

3. Change of Bacs Service User address

Enter new contact address for Service User. This address will be used to contact the Primary Security Contacts (PSC)

Customer Contact Name

Address

City and county Postcode

Email address (Notifications and information will be sent to this electronic mail address.)

4. Removal of Security Contact details

It is strongly recommended that two Primary Security Contacts (PSC) are set up as a minimum. A PSC is the main contact for the Service User who will have access privileges to set up Additional Contacts, but not additional PSCs.

Primary Security Contacts can act on their own in amending the Customer Profile, appointing or deleting Additional Contacts and in all other respects in connection with Bacstel-IP.

The following ASM contact(s) should be removed:

•
Contact name (First name and surname)
Contact name (First name and surname)
Contact name (First name and surname)

5. Re-use of existing Primary Security Contact details

If you have Primary Security Contacts already registered to another Service User within the same organisation AND you wish these PSCs to act for this Service User, please complete the following details below. The existing privileges will be allocated. You should refer to the Bacstel-IP Service User Guide for more information on Primary Security Contacts, Additional Contacts and privileges.

Contact name (First name and surname)
Contact name (First name and surname)
Contact name (First name and surname)

6. New contacts and amendments to existing Security Contact

Please complete to set up new contacts or amend existing contacts. Please note: an existing Primary Security Contact (PSC) can set up Additional Contacts (ACs) using the Bacs payment services website and allocate them all privileges, apart from signing and submitting privileges.

Contact details 1

Type of amendment (tick one).

New contact (complete all sections below) Amendment to existing contact details (only set out required changes)

Contact type (tick one).

Primary Security Contact Additional Contact

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

First name and surname.

Security questions
Contact's date of birth Day / Month / Year

Contact's mother's maiden name

This will be used for identification purposes when contacting Allied Irish Bank (GB). For contacts with ASM security, this will be used to retrieve your password.

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.
Please note: At least two contacts must provide out of hours details.

PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules.

Contact details 2

Type of amendment (tick one).

New contact (complete all sections below) Amendment to existing contact details (only set out required changes)

Contact type (tick one).

Primary Security Contact Additional Contact

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

First name and surname.

Security questions
Contact's date of birth Day / Month / Year

Contact's mother's maiden name

This will be used for identification purposes when contacting Allied Irish Bank (GB). For contacts with ASM security, this will be used to retrieve your password.

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.
Please note: At least two contacts must provide out of hours details.

PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules.

Contact details 3

Type of amendment (tick one).

New contact (complete all sections below) Amendment to existing contact details (only set out required changes)

Contact type (tick one).

Primary Security Contact Additional Contact

Title Mr/Mrs/Miss/Ms/Other – please specify

Contact name

First name and surname.

Security questions
Contact's date of birth Day / Month / Year

Contact's mother's maiden name

This will be used for identification purposes when contacting Allied Irish Bank (GB). For contacts with ASM security, this will be used to retrieve your password.

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.

Please note: At least two contacts must provide out of hours details.

PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules.

7. 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** Add Remove
Account name
Limit £ Frequency
Transaction types (tick) Payments (Credits) Direct Debits

2. Branch NSC **Account number** Add Remove
Account name
Limit £ Frequency
Transaction types (tick) Payments (Credits) Direct Debits

3. Branch NSC **Account number** Add Remove
Account name
Limit £ Frequency
Transaction types (tick) Payments (Credits) Direct Debits

4. Branch NSC **Account number** Add Remove
Account name
Limit £ Frequency
Transaction types (tick) Payments (Credits) Direct Debits

8. Declaration

Please amend the Bacstel-IP Service through our iBusiness Banking Customer Profile in line with the information provided in this Amendment Form. We 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 7 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 iBusiness Banking Customer Agreement for the Bacstel-IP Service.

For and on behalf of (Company name)

Partnership/Limited Company/PLC*

Authorised signature**

Date / /

Name

Position

For and on behalf of (Company name)

Partnership/Limited Company/PLC*

Authorised signature**

Date / /

Name

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 8 of the application form has been signed by an authorised person(s) in accordance with the Mandate.
- The customer has the authority to debit the Bank Accounts in Section 7 (crediting only) and that the Accounts in Section 10 are in the name of the same legal entity that has been approved as a Direct Debit Origination (debiting only).
- 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 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
<input type="text"/>	<input type="text"/>

Branch brand:

Bacs Customer Service contact details

Address: Bacs Customer Service, First Trust Centre, 92 Ann Street, Belfast, BT1 3HH.
Telephone: (01604) 235515
Email address: bacssupport@aib.ie

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