# Business On Line Application Pack for Limited Companies

NI / GB customers



### 1. Resolution

BANK USE ONLY Account Manager	Does the company have only 1 Director and no secretary? yes no	Branch Brand
Name (Block Capitals)  Phone Number  Application Verified  Signed (Authorised Official)  Date  Signature No.	Section 1 of the legal agreement signed in accordance with the latest account mandate?  Confirm that account numbers supplied	
DDMMYYYY	in Section 3 relate to the legal entity named in the agreement	
At a meeting of the Board of Directors of		
Held on the DD day of in the	e year Y Y Y	
There was produced to the meeting:		
A Bank of Ireland UK Business On Line Agreement ("the Agree	ement") comprising the following:	
(a) Legal Agreement (comprising Resolution, Application & Indemnity and Account Details Form);	(b) Conditions of Use <sup>1</sup> ; and (c) Customer Handbook <sup>1</sup>	
to be entered into by the Company in relation to certain electro by the Bank through the Internet or such other communication connection with the Services or any of them.		
The Directors of the Company having considered the Agreeme	ent, resolved that:	
<ol> <li>The Company be and is hereby authorised to use the Serv Company and under which the Company can at any time or or other information or services capable of being accessed access to accounts or financial information or other inform to time in their absolute discretion prescribe) and in additionaccounts wheresoever held, where so authorised by an Access</li> </ol>	and from time to time have access to its accounts, d as a result of the Company using the Services (or ation or services as the case may be, as an Admin on under which the Company can make transfers fr	financial information such lesser rights of istrator may from time
The persons specified below;     Please complete in BLOCK CAPITALS		
Director of the Company	Director/Sec	retary of the Company <sup>2</sup>
are hereby authorised to execute the Application in connec Business On Line.	ction with the access and use by the Company of t	he Services through
<ol> <li>A maximum of two persons can be appointed as Administ as defined in the Conditions of Use).</li> <li>Please complete in BLOCK CAPITALS</li> </ol>	rators for the Company (herein together referred to	as the "Administrator"
Administrator 1	Administrato	or 2
4. An Administrator is authorised:		
<ul> <li>a. to confirm in writing to the Bank the identity of the Origin respect of which the Services or any of them will be identity of the Nominated Account (as defined in the Confidential Conf</li></ul>	provided as of the date of execution of the Agreem	
<ul> <li>to advise the Bank in writing from time to time of any c accessed through the Services; and</li> </ul>	hanges to, deletion or addition of Originating Accor	unts of the Company
c. to perform the other functions identified in the Agreeme	ent, as same may be amended or varied from time	to time.
5. Any changes to the identity of an Administrator shall be no	tified to the Bank by the then Director/Secretary of	the Company.
I certify that the above is a true copy of the original Resolu	ution duly passed by the Board of	
Directors of	in accordance with its Articles of	
Association at a meeting held on the DD day of	in the year Y Y Y	
Chairperson/Director	(Signature)	
Director/Secretary <sup>2</sup>	(Signature)	

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:

- a. 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 and the Customer Handbook, 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, the Conditions of Use or the Customer Handbook 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 Indemr	nity dated the DD day of	in the year Y Y Y	1
To be completed by the person	ons specified in point 2 of the Board Resolution	n (previous page)	
Director			(Signature)
			(Block Capitals)
Director/Secretary			(Signature)
			(Block Capitals)
for and on behalf of			(Company Name)
as authorised by a Resolution	on, a certified copy of which is attached, pass	sed by the Board of Directors	
on the D D day of	in the year Y	YY	

# 3. Account details

To be completed by an Administrator

All fields,	with the	exception	of fax	number	are	mandatory	<b>/:</b>
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Customer Name				
Address				
Company Email Address*				
Telephone		Fax		
Bank Contact Name/Accou	unt Manager			
Principal Branch Name			Principal Branch NSC	
Main contact - pleas	se specify the mobile nun	nber of one of the	Administrators below	
Mobile Phone Country Pre	efix (please tick appropriate)			
+353 +44 +1	other			
Administrator Mobile Pho				
This number will be used (1) An Administrator required	<b>ed when;</b> juires an activation code to be	gin their set up of the	KeyCode app and;	
1 7 7			shall include but not be limited to	
_	nd payee authentication.	tages, confirmation of	n amendments on BOL, applicati	on status, contact
Daily Payment Contr	rol Limit			
Daily Payment Control Li			delived as settlers are Division as a On Line	
			third parties on Business On Line ate figure for your payment require	
100/- 1		-11 -1-4-11		
identified above.	on behalf of the Customer that a	all details are correct ar	nd apply, on behalf of the Customer	r, for the services
ADMINISTRATOR 1 Name	э:		(BLOCK CAPITALS)	
ADMINISTRATOR 1 Signa	ature:		Date D D M M Y Y Y	Υ
ADMINISTRATOR 2 Name	э:		(BLOCK CAPITALS)	
ADMINISTRATOR 2 Signa	ature:		Date D D M M Y Y Y	Υ

<sup>\*</sup> The Company email address will be used to advise of changes to your Business On Line services or your Agreement with us.

# Customer originating account details

Only Accounts in the Name of the Customer shall be listed

#### **Domestic Accounts**

NSC	A/C NUMBER	CURRENCY (e.g. GBP, EUR, USD)	NOMINATED ACCOUNT FOR BILLING* (Tick one)
International Accounts			
BOI Commercial Credit Card			

<sup>\*</sup> For Northern Ireland customers only. The monthly subscription charge will be collected from the account you nominate.

# Confidential administrator details

# Administrator 1 details

Please complete and re number are mandatory.	eturn in a sealed envelope with	Legal Agreement. Please n	ote all fields,	with the exception of fax
Company Name				
Administrator Name				
Title		Administrator Em	nail address	
Work Mobile Number		Fax		
	urpose the following information, e: All five fields are mandatory for		dentification pu	urposes in dealing with me in my
Date of Birth				
Middle Name		]		
Work Phone Number		]		
Mother's Maiden Name		]		
Home Address Post Code		]		
Administrator Signature			Date	
Administrator 2 c	eturn in a sealed envelope with		ote all fields	with the exception of fax
Company Name				
Administrator Name				
Title		Administrator Em	nail address	
Work Mobile Number		Fax		
I hereby confirm for your prole as Administrator.	urpose the following information,	which the Bank will use for ic	dentification pu	urposes in dealing with me in my
Date of Birth				
Middle Name		]		
Work Phone Number		]		
Mother's Maiden Name		]		
Home Address Post Code		]		

