

**FORM OF RESOLUTION – POST OFFICE CHEQUE ENCASHMENT  
FACILITY**

Name of Company \_\_\_\_\_

Registered Office \_\_\_\_\_

Address of Correspondence \_\_\_\_\_  
\_\_\_\_\_

It was resolved at a meeting of the Directors of the above company held on \_\_\_/\_\_\_/\_\_\_, that the company shall authorise Allied Irish Bank (GB) ("the Bank") to open and operate a Post Office Cheque Encashment facility for the company, on terms and conditions from time to time specified by the Bank to expire on \_\_\_/\_\_\_/\_\_\_ and that \_\_\_\_\_ and/or \_\_\_\_\_ be and are hereby authorised to sign such documents as the Bank may require to give effect to such facility.

\_\_\_\_\_  
Chairman/Director

\_\_\_/\_\_\_/\_\_\_  
Date

\_\_\_\_\_  
Secretary