

# Business On Line Application Pack for Limited Companies

**NI / GB customers** 





## **1. Resolution**

BANK USE ONLY	Does the company have only 1 Director and no secretary? Yes No	Branch Brand
Account Manager Name (Block Capitals): Phone Number: Application Verified Signed (Authorised Official): Date: Signature No. D D - M - Y Y Y Y	Section 1 of the legal agreement signed in accordance with the latest account mandate? Confirm that account numbers supplied in Section 3 relate to the legal entity named in the agreement	
At a meeting of the Board of Directors of	comprising the following:	
<ul> <li>to be entered into by the Company in relation to certain electronic b the Bank through the Internet or such other communications netwo with the Services or any of them.</li> <li>The Directors of the Company having considered the Agreement, rest</li> <li>The Company be and is hereby authorised to use the Services be and under which the Company can at any time and from time to information or services capable of being accessed as a result of a accounts or financial information or other information or service their absolute discretion prescribe) and in addition under which wheresoever held, where so authorised by an Administrator, as p</li> <li>The persons specified below;</li> </ul>	rks as may be authorised by the Bank from time to solved that: eing provided by the Bank and which will be access time have access to its accounts, financial informa the Company using the Services (or such lesser rig as as the case may be, as an Administrator may from the Company can make transfers from or credits t	time in connection and by the Company tion or other hts of access to m time to time in
<ul> <li>Please complete in BLOCK CAPITALS:</li> <li>Director of the Company are hereby authorised to execute the Application in connection with 3. A maximum of two persons can be appointed as Administrators as defined in the Conditions of Use).</li> <li>Please complete in BLOCK CAPITALS:</li> </ul>	the access and use by the Company of the Services th for the Company (herein together referred to as th	ne "Administrator"
<ul> <li>Administrator 1</li> <li>An Administrator is authorised: <ul> <li>a. to confirm in writing to the Bank the identity of the Originatir respect of which the Services or any of them will be provided of the Nominated Account (as defined in the Conditions of U</li> <li>b. to advise the Bank in writing from time to time of any change accessed through the Services; and</li> <li>c. to perform the other functions identified in the Agreement, a</li> </ul> </li> <li>5. Any changes to the identity of an Administrator shall be notified</li> </ul>	d as of the date of execution of the Agreement, tog lse); es to, deletion or addition of Originating Accounts of as same may be amended or varied from time to ti	f the Company in ether with the identity of the Company me.
I certify that the above is a true copy of the original Resolution duly p Directors of	passed by the Board of in accordance with its Articles of	
Association at a meeting held on the DD day of	in the year YYYYY	

(Signature)

Director/Secretary <sup>2</sup>	

Available at www.bankofirelanduk.com/business or in paper format from your branch or account manager.
 If a sole director/no company secretary, the authority of the sole director is sufficient but must be witnessed by the customer's solicitor, accountant or by a Bank official.

# 2. Application & Indemnity

The Company wishes to access the Services hereinafter more particularly identified and in connection with the use of the Services the Company is issuing to Bank of Ireland (UK) plc (the "Bank") this Application.

By execution of this Application the Company:

- indemnifies and agrees to keep indemnified the Bank against all claims, demands, liabilities, losses, costs (including legal fees on a full indemnity basis), actions, proceedings, charges and expenses whatsoever and howsoever arising which the Bank may incur or suffer by reason of providing the Services to the Company and including but not limited to:
  - i. the Bank acting on any instructions received through the Services;
  - ii. any breach by the Company of this Application or of the Agreement, or the Conditions of Use;
  - iii. any errors contained in any instructions submitted by the Company;
  - iv. any unauthorised borrowings arising by reason of the operation of the Services by the Company;

and authorises the Bank to debit any account(s) in the name of the Company with any sums payable by the Company under this indemnity, provided always, however, that the Company shall not incur any liability for any such claims, demands, liabilities, losses, costs, actions, charges and expenses as are referred to in this paragraph where they arise out of any fraud or negligence duly proved on the part of the Bank or its employees. For the avoidance of doubt this indemnification shall also apply to any further electronic banking services provided by the Bank to the Company, which the Company applies for (by application of the Administrator or otherwise) subsequent to the date of this Application and Indemnity (including but not limited to the provision of Electronic Funds Transmission Services).

- b. hereby confirms to and for the benefit of the Bank that an Administrator may, (notwithstanding the terms of any mandates already provided by the Company to the Bank in respect of the operation of its accounts) at any time and from time to time by letter in writing to the Bank, amend the provisions of any mandate given by the Company to the Bank in respect of any Originating Account:
  - i. by the deletion of certain account(s);
  - ii. by the addition of certain account(s); or
  - iii. by the addition and deletion of certain account(s).
- c. acknowledges that the Bank may admit, compromise or reject any claims made upon the Bank in connection with the use of the Services without reference to or authority from the Company.
- d. acknowledges and agrees that if the Company has an expressly agreed overdraft facility, that the Services shall be operated at all times within such facility. The Company further acknowledges and agrees that any implied limit (if any) on any account of the Company will not under any circumstances be recognised or taken into account in connection with the operation of the Services.

The Company has received and read a copy of the Guide to Banking for Business Customers Northern Ireland or Great Britain (depending on jurisdication) and agrees to be bound by the terms and conditions therein. The Company has read and agrees to be bound by this Application and all of its terms and the Conditions of Use, all of which as may be amended from time at the Bank's discretion. The Company acknowledges that the Bank shall not accept any amendments, variations, replacements or substitutions to this Application and Indemnity or the Conditions of Use required by the Company. Words and phrases not specifically defined in this Application shall have the same meaning as in the Conditions of Use when used in this Application.

This Application and Indemnity dated the D D day of in the year Y Y Y

#### To be completed by the persons specified in point 2 of the Board Resolution (previous page)

Director	(Signature) (Block Capitals)
	(DIOCK Capitals)
Director/Secretary	 (Signature)
	(Block Capitals)
Director	 (Signature)
	(Block Capitals)
for and on behalf of	(Company Name)

## 3. Account details

#### To be completed by an Administrator

All fields, with the exception of fax number are mandatory:

Company Name	
Address	
Company Email Address*	
Telephone	Fax
Bank Contact Name/Relationship Manag	er
Principal Branch Name	
Principal Branch NSC	

Main contact - please specify the mobile number of one of the Administrators below				
Mobile Phone Country Prefix (please tick appropriate)				
+353 +44 +1 other				
Administrators Mobile Phone Number				
This number will be used when;				

- 1 An Administrator requires an activation code to begin their set up of the KeyCode app and;
- 2 To notify the Administrator of important service communications which shall include but not be limited to information on service changes, security, service disruption/outages, confirmation on amendments on BOL, application status, contact detail confirmation and payee authentication.

### **Daily Payment Control Limit**

Daily Payment Control Limit

ADMINISTRATOR 1 Signature:

Your Daily Payment Control Limit is the maximum amount you can send to third parties on Business On Line on one day. It is an important control measure and you should set it to an appropriate figure for your payment requirements.

I/We hereby confirm that on behalf of the Customer th identified above.	hat all details are correct and apply, on behalf of the Customer, for the services
ADMINISTRATOR 1 Name: ADMINISTRATOR 1 Signature:	(BLOCK CAPITALS) Date D D M M Y Y Y Y
ADMINISTRATOR 2 Name:	(BLOCK CAPITALS)

Date D D M M Y Y Y Y

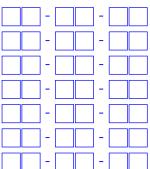
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# Customer originating account details

Only Accounts in the Name of the Customer shall be listed

#### **Domestic Accounts**

SORT CODE

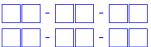


A/C NUMBER						

CURRENCY (e.g. GBP, EUR, USD) NOMINATED ACCOUNT FOR BILLING\* (Tick one)

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International Accounts



BOI Commercial Credit Card

# **Confidential Administrator Details**

## Administrator 1

Please complete and return in a sealed envelope with Legal Agreement. Please note all fields, with the exception of fax number are mandatory.

Company Name		
Administrator Name		
Title	Administrator Email address	
Work Mobile Number	Fax	

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. (Note: All five fields are mandatory for security reasons)

Date of Birth	
Middle Name	
Work Phone Number	
Mother's Maiden Name	
Home Address Post Code	
Administrator Signature	
Date	

Bank of Ireland UK is a trading name of Bank of Ireland (UK) plc. Registered in England and Wales (No. 7022885), Bow Bells House, 1 Bread Street, London EC4M 9BE.

# **Confidential Administrator Details**

## Administrator 2

Please complete and return in a sealed envelope with Legal Agreement. Please note all fields with the exception of fax number are mandatory.

Company Name		
Administrator Name		
Title	Administrator Email address	
Work Mobile Number	Fax	

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. (Note: All five fields are mandatory for security reasons)

Date of Birth	
Middle Name	
Work Phone Number	
Mother's Maiden Name	
Home Address Post Code	
Administrator Signature	
Date	

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