



iBusiness Banking

Bacstel-IP Indirect User Application Form

| How to complete the form | | | | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|--|--|
| Please use a BLACK pen | Mark boxes like this If you make a mistake, do this and mark the correct box | Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word | | | | | | | | | | |
| This Application Form relates to the provision of access to the Bacstel-IP Service through iBusiness Banking and establishes the Customer Profile for the service. AIB (NI) is responsible for your sponsorship into the Bacstel-IP Service. Components of the service are provided by Bacs Payment Schemes Limited (Bacs). | | | | | | | | | | | | |
| By signing this form you will be agreeing to the iBusiness Banking Customer Agreement for the Bacstel-IP Service. | | | | | | | | | | | | |
| Please complete all sections in black ink and BLOCK CAPITALS. | | | | | | | | | | | | |
| New Application Transfer | of Sponsorship from Bank | | | | | | | | | | | |
| 1. Customer details | | | | | | | | | | | | |
| Bacs Service User name (Name used | to identify the Service User – maximum 3 | 33 characters.) | | | | | | | | | | |
| | | | | | | | | | | | | |
| Trading name (if applicable) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Bacs Service User Number | | | | | | | | | | | | |
| For new Users, this number will be al | Service User. Existing Bacs Users should c located by the Bank and should therefore mation will be sent to this electronic mail | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | o process is complete. You will be asked to confirm theme rules before being able to access the | | | | | | | | | | |
| Contact address for Service User. This and for the dispatch of Smartcards ar | | nary Security Contacts (PSC) defined in Section 6 | | | | | | | | | | |
| Address | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| City and county | | Postcode | | | | | | | | | | |

2. Organisation details All Service Users must be associated with an organisation. Please see the Guidance Notes for further information before completing this section. Organisation name (Name used to identify organisation - maximum 50 characters.). Organisation ID If known (generated by Bacs). For companies registering for Bacstel-IP for the first time, this ID will have not been allocated. 3. Application type Select the types of Transaction that you will be using with this Service User. Tick all that apply. Payments (Direct Credit) Direct Debit 4. Bank Account details Specify the sterling Bank Accounts to be used by this Service User and any limits and the limit period (frequency) for crediting facilities. 1. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ Frequency **Direct Debits** 2. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ Frequency **Direct Debits** 3. Branch NSC Account number Transaction types (tick)

5. Branch NSC Account number Transaction types (tick)

Account name Payments (Credits)

Frequency

Frequency

Frequency

Account number

Account name

4. Branch NSC

Account name

Limit £

Limit £

Limit £

If further AIB (NI) Bank Accounts are required to be linked to this User, please complete the separate Additional Accounts Form.

Payments (Credits)

Transaction types (tick)

Payments (Credits)

Direct Debits

Direct Debits

Direct Debits

5. Bureau details

Bureau name: AIB Group (UK) p.l.c. Name used to identify Bureau.

Bureau Service User number: **B20165**

Bacs is authorised to act on all instructions received from this Bureau.

Bureau email address: ebank@aib.ie

Bureau telephone number: (028) 9024 5030

6. New Primary Security Contact details

It is strongly recommended that two Primary Security Contacts (PSC) are set up as a minimum. The PSCs listed below will be required to complete a short, online Bacs training module and test before the Service User can be activated. Instructions on how to complete this training will follow once your application has been processed.

| You should refer to the Bacstel-IP Service User Guide for more information on Primary Security Contacts, Additional Contacts and privileges. | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Primary Security Contact 1 | | | | | | | | | | | | | |
| Please link to SUN | | | | | | | | | | | | | |
| Title Mr/Mrs/Miss/Ms/Other – please specify | | | | | | | | | | | | | |
| ontact name | | | | | | | | | | | | | |
| (First name and surname.) | | | | | | | | | | | | | |
| ecurity questions Day Month Year ontact's date of birth | | | | | | | | | | | | | |
| Contact's mother's maiden name | | | | | | | | | | | | | |
| (This will be used for identification purposes when contacting AIB (NI).) | | | | | | | | | | | | | |
| Contact email address | | | | | | | | | | | | | |
| Business phone number | | | | | | | | | | | | | |
| Out of hours phone number | | | | | | | | | | | | | |
| (Please include area code. Only supply a phone number if the contact is willing to accept calls out of normal hours.) | | | | | | | | | | | | | |
| PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules. | | | | | | | | | | | | | |
| PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules. | | | | | | | | | | | | | |
| PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules. Primary Security Contact 2 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Primary Security Contact 2 | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Day Month Year | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Contact's date of birth | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Contact's date of birth Contact's mother's maiden name | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Contact's date of birth Contact's mother's maiden name (This will be used for identification purposes when contacting AIB (NI).) | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Contact's date of birth Contact's mother's maiden name (This will be used for identification purposes when contacting AIB (NI).) Contact email address | | | | | | | | | | | | | |
| Primary Security Contact 2 Please link to SUN Title Mr/Mrs/Miss/Ms/Other – please specify Contact name (First name and surname.) Security questions Contact's date of birth Contact's mother's maiden name (This will be used for identification purposes when contacting AIB (NI).) Contact email address Business phone number | | | | | | | | | | | | | |

7. Declaration

We apply to use the Bacstel-IP Service through iBusiness Banking as detailed within this Application Form and agree to be bound by the Terms & Conditions of the service contained in the iBusiness Banking Customer Agreement for the Bacstel-IP Service.

We agree:

- We will ensure that all **Primary Security Contacts** and **Additional Contacts** are made aware of their obligations to comply with the relevant Bacs scheme rules and will take care of all security procedures supplied to them for Bacstel-IP as described in the Customer Agreement and User Guide. Any reference to giving the Bank instructions in the Customer Agreement shall also apply to any instructions which appear to come from us, or third parties we have appointed, as detailed on the Customer Profile for Bacstel-IP and given to Bacs in accordance with the security procedures and the Customer Agreement.
- That each Primary Security Contact acting alone has authority to appoint Additional Contacts, to amend the approval processes for all instructions and to amend the Customer Profile. When providing us with any information (including personal data) relating to identifiable living individuals you will have ensured that those individuals have consented, to the extent that it is required, to providing us with their information or that another lawful basis for the processing of their information has been established and that those individuals are aware of our identity and of our data protection notice.
- To the Bacstel-IP Customer Profile which has been detailed in this form and understand that detailed instructions and conditions relating to the use of Bacstel-IP are contained in the online Help Texts and User Guides.
- That the Primary Security Contact authority contained in this Application Form (Customer Profile) may differ from any other Mandates and authorities you hold relating to the applicable Accounts with you.
- That if the authority of a Primary Security Contact or an Additional Contact is removed we will inform AIB Group (UK) p.l.c. Bacs Customer Service.
- That, by signing this form, we are authorising and requesting that you, the Bank, accepts debits to the Account(s) referred to in section 4 above in respect of the total value of all payments contained in each and every submission made or purporting to be made on our behalf through iBusiness Banking notified by us, the Customer, to you, the Bank, to Bacs and processed by Bacs, provided such payments are within the current limit agreed between you and us, the Customer.

We will take appropriate steps to secure our information using anti-virus/anti-malware software as per section 7.1 of the

Customer Agreement for the Bacstel-IP Direct Service.

For and on behalf of (Company name)

Partnership/Limited Company/PLC*

Authorised signature**

Day Month Year

Date

Name

| For and on | beh | nalf | of | (Cor | np | any | na | me | ∋) | | | | | | | | | | | | | | | | |
|-------------|-------|------|------|------|----|-----|-----|----------|----|--|--|--|--|--|--|---|-----|-----|---|---|------|---|---|------|--|
| Partnership | o/Lin | nite | ed C | Com | ра | ny/ | PLC | * | | | | | | | | | | | | | | | | | |
| Authori | sed | sig | nat | ure | ** | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | D | ate | Day | , | / | Mont | n | / | Year | |
| Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position | | | | | | | | | | | | | | | | | | | | | | | | | |

Position

^{*} Delete as appropriate.

^{**} For customers who have agreed to the Customer Agreement, and for all Partnerships and Sole Traders, this Declaration to be signed by authorised person(s) in accordance with the Mandate.

For branch use only

| I confirm that: | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Company representatives are fully aware of their obligations to comply with the relevant Bacs scheme rules. | | | | | | | | | | | | |
| The Customer Account details quoted are correct. | | | | | | | | | | | | |
| • Section 7 of the application orm has been signed by an authorised person(s) in accordance with the Mandate. | | | | | | | | | | | | |
| • The Customer has authority to debit the Bank Accounts in Section 4 (crediting only) and that the Accounts in Section 4 are in the name of the same legal entity that has been approved as a Direct Debit Originator (debiting only). | | | | | | | | | | | | |
| The application is (please tick one box only); | | | | | | | | | | | | |
| New Facility; | | | | | | | | | | | | |
| Transfer in from another bank; | | | | | | | | | | | | |
| Bank name: Branch NSC | | | | | | | | | | | | |
| Payment limit(s) defined above have been authorised and a copy of Branch/Head office sanction is attached. | | | | | | | | | | | | |
| A specific contingent liability Account has been opened. | | | | | | | | | | | | |
| The Customer Direct Debit Indemnity enclosed and completed as per agreed procedure (new facility only). | | | | | | | | | | | | |
| Corporate and Commercial approval is attached (Direct Debiting new facility). | | | | | | | | | | | | |
| The Customer Bacs database contact details (DDO) are enclosed (Direct Debiting). | | | | | | | | | | | | |
| The iBusiness Banking Customer Agreement for the Bacstel-IP Service has been issued to the customer | | | | | | | | | | | | |
| Relationship Manager's name | | | | | | | | | | | | |
| Contact telephone number | | | | | | | | | | | | |
| Authorised signatory - Manager Number | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Branch brand:

Bacs Customer Service contact details

Address: Bacs Customer Service, 92 Ann Street, Belfast, BT1 3HH.

Telephone: (01604) 235515

Email address: bacssupport@aib.ie

If you need this brochure in Braille, in large print or on audio, ring $0345\ 600\ 5925^\dagger$ or ask your relationship manager. Customers with hearing difficulties can use our Text Relay Service by dialling $18001\ 0345\ 6005\ 925^\dagger$.

Call into any branch | aibni.co.uk

 $^{\dagger}\text{Calls}$ may be recorded. Call charges may vary please refer to your service provider.



Information correct as at January 2021

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