Notification of change to the list of authorised individuals

RETURN TO: BANK OF IRELAND GLOBAL MARKETS DOCUMENTATION TEAM, GROUND FLOOR, BAGGOT PLAZA, 27-33 BAGGOT STREET, DUBLIN 4



To: THE GOVERNOR A	AND COMPAN M 2 0	Y OF THE BANK OF IR	RELAND AND GLOI	BAL MARKETS (GN	1) DIVISION (the "Bank")		
1. Insert full legal r	name:						
pursuant to reset therefor from til	olution(s) of th me to time bei		ution and any ame		20 20, replacement or substitution unt(s) in the name of, and the affairs		
3 The Deal States	ala a a d'Caral la	the Control of the			to all the destructions are a section to		
2. The Bank is hereby notified by the Customer to change the list of Global Markets authorised individuals as set out below:							
		THORISED INDIVIDUA to the Bank's Global			e – these are people authorised to		
By the deletion of	1.		2.		3.		
	4.		5.		6.		
	who shall ceas	se to be a GM Authoris	sed Individual of th	ne Customer unde	r the Mandate.		
					– these are people authorised to		
give instructions in relation to the Bank's Global Markets business unit only):							
By the insertion of	1.			2.			
as a GM Authorised Individual, who shall be authorised to carry out transactions and give instructions on behalf of the Customer as per the resolutions set out in the Mandate. Details and sample signatures are set out below: (Note that an electronic signature is acceptable for an Authorised Signatory however please note that it must replicate the Authorised Signatory's wet ink signature, so that Instructions by wet ink signature can also be accepted).							
NO 1.		GM AUTHORISED INDIVIDUAL DETAILS					
Title (Mr, Ms, Mrs, Other)							
Full Name							
Position/Job Title							
Telephone Number							
Email Address							

Classification: Confidential Page 1 of 2

Signature

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NO 2.	GM AUTHORISED INDIVIDUAL DETAILS				
Title (Mr, Ms, Mrs, Other)					
Full Name					
Position/Job Title					
Telephone Number					
Email Address					
Signature					
In accordance with clause 5 of the Treasury Terms and Conditions, where instructions are provided by an Authorised Individual/ Signatory by telephone, such telephone instructions will override any provisions in the Account Mandate in relation to the number of signatures which are required to operate your account.					
Do you have more changes to make Authorised Individuals.	e to Authorised Individuals to add? If so, please print this page again and complete for other				
Signature ¹ (Secretary and / or Direct	or):				
Name in full:					
Signature (Authorised Individual) ¹ :					
Name in full:					
1. Must be signed in accordance with the existing mandate by wet ink or electronic signature (including by DocuSign). If signed by electronic signature, the signatory themselves must e-mail the completed document to the Bank with confirmation that they have inserted their electronic signature in this section of the document.					
FOR INTERNAL USE ONLY					
Account Entity Number (To be completed by BOI GM dealer)					
	1				