



Branch Brand

Application for CHAPS

The Bank will process the request for your CHAPS Payment as detailed below. Please note that this Payment will be credited to the beneficiary account by close of business on the same day that the Payment is debited from your account, SUBJECT TO the Bank's CONTROLS AND CHECKS.

Incorrect or missing information can lead to delays in crediting the beneficiary account or funds being returned to you. For more information please see the Terms and Conditions applicable to your account, which are available at aibni.co.uk

Payment Details (To be Completed By Customer)

GBP Amount (in Figures)	<input type="text"/>																				
GBP Amount (in Words)	<input type="text"/>																				
Sender Account Name	<input type="text"/>																				
Sender Sort Code	<input type="text"/>						Sender Account Number	<input type="text"/>													
Receiver's Account Name	<input type="text"/>																				
Receiver's Sort Code	<input type="text"/>						Receiver's Account Number	<input type="text"/>													
Reference (if Applicable)	<input type="text"/>																				
Purpose of Payment	<input type="text"/>										Do you know the receiver?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>						
Nature of relationship with Receiver e.g family member, business relationship	<input type="text"/>																				

Is the payment in relation to an investment opportunity or lottery grant/winnings?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you being coerced into making this payment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you paid this receiver before by CHAPS?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you been asked to change bank details on this payment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, have you called back and verbally confirmed the new account details?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Print Name:	<input type="text"/>																				
Customer Authorised Signature:	<input type="text"/>										Date	Day	<input type="text"/>	/	Month	<input type="text"/>	/	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name:	<input type="text"/>																				
Customer Authorised Signature:	<input type="text"/>										Date	Day	<input type="text"/>	/	Month	<input type="text"/>	/	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>

For bank use only

BANK Information only

Please tick: Original in Post (OP) ☐ OR Original at Counter (OC) ☐ Sig Verified ☐ ID Verified ☐

Insert ID Type and Number/Signature Verification Reference Number:

Payment confirmed with (if present): Customer Name
 Time

Comments:

Signed off by Staff Member (Print Name)	Staff Number	Date
<input type="text"/>	<input type="text"/>	Day <input type="text"/> / Month <input type="text"/> / Year <input type="text"/>
Signature	<input type="text"/>	

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