireland UK Account Number

Account Name Old Bank Account Number New Bank of Ireland UK Account Number

Account Name Old Bank Account Number New Bank of Ireland UK Account Number

Do you currently have a debit card on your existing Business Current Account? Yes ☐ No ☐

Name on card

Please insert the last 5 digits of the Primary Account Number (16 digit long number) on your existing business debit card(s):

Please provide us with a mobile number for updates on your switch:

For internal use only

NB. Please ensure that the preferred switch date is in line with the timescales below for CASS and BOI UK SS, doesn't fall on a weekend/public holiday, and will not have already passed by the time the application is passed to the Account Switching Unit.

What is the preferred switch date? / /

a) CASS Switch - The earliest switch date should be **15 working days** from the date this application is submitted to the Bank.

Does the Current Account Switch Service Guarantee apply? Yes ☐ No ☐

If using CASS and there is security attached to the old account please confirm that the customer has been advised to contact their old bank

Yes ☐ Not Applicable ☐

b) BOI UK Switching Service Switch - The earliest switch date should be **17 working days** from the date this application is submitted to the Bank.

Contact Name at Bank of Ireland UK Role

Bank of Ireland UK Branch Address Postcode

Section 6: Data Protection - Using Your Information

Credit Reference Agencies

In order to process your application we will supply your personal information to credit reference agencies (CRAs) and they will give us information about you, such as about your financial history. We do this to assess creditworthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent criminal activity.

We will also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts and any debts not fully repaid on time. CRAs will share your information with other organisations. Your data will also be linked to the data of your spouse, any joint applicants or other financial associates. The identities of the CRAs, and the ways in which they use and share personal information, are explained in more detail in our Privacy Notice available on bankofirelanduk.com/privacynotice.

Fraud Prevention Agencies

The personal information we have collected from you will be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in our Privacy Notice available on bankofirelanduk.com/privacynotice.

Section 7: Declaration and Agreement

By signing the Mandate in Section 4, we declare that all the information in this application form has been completed to the best of our knowledge and belief and we will notify Bank of Ireland UK promptly of any changes.

We have received a Guide to Banking for Business Customers Northern Ireland, which includes the Deposit Guarantee Scheme - Information Sheet, and agree to be bound by the Terms and Conditions for the operation of our accounts.

Where making an application for 365 Digital and Phone Banking:

By signing the Mandate in Section 4, we authorise the Nominated User named in Section 3 to be the sole user of 365 Digital & Phone Banking, in respect of the main account and any accounts linked to this, in accordance with the Business Account Mandate. We have received and agree to the 365 Digital & Phone Banking Terms and Conditions.

Where making an application for Business Visa Debit Card(s):

By signing the Mandate in Section 4, we authorise the issue of card(s) to the individual(s) named. We also confirm that we have received and agree to be bound by the Business Visa Debit Card Terms and Conditions and acknowledge our responsibility to provide the cardholder(s) with these Terms and Conditions. We accept and agree to be liable for all card transactions and acknowledge that Cardholder(s) are being provided with the full card functionality including access to account balances, statements, ATM withdrawals and online purchases.

We understand the fees and charges associated with the services we apply for are listed within the 'Schedule of Charges for Business Customers Northern Ireland' available on the Bank's website and from our account/ branch manager.

For bank use only:

Have you given the customer the following?

Mandatory	If applicable
A Guide to Banking for Business Customers	Current Account Switching Services Pack
Schedule of Charges for Business Customers Northern Ireland	Terms & Conditions for Foreign Exchange (FX)
Statement of Lender and Borrower responsibilities for Business Customers	
Rates and Product Guide	
Privacy Notice	

365 Digital and Phone Banking:

- ☐ Check that the 365 Nominated User is an Account Signatory.
- ☐ Ensure the customer is eligible for 365 - i.e. not a trust, insolvency practitioner / liquidator, receivership, executor, or solicitor opening a client account.
- ☐ Once checks complete, add priority note to Loan Review with the name of the Nominated User.
- ☐ 365 Digital and Phone Banking Terms and Conditions email template completed.

Business Visa Debit Card:

- ☐ Ensure customer has been given the Business Visa Debit Card Terms and Conditions and the Business Visa Debit Card Guide.
- ☐ Complete Business Visa Debit Card contact detail capture form for each card.

Name of Authorised Official

Authorised Signature No.

Signature of Authorised Official

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

Please ask a member of staff for details.

Bank of Ireland UK
1 Donegall Square South
Belfast, BT1 5LR
028 9043 3000
www.bankofirelanduk.com/business