

Entity Name



## iBusiness Banking Unincorporated Resolution

This resolution states who is authorised to make decisions on behalf of the Entity in relation to iBusiness Banking.

Minutes of a meeting of the Committee (the "Meeting") of:

This MUST be signed by the Chairperson/President/Principal Officer\*/Charity Trustee and Secretary/Treasurer/Officer\*/Charity Trustee of the meeting at which this Resolution is considered.

Day Month	Year			
duly held on the	/			
1. It was reported to the Meeting that:  (i) it was proposed that AIB Group (UK) p.l.c whereby the Entity could conduct and companies through the Bank's iBusiness  (ii) the Bank has agreed to provide the Servic presented to the meeting, conditional upor 2. After careful consideration the Meeting activities of the Entity and accordingly 17 (i) that it is to the commercial advantage a (ii) that all the Terms & Conditions governir (iii - a) that the following individuals are aut document and to do all or any of the	ontrol certain of its accounts and bain Banking service on the internet or both the Entity on such terms as defined the proper completion and submit formed the view that the Services TWAS RESOLVED:  Indie the best interests of the Entiting the Services are acceptable and horised to sign the iBusiness Banking.	nking requirements with any other such mean of the iBusiness Entission to the Bank of the would be for the benefit of the Serviciare hereby approveding Application Form,	th the Bank and the Bank's sub- ns as may be authorised by the Banking Terms & Conditions, a ca- ne application documents for ar- efit of and conducive directly a res; ; any document amending the	sidiaries and associated Bank ("the Services"). copy of which was and on behalf of the Entity. and indirectly to the Agreement or any ancillary
AUTHORISED SIGNATORY: PRINT NAME		SIGNATURE		
AUTHORISED SIGNATORY: PRINT NAME		SIGNATURE		
ALITHODISED SIGNATORY PRINT NAME		CICNIATUDE		
AUTHORISED SIGNATORY: PRINT NAME		SIGNATURE		
AUTHORISED SIGNATORY: PRINT NAME		SIGNATURE		
(iii -b) that from the above signatories the fo	ollowing number must be present	to authorise any docu	mentation or requests	
If you tick the box marked 'Any 2 Signatorie	s', then this form and any future iB	B requests MUST be s	igned by 2 of the people listed	d above.
TICK ONE BOX ONLY	Any 2 signatories (recommen	ded)	Any 1 signatory	All signatories
(iv) that the authorised signatories above may only be changed by resolution of the Meeting, certified to the Bank, in writing, under the hand of the Chairperson/President/Principal Officer*/Charity Trustee of the Meeting and countersigned by the Secretary/Treasurer/another Officer*/Charity Trustee of the Entity.				
<ul><li>(v) that these resolutions be communicated revoked or amended in writing to the B by the Secretary/Treasurer/another office</li></ul>	ank signed by The Chairperson/Pr			
IT IS HEREBY CERTIFIED that the foregoin This must be signed by both the Chairper Treasurer/Officer*/Charity Trustee of the E	rson/President/Principal Officer*/C			e Secretary/
Chairperson/President/Principal Officer*/		SIGNATURE		
Secretary/Treasurer/Officer/Charity Truste	e: PRINT NAME	SIGNATURE		

\*If this resolution is to be certified by an officer other than the Chairperson or President and/or countersigned by an Officer other than the Secretary or Treasurer of the Entity, please contact the Bank to confirm who should certify and/or countersign.

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