



# Change of Signing Instructions for a Group on iBusiness Banking (iBB)

## How to complete the form

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

**2** Mark boxes like this    
 If you make a mistake, do this   
 and mark the correct box

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

Lead Entity Name

An Existing User ID

### Extract to be produced by the Board of Directors/Members of the Entity where the Entity is the Lead Entity of a Group

Extract of Minutes of a Meeting of the Board of Directors/Members of (the "Entity")

Entity Name

duly held on the  /  /

### The following resolutions were passed:

- (1) That the authority of the authorised signatories whose names were given by the Entity to AIB Group (UK) p.l.c. trading as AIB (NI) ("the Bank") in any previous extracts in respect of the operation of the Entity's iBB Services be revoked and the following authorised signatories be substituted in lieu, namely:

AUTHORISED SIGNATORY: PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
AUTHORISED SIGNATORY: PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
AUTHORISED SIGNATORY: PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>
AUTHORISED SIGNATORY: PRINT NAME <input type="text"/>	SIGNATURE <input type="text"/>

The Entity was appointed the Lead Entity of the Group, consisting the Lead Entity and Group Entities listed below:

Lead Entity: PRINT NAME	<input type="text"/>
Group Entity: PRINT NAME	<input type="text"/>
Group Entity: PRINT NAME	<input type="text"/>
Group Entity: PRINT NAME	<input type="text"/>
Group Entity: PRINT NAME	<input type="text"/>
Group Entity: PRINT NAME	<input type="text"/>

(2) The following number of the above is/are hereby authorised to sign any document amending the Agreement or any ancillary document and do all or any acts or things on behalf of the Entity as they in their discretion think fit in connection with the Services.

Any 2 signatories (recommended)       Any 1 signatory       All signatories

e.g. If you mark the box marked 'Any 2 signatories' then this form and any future iBB requests must be signed by 2 of the people listed above.

(3) That the appointment of the Customer Contact named in any previous extracts be revoked and that the following person (who must be one of the authorised signatories nominated above) be substituted in lieu, for the purpose of giving and receiving of notices in relation to iBB. (Complete only if you wish to change your Client Contact)

Contact Name

Contact Phone

Business Email address

(4) That the authorised signatories and customer contact (where applicable) above may be changed pursuant to a decision of the Board, certified to us in writing under the hand of a Director/Member and countersigned by a second Director/Member or the Secretary of the Entity, or, in the case where the Entity has one Director/Member and no Secretary, in writing signed by the Director/Member.

We, the Customer, wish to amend the details of our previously signed Application for iBB. We acknowledge that this document is subject to the Terms and Conditions of the iBB Agreement.

IT IS HEREBY CERTIFIED that the foregoing is a true extract from the minutes of the meeting of the Board of Directors/Members. This must be signed by both the Chairman and the Secretary of the meeting (or Sole Director/Member where the Entity has one Director/Member and no Secretary).

CHAIRMAN / DIRECTOR/MEMBER: PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
DIRECTOR/MEMBER / SECRETARY: PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>

Once completed, please forward this Amendment request to your Business Centre as we will be unable to process your request unless it is signed.



Information correct as at November 2019

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**ATTENTION!** The ORIGINAL form must be kept in the customer file and a COPY should be scanned.

Please ensure that the correct signatories have signed this Amendment Request

If you wish to query the status of your request you can contact the iBB Set up and Amends Team at [ibusinessbanking@aib.ie](mailto:ibusinessbanking@aib.ie)

**I confirm that the customer has requested this amendment.**

Customer Owner

PRINT NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE

<input type="text"/>
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DATE

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>