



# **Bacstel-IP**

## Business Customer Authorised Security Contact Certificate Management Form for the TrustAssured Service

How to complete the fo	irm	
1 Please use a BLACK pen	2 Mark boxes like this – If you make a mistake, do this and mark the correct box	<b>3</b> Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word

Please note: **TWO** Primary Security Contacts must always be set up as a minimum

#### 1. Customer details

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

Name of Customer (full registered name if Limited Company)

Please tick one box to select management action	on required for individual be	low:											
Suspend (max	Revoke		Replace										
Immediately Effective from	Day Month Yea	·											
Title Mr/Mrs/Miss/Ms/Other – please specify													
Contact name													
(First name and surname.)													
Reason for certificate management action (required)													
Please tick one box to select management action required for individual below: Suspend (max													
Immediately Effective from	Day Month Yea	-											
Title Mr/Mrs/Miss/Ms/Other – please specify													
Contact name													
(First name and surname.)													
Reason for certificate management action (required)													

Please tick one box to select management action required for individual below:

Suspend (max. 30 days)	Reactivate			F	ke			Re	epla	ce					
Immediately	Effective from	Day	/	Month	/	Year									
Title Mr/Mrs/Miss/Ms/Other –	please specify														
Contact name															
(First name and surname.)															
Reason for certificate manager	ment action (requ	ired)													

#### 2. Confirmation

Please make the changes detailed in respect of our Authorised Security Contacts.

We confirm that the details on this form are full and correct.

For and on behalf of the named Customer.

Signatu	re(s)																		
											Da	te	Day	/	Mo	onth	/	Year	
Name																			
Job Title																			
Signatu	re(s)																		
											Da	te	Day	/	Mo	onth	/	Year	
Name																			
Job Title																			

This form should be signed by your Authorised Signatory(ies), e.g. if a Company, two Directors should sign (or Director and Witness where the Company has one Director and no Secretary).

Please forward the signed certificate management form to: AIB, 92 Ann Street, Belfast, BT1 3HH

Customer Authorised Signature checked against mandate and is correct.										
Input by	Approved by									
Name										
Day Month Year										
Date										
Brand:										

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>.

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



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