Business On Line Application Pack for Sole Traders and Partnerships

NI / GB customers



1. Application & Indemnity

BANK USE ONLY	Branch Brand
Account Manager	
Name (Block Capitals)	
Phone Number	
Application Verified	
Signed (Authorised Official)	
Date Signature No.	
D D M M Y Y Y Y	
Business name	
Business Correspondence Address	

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

A Bank of Ireland UK Business On Line Agreement ("the Agreement") comprising the following:

- a. Legal Agreement (comprising Application & Indemnity and Account Details Form);
- b. Conditions of Use1; and
- c. Customer Handbook¹

is to be entered into by the Customer in relation to certain electronic banking services (the "Services") being provided to the Customer by the Bank through the Internet or such other communications networks as may be authorised by the Bank from time to time in connection with the Services or any of them. All documents listed at (a) - (c) above shall form part of this Agreement.

By execution of this Application the Customer:

- 1. 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 Customers and including but not limited to:
 - i. the Bank acting on any instructions received through the Services;
 - ii. any breach by the Customer of this Application or of the Agreement, or the Conditions of Use;
 - iii. any errors contained in any instructions submitted by the Customer;
 - iv. any unauthorised borrowings arising by reason of the operation of the Services by the Customer;

and authorise the Bank to debit any account(s) in the name of the Customer with any sums payable by the Customer under this indemnity, provided always, however, that the Customer 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 Customer, which the Customer 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).

2. a maximum of two persons can be appointed as Administrators for the Customer (herein together referred to as the "Administrator" as defined in the Conditions of Use).

Please complete in BLOCK CAPITALS	
	Administrator
	Administrator :

- 3. hereby confirm to and for the benefit of the Bank that an Administrator may, (notwithstanding the terms of any mandates already provided by such Customer to the Bank in respect of the operation of their 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 Customer 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).

¹ Available at www.bankofirelanduk.com/business or in paper format from your branch or account manager.



- 4. acknowledge 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 Customer.
- 5. acknowledge and agree that if the Customer have an expressly agreed overdraft facility, that the Services shall be operated at all times within such facility. The Customer further acknowledge and agree that any implied limit (if any) on any account of the Customer will not under any circumstances be recognised or taken into account in connection with the operation of the Services.
- 6. any changes to the identity of an Administrator shall be notified to the Bank by the Customer.

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 Customers have read and agreed 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 to 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. References in the Legal Agreement, Conditions of Use and the Customer Handbook to the "Customer" shall be deemed to mean the Partners. All and any covenants, agreements, indemnities and provisions in the Conditions of Use, the Customer Handbook and the Application shall have effect as if they were joint and several covenants, agreements, indemnities and provisions by the Partners.

This Application dated the DD day of in the year YYYY					
Sole Trader					
Customer					
	(SIGNATURE)	(Full name in block capitals)			
Partnership S	Signatures				
Partner					
	(SIGNATURE)	(Full name in block capitals)			
Partner					
	(SIGNATURE)	(Full name in block capitals)			
Partner					
	(SIGNATURE)	(Full name in block capitals)			
Partner					
	(SIGNATURE)	(Full name in block capitals)			
Partner					
	(SIGNATURE)	(Full name in block capitals)			
Partner					
	(SIGNATURE)	(Full name in block capitals)			

3. Account details

To be completed by an Administrator

All fields,	with the	exception	of fax	number	are	mandatory	/:
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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	ed when; 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 Ora Line	
			third parties on Business On Line ate figure for your payment require	
100/- 1	ff+	-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

^{*} 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			

^{*} 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]		

