



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

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 Allied Irish Bank (GB) of any change therein.

For and on behalf of the named Applicant.

Signature(s)	
<input type="text"/>	<input type="text"/>

Name

Job Title

Date **Date** / /

Name

Job Title

Date **Date** / /

For Allied Irish Bank (GB) use only

Relationship Manager Signature	Signing Number
<input type="text"/>	<input type="text"/>

Name

Date / /

Branch brand:

If you need this brochure in Braille, in large print or on audio, ring 0345 600 5204[†] or ask your relationship manager. Customers with hearing difficulties can use our Text Relay Service by dialling 18001 0345 600 5204[†].

[†] Calls may be recorded. Call charges may vary - refer to your service provider. Call into any business centre | Phone 0345 600 5204[†] | www.aibgb.co.uk



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