

Business Cheque Encashment Mandate Completion Guidelines

To enable a Business Cheque Encashment request to be processed as quickly as possible, please ensure you have answered all of the questions on the form.

The form must be completed in block capitals and must be legible so the Post Office branch can complete the transaction. Please do not submit forms with crossed-out or amended text as such changes will cause confusion to Post Office branch staff.

Section 1

1. Type of request				
New Facility	Amendme	ent to existing Post Office m	nandate	
Please enter reason				
One of the options mu requested for the customust only be where th typically be required wamendment should be and so the original inde	omer for the first tir ere is a current mar hen there is a chan included in the rele	me. Where the Amend ndate in a Post Office b ge in signatories or dai evant box, this enables	dment option has bee branch for this custom ily withdrawal limit. To Post Office to identif	en ticked this ner. This would The reason for
Section 2 2. Customer details				
Account name (as shown on cheque book)				
Site Reference (Branch Name /	Identifier)			
Account Number		Sort code		

Site Reference is important where a large company has multiple branches (bookmaker, Pub chain etc.). The reason for this is that should some of these branches use the same Post Office branch it is important they scan the correct mandate as this controls the maximum withdrawal limits, signatories etc. Where a smaller company is using the Business Cheque Encashment service, then this box may be not applicable.

Section 3

3. Business Cheque Encashment details

If you need help finding the name & address of your preferred post office, please visit: http://www.postoffice.co.uk/branch-finder For amendment applications please ensure to re-confirm the details of the Post	st Office® branch you are amendi	ng this Facility fo
Nominated Post Office® Branch names and address (in order of preference)	Post Office® Branch Postcode	For Post Office® Use Only
1		
2		
3		
Visits		
Number of Visits per week 1 2 3 4 5	6	
Other Please Specify		
Amount Required		
Maximum withdrawal amount in any one day? £		
Amount in words		

It is vital the Post Office branch postcodes are completed correctly so the customer preferred branch can be identified.

Please indicate the number of visits the customer will make in a week. Please do not tick more than one box_7 a general indication is required to ensure we are able to fund the customer's cash requirements. Where the customer wants to visit at an unusual frequency (say once or twice per month) please do not tick the days boxes but complete the 'Other Please Specify' box with the details.

Section 4

4. Identification of Authorised Persons
Cheques will be made payable to: "Post Office Ltd" — and may only be cashed by the named Authorised Person below (or an Authorised Signatory specified in the mandate) who must present the appropriate ID:
Authorised Persons:
ID to be presented (on every visit to nominated branch) I confirm that the Authorised Persons must present one of the following IDs on every occasion: Passport or Driving License

Both boxes must be ticked to confirm Payees name and that the correct ID will be available from the customer when they visit the branch.

Section 5

5. Customer agreement

By signing, the Customer agrees:

- (a) the Post Office® on behalf of the Bank may cash a cheque even if it is crossed.
- (b) a cheque cannot be stopped once cash has been paid over the counter.
- (c) to pay the Bank's charges as agreed and confirmed at opening or when providing the Facility.
- (d) to indemnify the Bank and keep the Bank indemnified from and against all claims, demands, actions, losses, damages, costs and expenses which the Bank may incur or suffer by virtue of agreeing to provide the above arrangement and we undertake to reimburse the Bank on demand in full (without applying any set-off or deduction) with any amounts which the Bank may claim from us arising from such indemnity failing.
- (e) to be bound by these terms and conditions and by the conditions contained in the AIB (GB) Business Account terms and condition a copy of which I have received.
- (f) the Facility will continue until the Customer gives the Bank not less than 5 business days' notice to cancel the Facility or gives the Bank a replacement form.
- (g) the Bank may cancel the Facility immediately if it suspects the Facility may be abused or give rise to fraud on the account. Otherwise the Bank will give the Customer not less than 30 days' written notice.
- (h) the Facility will go through a credit approval process.
- (i) all information provided on this mandate will be shared with Post Office® Ltd.

Signed in accordance with the authority held by the Bank

Any one to sign Any two to sign	
Customer Signature(s)	Customer Signature(s)
Name	Name
Date	Date
Customer Signature(s)	Customer Signature(s)
Name	Name
Date	Date

Customers -please return all completed forms to your bank contact for authorisation.

Only one option of how many people who are required to sign the cheque must be ticked. If both are ticked this will cause confusion in branch and rejection. The forms must be signed and dated.