



Change iBusiness Banking (iBB) Authorised Signatories (Company)

How to complete the form		
■ BLACK pen If yo	k boxes like this — ou make a mistake, do this mark the correct box	3 Please use BLOCK CAPITAL A 2 LETTERS and leave one space between each word
This supplemental resolution is for AIB iBus the operation of the Company's Bank acco Company Name Existing User ID		t affect the general mandate held by the Bank for
Minutes of the meeting of the Board of Directors of (the 'Company') duly held on the Day Month Year the following Resolutions were passed: 1. That the authority of the authorised signatories whose names were given by the Company to Allied Irish Banks, p.l.c. ('the Bank') in the resolution dated Day Month Year in respect of the operation of the Company's iBusiness Banking Services be revoked and the following authorised		
signatories be substituted in lieu, name PRINT NAME	ly: SIGNATUI	RE
PRINT NAME	SIGNATUI	RE
PRINT NAME	SIGNATUI	RE
PRINT NAME	SIGNATUI	RE
ancillary document and do all or any acconnection with the Services.		y document amending the Agreement or any ty as they are in their discretion think fit in Any 2 Signatories All signatories

3. That the appointment of the Client Contact named in the resc	olution dated
Day Month Year	
be revoked and that the following person (who must be one of	
substituted in lieu, for the purpose of giving and receiving of r you wish to change your Client Contact)	notices in relation to ibusiness Banking. (Complete only II
you monto change your enem contact,	
Contact Name:	
Contact Phone:	
Email Address:	
Contact Fax:	
Customer Address:	
4. That the authorised signatories and Client Contact (where app	
the Board, certified to the Bank in writing under the hand of a Secretary of the Company.	Director and countersigned by a second Director or the
It is here by certified that the foregoing is a true extract from the minutes of	the Meeting of the board of directors of the Company.
This must be signed by the chairperson of the meeting (this person must be company or Company Secretary.	
CHAIRPERSON: PRINT NAME	SIGNATURE
DIRECTOR / COMPANY SECRETARY: PRINT NAME	SIGNATURE

Checklist

- Please ensure all relevant sections are complete
- Please ensure that the correct signatories have signed this Amendment Request
- Once completed please forward this Amendment Request to your branch/Relationship Manager

What Happens Next?

- · Your Local Administrator can monitor iBB to verify that the amendment has been processed
- If you wish to query the status of your request you can contact the iBusiness Banking Operations Team on 0818 72 00 00 or +353 1 641 4889 (Outside Rol) Monday Friday 08:30 17:30

We will be unable to process your request unless it is branded and signed by your branch/Relationship Manager

FOR BANK USE ONLY

ATTENTION! ATTENTION! The ORIGINAL form must be kept in branch and a COPY should be FAXED to iBusiness Banking Operations for processing. Fax No: (01) 6089454.

I confirm that the customer signature(s) have been verified		
Authorised Signatory at Branch		
PRINT NAME	SIGNATURE	
SIGNING NUMBER	DATE	
	Day Month Year	
CONTACT NUMBER		



Allied Irish Banks, p.l.c. Registered Office: 10 Molesworth Street, Dublin 2. Registered in Ireland, Number 24173.

Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.