



# Bacstel-IP

## Business Customer Application Form for the TrustAssured Service

### How to complete the form

**1** Please use a **BLACK** pen

**2** Mark boxes like this    
If you make a mistake, do this

**3** Please use **BLOCK CAPITAL**    
**LETTERS** and leave one space between each word

### 1. Applicant details

We apply to participate in the TrustAssured Service under the Terms & Conditions of the Business Customer Agreement for the TrustAssured Service.

Name of Applicant (full registered name if incorporated company)

Address

  

City and county

Postcode

Address of registered office if limited company

Address

  

City and county

Postcode

**NB** Please provide details of the authorised/contact personnel on the separate Authorised Security Contact Application.

## 2. Confirmation

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We confirm that the details on this form are full and correct and agree to notify AIB Group (UK) p.l.c. trading as AIB (NI) of any change therein.

For and on behalf of the named Applicant.

Signature(s)	
<input type="text"/>	<input type="text"/>

Name

Job Title

Date **Date**   /   /

Name

Job Title

Date **Date**   /   /

### For AIB (NI) use only

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Relationship Manager Signature	Signing Number
<input type="text"/>	<input type="text"/>

Name

Date   /   /

Branch brand:

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If you need this brochure in Braille, in large print or on audio, ring 0345 600 5925<sup>†</sup> or ask your relationship manager. Customers with hearing difficulties can use our Text Relay Service by dialling 18001 0345 6005 925<sup>†</sup>.

Call into any branch | [aibni.co.uk](http://aibni.co.uk)

<sup>†</sup>Calls may be recorded. Call charges may vary please refer to your service provider.



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