



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

A

2

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

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)

Name

Job Title

Date

Day

Month

Year

Date

Name

Job Title

Date

Day

Month

Year

Date

For AIB (NI) use only

Relationship Manager Signature

Signing Number

Name

Date

Day

Month

Year

Branch brand:

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Call into any branch | aibni.co.uk

[†]Calls may be recorded. Call charges may vary please refer to your service provider.



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