

Third Party Mandate – for personal or business use

(Your consent for us to deal with someone else on your behalf)



Important Notice

We treat the processing of your personal information and the protection of your legal right to privacy as an important matter. Please note that by signing this document you are instructing us to disclose your personal information to a 3rd party (i.e. an individual other than yourself). Unless we have your consent to deal with another person we will not disclose your information to anybody else unless we have a legal obligation to do so. **Please note that this authority will remain in place until you advise us that it is no longer required.**

To Bank of Ireland (UK) plc Branch

I/we authorise you, with immediate effect, to accept and to debit the account(s) described below (the **account(s)**) with all cheques, withdrawal forms, promissory notes or other orders signed by, and to act on the written instructions of, the individual named below (the **nominated person**)

Please complete all sections:

*Account name

**if you wish to add your nominated person as a third party signatory to any other account(s) you hold with us, please complete Appendix 1 overleaf*

Account number.....

Sort Code

If your account is a current account please advise us if you wish your nominated person to receive a debit/cash card and pin number to withdraw money or purchase goods on your behalf. Please tick the box that applies.

Yes I/we wish my/our nominated person to receive a debit/cash card*

No I/we do not want my/our nominated person to receive a debit/cash card

**if you wish your nominated person to receive a debit/cash card, we will need them to complete an application form including our terms and conditions of use before we can issue the card (business customers only)*

This Third Party Mandate will allow the nominated person to operate the account(s) (including authorising payments to third parties) in your name and to request account balances and statements for the account(s).

Your nominated person cannot:

- Change the type of account(s) you have.
- Change your name, address or contact details.
- Set up/amend or cancel standing orders or direct debits on the account(s)
- Operate on-line banking facilities on the account(s)
- Give us instructions by telephone**. All instructions from the nominated person must be in writing**.
- Open or close account(s) on your behalf.

***personal customers only. Business customers, please speak to us*

The details of your **nominated person** (***we will need to see two forms of identification acceptable to the Bank for your nominated person. A list of acceptable documents can be provided on request***)

Mr/Mrs/Miss (delete as appropriate)

First Name

Surname

Address

Post Code

Contact telephone number

Contact email address

This section should be completed by the Account Holder(s)

By signing this Third Party Mandate I understand and acknowledge that:

1. The Terms and Conditions of the account(s) and the authority that I have already given to you both continue to apply
2. I will notify you in writing if I wish to amend or cancel this Third Party Mandate
3. You are authorised to act on the instructions of the nominated person even if this results in the account becoming overdrawn or any existing overdraft on the account increasing
4. I will remain entirely responsible at all times for monies due, liabilities, demands, claims, losses, costs and expenses including those incurred under this Third Party Mandate in any manner whatsoever including, but not limited to, any charges incurred as a result of the account becoming overdrawn
5. I agree to draw the attention of the nominated person to the documents that are required by the Bank to confirm their identity and address and which must be retained by you to enable you to operate this Third Party Mandate

Account Holder*

** Must be signed in accordance with your existing Account Mandate*

(Joint) Account Holder*

Date: (day) (month) (year)

This section should be completed by the Nominated Person

By signing this Third Party Mandate I understand and acknowledge that:

1. I am authorising and consenting to Bank of Ireland UK carrying out its standard screening checks against me
2. I am agreeing to the Terms and Conditions of the account(s) including (but not limited to) the Conditions applicable to Bank of Ireland UK Visa Debit Cards
3. I am consenting to you holding my personal information**
4. I will notify you of any changes to my contact details

Nominated Person

Date: (day) (month) (year)

*** Our Privacy Notice explains in detail what personal information about individuals Bank of Ireland UK collects, how we use this information, who we share it with and your rights in relation to your personal information. A copy of our Privacy Notice can be found on our website (www.bankofirelanduk.com/privacynotice) or is available in hard copy on request.*

Appendix 1 – Additional Accounts

Account name

Account number..... Sort Code Debit/Cash Card Required Yes/No***

Account name

Account number..... Sort Code Debit/Cash Card Required Yes/No***

*** Current Accounts only. Delete as appropriate

Please return this form together with two forms of identification for your nominated person (one to verify name and one to verify address) **either by hand or via recorded, trackable mail (to ensure items are not lost in the post)** to your branch. We will always confirm receipt and return documents by the same method.