



Withdraw a Company from 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 A 2

Lead Entity Name

An Existing User ID

Please accept this as our formal notice to you that we wish to withdraw (Please select one option)

1) The entity/entities listed below

OR

2) The entire Group

Account Name	NSC	Account Number
<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"/>

from iBB and are terminating our iBB Agreement, such termination is without prejudice to any existing liabilities.

Please note: If the above listed entity/entities is/are a Group Entity/Entities, the iBB Agreement with other members of the Group shall not be terminated unless the Bank receives notice to the contrary. If the above listed entity/entities is nominated as the Lead Entity, please complete the details below to nominate a new Lead Entity. Please also undertake a review of your existing limits to ensure they are adequate for your business requirements.

Change of Lead Entity

Name of New Lead Entity

Relevant iBB Resolutions have been completed and held on customer file

If the account that you are closing is the iBB charging account please complete the details below for the new iBB charging account.

Account Name	NSC	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorisation

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.

Signed on behalf of the entity/entities noted above in accordance with our existing mandate for iBB.

AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
<input type="text"/>	<input type="text"/>
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <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.

FOR BANK USE ONLY

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

<input type="checkbox"/> I confirm that the customer signature(s) have been verified OR	
<input type="checkbox"/> Customer cancellation held by Bank OR	
<input type="checkbox"/> Withdrawal of iBB service authorised by Bank.	
<input type="checkbox"/> Day 3 Customers - Bacssupport and Credit Operations advised of closure.	
Customer Owner	
PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
<input type="text"/>	
	DATE
	Day Month Year
	<input type="text"/> / <input type="text"/> / <input type="text"/>
Credit Operations (Day 3 only)	
PRINT NAME	SIGNATURE
<input type="text"/>	<input type="text"/>
<input type="text"/>	
STAFF NUMBER	DATE
<input type="text"/>	Day Month Year
	<input type="text"/> / <input type="text"/> / <input type="text"/>



Information correct as at November 2019

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