



AIB Graduate Current Account Application Form

How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this ☐ ☒
If you make a mistake, do this ☒ and mark the correct box

3 Please use BLOCK CAPITAL
LETTERS and leave one space between each word

Account Number NSC

To Allied Irish Banks, p.l.c. (AIB Bank or the Bank)
Personal Details (Sections with an * are mandatory and must be completed in full.)

*Title Mr ☐ Mrs ☐ Miss ☐ Other ☐ State here Middle initial Jnr/Snr

*First Name

*Surname

*Address

*County *Country

Gender Male ☐ Female ☐ Marital Status Single ☐ Married/Civil Partner ☐ Other ☐

*Date of Birth Day / Month / Year

*Place of Birth (as per identity documents)

*County/City *Country

*Purpose of Account

Daily Banking ☐ Other

*Source of Funding for the Account

*Estimated Annual Turnover of the account €

Tax Reporting – Customer Information Notice

Financial institutions in Ireland are required under legislation to seek answers to certain questions for the purpose of identifying those accounts, the details of which are reportable to Irish Revenue who may exchange these details with other tax authorities in relevant jurisdiction(s) and may include the following: name, address, tax identification number (TIN/TRN), date of birth, place of birth (where present in our records), account number of each of your accounts, account balance or value at year end of each of your accounts and payments made with respect to each of your accounts during the calendar year. This legislation incorporates the United States Foreign Account Tax Compliance Act (FATCA) and the Organisation for Economic Co-operation and Development (OECD) Common Reporting Standard (CRS).

All relevant sections of this form must be completed. If customers do not provide all of the information requested, we may not be able to proceed with opening the new account until the relevant information is provided.

Please note that AIB is unable to offer tax advice. For tax related questions and/or further information please contact your professional tax advisor or Irish Revenue at <https://www.revenue.ie/en/companies-and-charities/international-tax/aeoi/index.aspx>.

Customers **must** promptly advise AIB if their tax residence changes.

We are also required to submit an annual return of interest to Revenue under the Return of Payments (Banks, Building Societies, Credit Unions and Savings Banks) Regulations 2008. For the purposes of this return we may be obliged to seek the collection and verification of a Tax Reference Number (also known as PPSN) from customers when opening a new bank account. This number will be included in the annual return of interest to Revenue.

***Are you a US Citizen?** Yes ☐ No ☐

***In what country(ies) are you tax resident?**

If you answered yes to the US Citizen question please include the United States as one of the countries below.

Please provide a TRN for each jurisdiction in which you are tax resident unless you are tax resident in a jurisdiction that does not issue a TRN.

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Jurisdiction of Tax Residence

Tax Reference Number

Tax Reference Number

Tax Reference Number

Employment Details

*Employment Type: Employee ☐ Self-employed ☐ Home Maker ☐ Retired ☐ Not currently employed ☐

Job Description

Employer's Name

*Basic Gross Annual Income € (If no Income, please enter 'zero', i.e. enter '0' in Income field)

Will your income be paid into your bank account? Yes ☐ No ☐

Contact Details

Home Phone No

Mobile Phone No

E-mail Address

Product Information (Required Information – Please complete)

AIB may like to contact you occasionally, as part of our customer service programme, to advise you of AIB Group products and services that may be of benefit to you and relevant to your banking requirements. Please indicate the methods by which you are happy for us to contact you. (AIB Group means Allied Irish Banks p.l.c., its subsidiaries and associated companies).

Mail: Yes ☐ No ☐ Phone: Yes ☐ No ☐ E-mail: Yes ☐ No ☐

Data Protection Notice

For information in relation to how we collect personal information about you, how we use it and how you can interact with us about it, see our Data Protection Notice in branches and online. It may change from time to time.

Deposit Guarantee Scheme Information

By signing this declaration, I acknowledge that I have been provided with, read and accept the Deposit Guarantee Scheme - Depositor Information Sheet

Signature of Customer

Date Day / Month / Year

Signature/Declaration

1. Please open an AIB Graduate Account in my name under the Terms and Conditions for Current, Demand Deposit and Masterplan Accounts and the AIB Graduate Account Terms and Conditions, copies of which I have received.
2. I certify the accuracy of the information given and I agree the Bank may make such enquiries about me as it considers necessary in relation to this application.
3. I apply for an AIB Debit Card with Point of Sale (POS) and Automatic Teller Machine (ATM) services and Personal Identification Number (PIN) under the Bank's Terms and Conditions which will be sent to me for use with the Card.
☐ (Mark box, if required).

Customer Signature:

Print Name:

Date Day / Month / Year

BANK USE ONLY – All Fields are Mandatory and Application will be returned if not fully completed

(Please use Block Capitals and mark box where appropriate)

CJA Compliance

Proof of Identity: E.G.	Valid Passport	<input type="checkbox"/>	Driving Licence with Photo	<input type="checkbox"/>	National Identity Card	<input type="checkbox"/>
OR	Other	<input type="checkbox"/>	(please state)	<input type="text"/>		
Proof of Address: E.G.	Utility Bill	<input type="checkbox"/>	Correspondence from a Regulated financial institution	<input type="checkbox"/>		
			Correspondence from a government department/body/agency/board	<input type="checkbox"/>		
OR	Other	<input type="checkbox"/>	(please state)	<input type="text"/>		

Product Name: Graduate Account – 40035

Account Details

NSC:	<input type="text" value="9"/> <input type="text" value="3"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
Account Classification:	<input type="text" value="H"/>						
Staff Referral Code:	<input type="text"/>						
Sub Office Mobile Code:	<input type="text"/> <input type="text"/> <input type="text"/>						
Statement Diary:	Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>						
Date of Next Statement	<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td></tr></table> / <input type="text"/> / <input type="text"/> (Leave blank unless customer requests specific date)	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Day	Month	Year					
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Card Order

AIB Debit Card:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Embossed Name:	<input type="text"/>	
Mailing Address:	Customer Address <input type="checkbox"/>	

Book Order

Cheque Book:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	<input type="text"/>
Lodgement Book:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Type:	<input type="text"/>
Mailing Address:	Customer Address <input type="checkbox"/>			

Branch Checklist

Customer's CJA documentation has been sighted and verified to be true and original by Official signed below:	Yes <input type="checkbox"/>
This application has been checked and all mandatory fields have been completed:	Yes <input type="checkbox"/>
PPS No. (Tax Reference No.) documentation received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
I confirm that the customer(s) has been provided with the DGS - Depositor Information Sheet:	Yes <input type="checkbox"/>
I confirm that the customer(s) has signed and dated to acknowledge receipt of the DGS - Depositor Information Sheet:	Yes <input type="checkbox"/>

Completed By: Block Capitals	Signature:						
<input type="text"/>	<input type="text"/>						
Date	Staff number						
<table><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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Deposit Guarantee Scheme

Depositor Information Sheet



Basic information about the protection of your eligible deposits

Eligible deposits in Allied Irish Banks, p.l.c. are protected by:	the Deposit Guarantee Scheme ("DGS") ⁽¹⁾
Limit of protection:	€100,000 per depositor per credit institution ⁽²⁾
If you have more eligible deposits at the same credit institution:	All your eligible deposits at the same credit institution are 'aggregated' and the total is subject to the limit of €100,000 ⁽²⁾
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately ⁽³⁾
Reimbursement period in case of credit institution's failure:	7 working days ⁽⁴⁾
Currency of reimbursement:	Euro
To contact Allied Irish Banks, p.l.c. for enquiries relating to your account:	Allied Irish Banks, p.l.c., 10 Molesworth Street, Dublin 2 Tel: 0818 227 060 www.aib.ie
To contact the DGS for further information on compensation:	Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1 Tel: 01-224 5800 Email: info@depositguarantee.ie
More information:	www.depositguarantee.ie

Additional information

(1) Scheme responsible for the protection of your deposit

Your deposit is covered by a statutory deposit guarantee scheme. If insolvency should occur, your eligible deposits would be repaid up to €100,000.

(2) General limit of protection

If a covered deposit is unavailable because a credit institution is unable to meet its financial obligations, depositors are repaid by the DGS. This repayment covers at maximum €100,000 per person per credit institution. This means that all eligible deposits at the same credit institution are added up in order to determine the coverage level. If, for instance, a depositor holds a savings account with €90,000 and a current account with €20,000, he or she will only be repaid €100,000.

(3) Limit of protection for joint accounts

In case of joint accounts, the limit of €100,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of €100,000.

(4) Reimbursement

The responsible deposit guarantee scheme is:

Deposit Guarantee Scheme, Central Bank of Ireland, New Wapping Street, North Wall Quay, Dublin 1.

Tel: 01-224 5800.

Email: info@depositguarantee.ie.

Website: www.depositguarantee.ie.

It will repay your eligible deposits (up to €100,000) within 7 working days, save where specific exceptions apply.

Where the repayable amount cannot be made available within seven working days depositors will be given access to an appropriate amount of their covered deposits to cover the cost of living within five working days of a request. Access to the appropriate amount will only be made on the basis of data provided by the credit institution. If you have not been repaid within these deadlines, you should contact the deposit guarantee scheme.

(5) Temporary high balances

In some cases eligible deposits which are categorised as "temporary high balances" are protected above €100,000 for six months after the amount has been credited or from the moment when such eligible deposits become legally transferable. These are eligible deposits relating to certain events which include:

- certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- sums paid to the depositor in respect of benefits payable on death; claims for compensation in respect of a person's death or a legacy or distribution from the estate of a deceased person.

More information can be obtained at www.depositguarantee.ie

(6) Exclusions

A deposit is excluded from protection if:

- The depositor and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements.
- The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- It is a deposit made by a depositor which is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund (Deposits by Small Self Administered Pension Schemes are not excluded)
 - public authority

Further information about exclusions can be obtained at www.depositguarantee.ie

Other important information

In general, all retail depositors and businesses are covered by the Deposit Guarantee Scheme. Exceptions for certain deposits are stated on the website of the Deposit Guarantee Scheme. Your credit institution will also inform you on request whether certain products are covered or not. If deposits are eligible, the credit institution shall also confirm this on the statement of account.