



# **AIB Student Plus Account Opening Form**

(If the customer is an existing customer of AIB, an Account Conversion form must be completed instead)

How to complete the form  1 Please use a  Mark boxes like this  Please use BLOCK CAPITAL A 2				
BLACK pen  If you make a mistake, do this space between each word  LETTERS and leave one space between each word				
Account Number NSC				
Personal Details of Customer (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				
*Date of Birth Day Month Year  *Date of Birth Gender Male Female				
Place of Birth				
*Country/City Country				
CAO Number (if applicable)				
*Purpose of Account				
Daily Banking Other				
*Source of Funding for the Account				
*Estimated Annual Turnover of the account €				
Marital Status Single Married/Civil Partner Other				
Residential Status Living with parents Renting Home Owner				

## 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 (	itizen question please include the United Stat	tes as one of the countries below.		
Please provide a TRN for each j does not issue a TRN	urisdiction in which you are tax resident unles	ss you are tax resident in a jurisdiction that		
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	e enter 'zero', i.e. enter '0' in Income field)		
Will your income be paid into yo	ur bank account? Yes No			
Address Details				
residential address is now different	vith the legislation to combat money laundeent to the address you gave the CAO, (Appliative documentation as proof of your curren	ication/Declaration, point 3 overleaf), you		
*Home Address				
*Address:				
*County:				
*Country:				

*Address while at College				
*Address:				
*County:				
*Country:				
For all Students, with the exc	antion of Interna	tional Students st	udving in Irolan	
		ed on the Mailing		u,
L				
Contact Details				
Contact Details				
Home Phone No.	М	obile Phone No.		
Email Address				
College Details				
University/College Name	Fa	iculty		
Course Title				
Course Type				
Certificate Diploma Degree	Post Grac	luate Course	Masters	PHD
Other (Please state)				
Course Start Date (First Year)	'ear			
Course Finish Date (First Year)	rear			

### **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.

Product Information (Required Information - Please complete)			
AIB may like to contact you occasionally, as part of our customer service program and services that may be of benefit to you and relevant to your banking requirer by which you are happy for us to contact you. (AIB Group means Allied Irish Ban companies).	ments. Please indicate the methods		
Mail: Yes No Phone: Yes No Email: Yes	No		
If you decide to proceed with this product/service or have any other communication with AIB Group through or in relation to its products and services you consent to the use by AIB Group of your personal data as indicated above.			
Deposit Guarantee Scheme Information			
By signing this declaration, I acknowledge that I have been provided with, reascheme - Depositor Information Sheet	ad and accept the Deposit Guarantee		
Signature of Customer			
	Day Month Year  Date / / / /		

## Application/Declaration

To Allied Irish Banks p.l.c. ('the Bank')

1.	Please open an AIB Student Plus Account in my name under the Terms and Conditions for Current, Demand Deposit and Masterplan Accounts and the AIB Student Plus Account Terms and Conditions, copies of which I have received.

2. I apply for an AIB Debit Card with POS and 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. (Please mark box, if required)

I authorise the Bank to debit this account in accordance with my instructions transmitted by means of my AIB

I authorise the Bank to debit this account in accordance with my instructions transmitted by means of my AIB Debit Card and PIN, without any obligation on the Bank to further verify these instructions.

- 3. I hereby give consent to AIB to contact The Central Applications Office (CAO) for the purpose of verifying by whatever means available the accuracy of the information given by me against that supplied to the CAO. For the benefit of the CAO, I hereby consent to this disclosure and confirm that the CAO may act upon this authorisation as if it were specifically addressed to the CAO.
- 4. 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.

Signature of Customer				
	Date	Day	Month /	Year

## **BANK USE ONLY**

**Identification of Customer and Verification of Address** 

All Fields are Mandatory and Application will be returned if not fully completed (Please use Block Capitals and mark box where appropriate)

Customer Identifica	ation Provided		
Yes No	Type of Document		
Issued By/At:			
Reference No:			
Permanent Address	s Verified		
Yes No	Type of Document		
Issued By/At:			
Ref/.CAO No:			
AND CAO Offer/Ac Registration Form (Acceptable within 6 mo	(College within CAO Scheme only), Acceptable photog Acceptance Letter or CAO College current residential *Also acceptable for Stud	raphic identification and proof of address must be obtained.	
Account Details	Stadent Has Account Troduct Code 40050		
NSC			
Account Number			
Short Name			
Account Title			
A/C Classification B Central Bank Code 1 6 5 Signing Authority Staff Referral Code Sub Office Mobile Code			
Card Order			
AIB Debit Card:	Yes No		
Embossed Name on Card			
	IT: For Irish Students in rented/shared accommodation while in ess. For International Students in rented/shared accommodation		
Mailing Address for	or Card: A – Customer Address B – Branch		

## **Branch Checklist**

Staff Number of Bank Official	Day Month	Year	
Name of Bank Official	Signature of Bank Official		
I confirm that the customer(s) has signed and dated to ackr Depositor Information Sheet	nowledge receipt of the DGS -	Yes	
• I confirm that the customer(s) has been provided with the	DGS - Depositor Information Sheet	Yes	
PPS No. (Tax Reference No.) documentation received		Yes	No
• Terms and Conditions for Current, Demand Deposit and M Business, A Guide to Fees and Charges for Personal Accou brochure booklet has been given to the Customer:		Yes	
<ul> <li>Customer CJA documentation has been sighted and verification of the companient of the com</li></ul>	Yes		

# **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") <sup>(1)</sup>			
Limit of protection:	€100,000 per depositor per credit institution <sup>(2)</sup>			
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 $\rm { \le }100,000^{(2)}$			
If you have a joint account with other person(s):	The limit of €100,000 applies to each depositor separately <sup>(3)</sup>			
Reimbursement period in case of credit institution's failure:	7 working days <sup>(4)</sup>			
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:

- (a) certain transactions relating to the purchase, sale or equity release by the depositor in relation to a private residential property;
- (b) sums paid to the depositor in respect of insurance benefits, personal injuries, disability and incapacity benefits, wrongful conviction, unfair dismissal, redundancy, and retirement benefits;
- (c) the depositor's marriage, judicial separation, dissolution of civil partnership, and divorce;
- (d) 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.
- (2) The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
- (3) 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.