

Global Markets

Partnership Account Application



**Bank of
Ireland**

SECTION 1: YOUR BUSINESS DETAILS

Please provide us with the following information about your business.

Partnership Name	
Partnership Address	
Name and Address for Correspondence (if different from above)	
Principal Business Activity	
Business On Line Profile Number	

SECTION 1 (A): CURRENCY ACCOUNT DETAILS

Please complete this section if you wish to open Currency Accounts

	Account A	Account B	Account C
Currency*			
Account Type Required	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>	Current <input type="checkbox"/> Call <input type="checkbox"/> Fixed Term <input type="checkbox"/>

If you have an existing Global Markets Account (s), please provide the account numbers below

Account Number(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Do you wish to add your new currency account details to your FXPay profile?	Yes <input type="checkbox"/> No <input type="checkbox"/>

* You can access a full list of the currencies on <https://corporate.bankofireland.com/library/>

PLEASE COMPLETE ONLY IF YOU WISH TO SIGN UP TO FXPAY COMPANY BANK ACCOUNT DETAILS				
	Account Reference Name	Currency	Default Account for Currency? <small>Where more than one account is specified for a currency, please indicate which account is the default account from which money is to be withdrawn</small>	IBAN
1				
2				
3				
4				

SECTION 2 (A): AUTHORISED INDIVIDUALS/SIGNATORIES

The individuals specified below are authorised to enter into Transactions with the Bank as specified below ("Mandated Transactions") and give instructions in writing on behalf of the Partnership. Where indicated, individuals will also be authorised to provide the Bank with instructions for the Mandated Transactions by telephone.

AUTHORISED INDIVIDUAL DETAILS		INSTRUCTIONS PERMITTED (PLEASE ✓ TICK AS APPROPRIATE)	
Title (Mr, Mrs, Ms, Other)		Current & Deposit Accounts	<input type="checkbox"/>
Full Name		FX Contracts ¹	<input type="checkbox"/>
Position/Job Title		Foreign Exchange Options	<input type="checkbox"/>
Telephone Number		Trade Finance Products	<input type="checkbox"/>
Email Address		Interest Rate Hedging	<input type="checkbox"/>
PPS Number (interest bearing accounts only)		Other (please specify below)	<input type="checkbox"/>
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.

PLEASE COMPLETE ONLY IF SIGNING UP TO FXPAY FXPAY- PERMISSIONS AND INFORMATION

All Bank of Ireland FXPay Users have the ability to:

Add Payment Details	✓	Add Payee Details	✓
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FXPAY PERMISSIONS (PLEASE ✓ TICK AS APPROPRIATE)			SECURITY QUESTIONS (IN THE EVENT OF A PASSWORD RESET OR TOKEN ISSUE)								
Book Spot/Forward FX Deals	<input type="checkbox"/>		Date of Birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
			Mother's Maiden Name								
Administrator Access	<input type="checkbox"/>		Middle Name								
			Place of Birth								
Payments Permissions <u>Please tick Level 1 OR Level 2</u>	Level 1 Approver Full Authorisation	<input type="checkbox"/>	Payee Permissions <u>Please tick Level 1 OR Level 2</u>	Level 1 Approver Full Authorisation	<input type="checkbox"/>						
	Level 2 User Limited Authorisation	<input type="checkbox"/>		Level 2 User Limited Authorisation	<input type="checkbox"/>						

As per the resolution on page 13, the individual specified above shall be provided by the Bank with access to FXPay on behalf of the Partnership and is authorised with the permissions set out above. This section should only be completed where the Partnership wishes to avail of the FXPay Services and agreed to be bound by the FXPay Special Terms and Conditions.

Do you have more Authorised Individuals to add? If so, please print this page again and complete for other Authorised Individuals.

¹ Whether or not regulated by MiFID II

SECTION 2 (A): AUTHORISED INDIVIDUALS/SIGNATORIES

The individuals specified below are authorised to enter into Transactions with the Bank as specified below ("Mandated Transactions") and give instructions in writing on behalf of the Partnership. Where indicated, individuals will also be authorised to provide the Bank with instructions for the Mandated Transactions by telephone.

AUTHORISED INDIVIDUAL DETAILS		INSTRUCTIONS PERMITTED (PLEASE ✓ TICK AS APPROPRIATE)	
Title (Mr, Mrs, Ms, Other)		Current & Deposit Accounts	<input type="checkbox"/>
Full Name		FX Contracts ¹	<input type="checkbox"/>
Position/Job Title		Foreign Exchange Options	<input type="checkbox"/>
Telephone Number		Trade Finance Products	<input type="checkbox"/>
Email Address		Interest Rate Hedging	<input type="checkbox"/>
PPS Number (interest bearing accounts only)		Other (please specify below)	<input type="checkbox"/>
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.

PLEASE COMPLETE ONLY IF SIGNING UP TO FXPAY FXPAY- PERMISSIONS AND INFORMATION

All Bank of Ireland FXPay Users have the ability to:

Add Payment Details	✓	Add Payee Details	✓
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FXPAY PERMISSIONS (PLEASE ✓ TICK AS APPROPRIATE)			SECURITY QUESTIONS (IN THE EVENT OF A PASSWORD RESET OR TOKEN ISSUE)			
Book Spot/Forward FX Deals	<input type="checkbox"/>		Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		
			Mother's Maiden Name			
Administrator Access	<input type="checkbox"/>		Middle Name			
			Place of Birth			
Payments Permissions <u>Please tick Level 1 OR Level 2</u>	Level 1 Approver Full Authorisation	<input type="checkbox"/>	Payee Permissions <u>Please tick Level 1 OR Level 2</u>	Level 1 Approver Full Authorisation	<input type="checkbox"/>	
	Level 2 User Limited Authorisation	<input type="checkbox"/>		Level 2 User Limited Authorisation	<input type="checkbox"/>	

As per the resolution on page 13, the individual specified above shall be provided by the Bank with access to FXPay on behalf of the Partnership and is authorised with the permissions set out above. This section should only be completed where the Partnership wishes to avail of the FXPay Services and agreed to be bound by the FXPay Special Terms and Conditions.

Do you have more Authorised Individuals to add? If so, please print this page again and complete for other Authorised Individuals.

¹ Whether or not regulated by MiFID II

SECTION 2 (B) - AUTHORISATION REQUIRED ON INSTRUCTIONS

Number of Authorised Individuals required on Instructions

Any ONE of the Authorised Individuals	Any TWO of the Authorised Individuals	Any ALL of the Authorised Individuals
Other: Please <i>provide further details</i>		

<input type="checkbox"/> PPS Number not provided.	I/we do not have official details or an official document with my/our name(s), address(es) and PPS number(s) but I/we will submit this documentation as soon as possible. I/we declare the foregoing to be true and accurate.
<input type="checkbox"/> PPS Number provided but no proof attached.	I/we do not currently have an official document with my/our name(s), address(es) and PPS number(s) but I/we confirm that the PPS number(s) outlined above is my/our PPS number(s). I/we will submit the appropriate documentation as soon as possible. I/we declare the foregoing to be true and accurate.

SECTION 3: DEPOSIT GUARANTEES SCHEME – DEPOSITOR INFORMATION SHEET

If you have an Account with us or wish to open an Account with us, we are obliged to offer you a copy of our Deposit Guarantee Scheme Depositor Information Sheet.

This is available online here: <https://www.bankofireland.com/mobile-app/depositor-information-sheet/>

Please confirm you have accessed and read the Deposit Guarantee Scheme- Depositor Information Sheet by ticking this box	<input type="checkbox"/>
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SECTION 4: LIST OF PARTNERS/ BENEFICIAL OWNERSHIP*

If you choose to provide your own list instead of using this form, then such a list must: (i) be addressed to The Governor and Company of the Bank of Ireland; (ii) be on Partnership letterhead; (iii) be certified to be given in connection with this Account Application; (v) state the date of the Account Application; and (v) contain all of the information below.

Name/Title		Occupation	
Residential Address		Business Address	
% of Ownership (if >25%)*		Date of Birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>

Name/Title		Occupation	
Residential Address		Business Address	
% of Ownership (if >25%)*		Date of Birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>

Name/Title		Occupation	
Residential Address		Business Address	
% of Ownership (if >25%)*		Date of Birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>

Name/Title		Occupation	
Residential Address		Business Address	
% of Ownership (if >25%)*		Date of Birth	<div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div>

*Where no beneficial owner has been assigned greater than 25% ownership then details of two prominent stakeholders of the business should be provided. Where any Partner or Beneficial Owner is not a natural person, that entity may be required to provide (1) a board resolution and/or (2) a self-certification for FATCA/CRS purposes.

SECTION 5: TAX REPORTING INFORMATION REQUIRED UNDER FATCA/CRS

The Governor and Company of the Bank of Ireland ("the Bank") is obliged under Section 891E and Section 891F of the Taxes Consolidation Act 1997 (as amended), and Tax Regulations made pursuant to those sections, to collect certain information in respect of the Foreign Account Tax Compliance Act ('FATCA') and the Common Reporting Standard 'CRS').

Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances (depending on your Entity/Organisation's classification for FATCA and CRS purposes), we may be obliged to share this information with relevant tax authorities, who may then share it with tax authorities in other countries or territories. The information which we may be obliged to share with the tax authorities includes:

- the name and address of your Entity/Organisation
- country(ies)/territory(ies) of tax residence and tax identification number(s) (TINs)
- the type of account that is being reported (e.g. depository account) and account number
- the account balance or value at the end of the reporting period (or date of closure if the account was closed)
- gross amounts paid or credited with respect to the account (e.g. interest, dividends, redemption payments)
- whether a valid self-certification is held
- whether the account is new (opened on or after 1 January 2016) or pre-existing (opened before 1 January 2016)
- In certain circumstances, the name, address, country(ies)/territory(ies) of tax residence, US citizenship, tax identification number (TIN), date of birth, place of birth and role(s) of the controlling persons of the Entity/Organisation may also be shared.

This form is intended to request information only where such request is not prohibited by Irish law.

If you have any questions about how to complete this form or any other concerns about the impact of sharing of information, you should contact your tax advisor or local tax authority.

Please note that the Bank does not provide tax advice and will not be liable for any errors contained in this form.

When filling in this form, read the Guidance Notes and Glossary of Terms (form 4-1069R) for definitions of specific words and terms.

CUSTOMER CHECKLIST

SECTION	TO BE COMPLETED BY: NON- FINANCIAL ENTITIES	TO BE COMPLETED BY: FINANCIAL INSTITUTIONS
Section 5 (A) Details on Tax Residency	Yes	Yes
Section 5 (B) Non-Financial Entities	Yes	No
Section 5 (C) Financial Institutions	No	Yes
Section 5 (D) Financial Institutions CRS information	No	Yes
Section 5 Controlling Persons	Non-Financial Entities who classified themselves as Passive NFFE or Passive NFE in 5 (B) only	Financial Institutions who classified themselves as an Investment Entity in Non- Participating Jurisdiction in 5 (D) only

SECTION 4 (A): TAX RESIDENCY FOR FATCA & CRS (MANDATORY)

Please answer the following questions about your tax residency

1	Is your Entity/Organisation a Specified U.S Person? (Note that a Specified U.S Person includes organisations)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide your Entity/Organisation's U.S. Tax Identification Number (TIN)		
2	Is your Entity/Organisation resident for tax purposes in any country other than the U.S. and the Republic of Ireland?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	If yes, Please list all countries/territories in which your Entity/organisation is tax resident and provide the corresponding Tax Identification Number (TIN), or functional equivalent for each country/territory or else a valid explanation as to why no TIN is available.		
	Country/Territory	Tax Identification Number (TIN)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

If you are a Non-Financial Entity, please complete section 4 (B), otherwise, please proceed directly to Section 5 (C)

SECTION 5 (B) NON- FINANCIAL ENTITIES

For more details on Non-Financial Entities, please refer to the Glossary at

<https://corporate.bankofireland.com/library/>

FATCA	
• I certify that the Entity/Organisation is an Active NFFE	<input type="checkbox"/>
• I certify that the Entity/Organisation is a Passive NFFE*	<input type="checkbox"/>
• I certify that the Entity/Organisation is an Excepted NFFE	<input type="checkbox"/>
CRS	
• I certify that the Entity/Organisation is an Active NFE, the stock of which is regularly traded on an established securities market	<input type="checkbox"/>
• I certify that the Entity/Organisation is an Active NFE, a Government Entity or Central Bank	<input type="checkbox"/>
• I certify that the Entity/Organisation is an Active NFE, an international organisation	<input type="checkbox"/>
• I certify that the Entity/Organisation is an Active NFE, other than the above Active NFE categories	<input type="checkbox"/>
• I certify that the Entity/Organisation is a Passive NFE*	<input type="checkbox"/>

***If you have classified yourself as a Passive NFFE or Passive NFE, please proceed to complete Section 6, otherwise please proceed directly to Section 7.**

SECTION 5 (C) FINANCIAL INSTITUTIONS INFORMATION REQUIRED FOR FATCA

All Financial Institutions must complete Section 5 (C) and Section 5 (D).

The information provided in this Section is for FATCA, please note your classification may differ from your CRS classification in Section 5 (B). If your Entity/ Organisation is a Financial Institution under FATCA, Please tick one of the following options below. For more information, Please refer to the Glossary in form 4-1070R.

1. Please choose from one of the following options

i) Registered Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
ii) Participating Foreign Financial Institution	<input type="checkbox"/>
iii) Partner Jurisdiction Financial Institution (including Irish Financial Institutions)	<input type="checkbox"/>

2. Please provide your Global Intermediary Identification Number (GIIN)

OR If your Entity is a Financial Institution but unable to provide a GIIN, please choose one of the below reasons:

a) Certified Deemed Compliant Foreign Financial Institution	<input type="checkbox"/>
b) Exempt Beneficial Owner	<input type="checkbox"/>
c) Non-Participating Foreign Financial Institution	<input type="checkbox"/>
d) Excepted Foreign Financial Institution	<input type="checkbox"/>

SECTION 5 (D) FINANCIAL INSTITUTIONS CRS INFORMATION REQUIRED FOR CRS

This section is to be completed by Financial Institutions only.

Please choose from one of the following options

• Investment Entity in Non- Participating Jurisdiction	<input type="checkbox"/>
• Financial Institution (other than an Investment Entity in Non-Participating Jurisdiction)	<input type="checkbox"/>

If you have chosen "Investment Entity in Non- Participating Jurisdiction" please proceed to Section 6 to complete. If you have chosen "Financial Institution", proceed directly to Section 7.

SECTION 6: CONTROLLING PERSON DECLARATION UNDER FATCA/CRS

If your Entity/Organisation has certified in this Form as being:

1. A Passive NFFE/NFE, or
2. An Investment Entity in a Non-Participating Jurisdiction

The Bank is required to establish the role(s) of any Controlling Person detailed in the mandate (i.e. a Director or Beneficial Owner whose percentage of ownership is 25% or greater, or who otherwise exercises control over the Entity) and whether such a person is a U.S. citizen or resident in any country/territory other than the Republic of Ireland for tax purposes.

If the Controlling Person is tax resident in more than three countries/territories please use a separate sheet.

CONTROLLING PERSON'S DETAILS			
1	Name		
2	Residence address including postcode & country		
3	Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	
4	Telephone number (including international country code)		
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S. Tin must be provided. U.S. TINs must be 9 digits.		
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.		
	Country/Territory	TIN (or Equivalent)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

CONTROLLING PERSON'S DETAILS			
1	Name		
2	Residence address including postcode & country		
3	Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	
4	Telephone number (including international country code)		
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S. Tin must be provided. U.S. TINs must be 9 digits.		
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.		
	Country/Territory	TIN (or Equivalent)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

CONTROLLING PERSON'S DETAILS			
1	Name		
2	Residence address including postcode & country		
3	Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	
4	Telephone number (including international country code)		
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S. Tin must be provided. U.S. TINs must be 9 digits.		
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.		
	Country/Territory	TIN (or Equivalent)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

If you have not been able to provide a TIN, please indicate why using one of the following explanations:

A. The country/ territory of tax residency does not issue TINs or functional equivalents to its residents;
B. The country/territory of tax residency has not issued a TIN to you (if selecting this option B, please also provide an explanation in the box above
C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

CONTROLLING PERSON'S DETAILS			
1	Name		
2	Residence address including postcode & country		
3	Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	
4	Telephone number (including international country code)		
5	Is the Controlling Person a U.S. citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please provide U.S. Tax Identification Number (TIN) Note: If United States is the country of tax residency, a U.S. Tin must be provided. U.S. TINs must be 9 digits.		
6	Is the Controlling Person resident in any other country or territory other than the Republic of Ireland for tax purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes", list below all countries/territories in which the Controlling Person is tax resident, and provide a Tax Identification Number (TIN) for each country/ territory. A TIN, or else a valid explanation as to why no TIN is available, is mandatory for each country/territory listed. Note: if United States is the country of tax residency, a U.S. TIN must be provided. U.S. TINs must be 9 digits.		
	Country/Territory	TIN (or Equivalent)	Reason why no TIN provided (indicate A, B or C from the explanations outlined below)

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C. The domestic law of the country/ territory of tax residency does not require the collection of a TIN.

Please select a Controlling Person Type from the list to indicate the role(s) by virtue of which you are a Controlling Person in the Entity/Organisation.

	(PLEASE <input checked="" type="checkbox"/> TICK ALL THAT APPLY)
Controlling Person of Legal Person	Control by ownership <input type="checkbox"/> Control by other means <input type="checkbox"/> Senior managing official <input type="checkbox"/>
Controlling Person of Legal Arrangement – Trust	Settlor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary <input type="checkbox"/> Protector <input type="checkbox"/> Other <input type="checkbox"/>
Controlling Person of Legal Arrangement – Other	Settlor – equivalent <input type="checkbox"/> Trustee – equivalent <input type="checkbox"/> Beneficiary – equivalent <input type="checkbox"/> Protector – equivalent <input type="checkbox"/> Other – equivalent <input type="checkbox"/>

SECTION 7: EUROPEAN MARKET INFRASTRUCTURE REGULATIONS (EMIR) INFORMATION

1. Do you intend to enter into OTC derivatives contracts ¹ (including FX forwards) with the Bank?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you answered yes, please proceed with questions 2-4 below. If you answered No, you can proceed directly to Section 8.

2. Legal Entity Identifier	<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"/>	<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"/>	<input type="text"/>	<input type="text"/>
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LEI codes are issued by appointed Local Operating Units such as the Irish Stock Exchange and the London Stock Exchange. In order to obtain an LEI simply contact your preferred business partner from a list of LEI issuing organizations (<https://www.gleif.org/en/about-lei/get-an-lei-find-lei-issuing-organizations>). You will be required to provide certain information which may include, legal name, address, country of incorporation, company registration number, VAT number and also, to pay a small fee.

For the avoidance of doubt, an LEI is not required if

- you are a Natural Person;
- you transact foreign exchange spot contracts only; or
- you enter into a FX Forward that is connected to a payment transaction and is not transacted on a MIFID Venue².

3. Do you want the Bank to report your trade information to a trade repository in order to comply with your requirements under EMIR?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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4. Counterparty Classification

A(1) - **Financial Counterparty "FC"** (Please specify which FC type below)

C = Credit Institution authorised in accordance with Directive 2013/36/EU;	<input type="checkbox"/>
F = Investment Firm authorised in accordance with Directive 2014/65/EU;	<input type="checkbox"/>
I = Insurance Undertaking authorised in accordance with Directive 2009/138/EC;	<input type="checkbox"/>
L = Alternative Investment Fund (AIF), as defined in Directive 2011/61/EU, which is either established in the European Union or managed by an alternative investment fund manager (AIFM) authorised or registered in accordance with Directive 2011/61/EU, unless that AIF is set up exclusively for the purpose of serving one or more employee share purchase plans, or unless that AIF is a securitisation special purpose entity as referred to in Directive 2011/61/EU, and, where relevant, its AIFM established in the European Union;	<input type="checkbox"/>
O = Institution for occupational retirement provision within the meaning of Article 6 of Directive (EU) 2016/2341;	<input type="checkbox"/>
R = Reinsurance undertaking authorised in accordance with Directive 2009/138/EC;	<input type="checkbox"/>
U = UCITS and, where relevant, its management company, authorised in accordance with Directive 2009/65/EC (unless that UCITS is set up exclusively for the purpose of serving one or more employee share purchase plans); or	<input type="checkbox"/>
Central Securities Depository authorised in accordance with Regulation (EU) 909/2014	<input type="checkbox"/>

A(2) - If you have indicated above that you are a **Financial Counterparty "FC"** please also indicate if you are a:

- Financial Counterparty that is subject to the clearing obligation under EMIR	<input type="checkbox"/>
- Financial Counterparty that is not subject to the clearing obligation under EMIR ["Small Financial Counterparty"]	<input type="checkbox"/>
B - Non- Financial Counterparty "NFC" that is not subject to the clearing obligation under EMIR ["NFC-"]	<input type="checkbox"/>

C - **Non- Financial Counterparty "NFC+"** that is subject to the clearing obligation under EMIR. Please tick which asset classes you exceed the clearing threshold

- OTC credit derivative contracts	<input type="checkbox"/>
- OTC equity derivative contracts	<input type="checkbox"/>
- OTC interest rate derivative contracts	<input type="checkbox"/>
- OTC foreign exchange derivative contracts	<input type="checkbox"/>
- OTC commodity derivative contracts and other OTC derivative contracts not provided for above	<input type="checkbox"/>

D - Non- EEA entity	<input type="checkbox"/>
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¹ For the avoidance of doubt, derivative contracts traded on MTFs and /or OTFs (e.g. FXALL) are considered to be "OTC derivative contracts" for the purposes of EMIR

² 'MIFID Venue' means a regulated market, a multilateral trading facility or an organized trading facility

Please note,

If you are an NFC-, the Bank is required to report your OTC derivative contract on your behalf (Mandatory Reporting). However, you must provide the Bank with details relating to the OTC derivatives which we cannot be reasonably expected to possess (e.g. your LEI or corporate sector).

If you are an NFC- that has already invested in a reporting system, you can opt out of the mandatory reporting. Do you want to report your OTC derivatives contract yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you are an FC or NFC+, the Bank is willing to report your OTC derivative contract on your behalf. Do you wish the Bank to report your trade information to a trade repository in order to comply with your requirements under EMIR (Delegated Reporting)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SECTION 8: MIFID II / MIFIR TRANSACTION REPORTING DATA

We will provide details of all Mandated Transactions which we are required to report to the competent authorities. Your foreign exchange transaction is excluded from the transaction reporting obligation under MiFID II / MiFIR if it meets certain criteria. In order to assess which of your Mandated Transactions are reportable or not please provide the following information:

1. Do you intend to enter into forward foreign exchange transaction with the Bank? (If yes, proceed to no. 2)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. You are not a financial counterparty as set out under EMIR (see Section 7 above) (If yes, proceed to no. 3)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are the transactions a means of payment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are the transactions		
(i) settled physically? ¹ ;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) entered into in order to facilitate payment for identifiable goods, services or direct investment? ² ;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(iii) not traded on a trading venue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you (also) intend to enter into foreign exchange transactions with the Bank that do not meet the criteria as set out in question no.3 and 4?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE NOTE:

If you answered "Yes" to every criterion in no. 2 - 4, your transaction is exempted from the MiFID II/MiFIR regulatory reporting obligation. We will not be reporting these transactions to the competent regulatory authorities (Central Bank of Ireland or Financial Conduct Authority).

If you answered "Yes" to question no 5, please note, that these transactions are in scope for the MiFID II/ MiFIR regulatory reporting.

By signing this mandate, you agree to inform the Bank if you are aware or become aware of any changes that may affect the evaluation of any Mandated Transactions.

SECTION 9: KEY INFORMATION DOCUMENTS

Under Regulation (EU) No 1286/2014 of the European Parliament and of the Council of 26 November 2014 on Key Information Documents for Packaged Retail and Insurance-based Investment Products ("PRIIPs") and from 1 January 2018, the Bank is obliged to provide its retail investors (as defined in PRIIPs) with a key information document (the "KID") for each over-the-counter derivative transaction that is within the scope of PRIIPs and that they enter into with the Bank.

In each case, the Bank intends to provide you with the KID by means of a website. The Bank will post the KID and any revised version thereof (where applicable) on its website at www.bankofireland.com/treasurylibrary or such other website as the Bank notifies to you from time to time.

Please note that you are entitled to a paper copy of the relevant KID free of charge at any time upon request to the Bank.

By signing this mandate, you choose to receive the KID for each over-the-counter derivative transaction by means of a website and confirm that you have regular access to the internet.

SECTION 10: BEST EXECUTION

As we operate in the over-the-counter (OTC) market, we typically do not use execution venues. However, if we decide to use an execution venue in relation to your Instruction, we will inform you of the execution venue on which we are placing significant reliance in order to fulfil our obligation to take all sufficient steps to obtain, on a consistent basis, the best possible result for the execution of your Instruction.

Where that execution venue is not also a trading venue (such as regulated markets, multilateral trading facilities and organised trading facilities), by signing this Mandate, you expressly consent to us to execute your order outside of a trading venue.

¹ Other than by reason of a default or other termination events.

² An example for "identifiable goods, services or direct investment" is where one of the parties to the contract (i) sells currency to the other party which that other party will use to pay for specific goods or services or to make a direct investment or (ii) buys currency from the other party which the first party will use to achieve certainty about the level of payments that it is going to receive.

SECTION 11: DECLARATIONS AND AGREEMENTS

The Partnership agrees that the Bank shall have no responsibility for and shall be indemnified by the Partnership in full on demand against any loss, damage or other liability suffered or incurred by the Bank or the Partnership, as the case maybe, in connection with any Instruction or request believed by the Bank in good faith to have been given in accordance with this Account Mandate.

I hereby certify that:

1. All information in this Account Application is accurate and has been completed to the best of my knowledge and belief. Any self-certifications required by law to be provided by controlling person (e.g. Partners/Beneficial Owners) have been provided by such persons and may be relied upon by the Bank.
2. An accurate list of Partners as of the date of this Account Application has been provided to the Bank;
3. The Partnership has received or accessed, has read and agrees to be bound by the terms of the Account Application, EMIR Reporting Service Special Terms and Conditions if applicable, the Treasury Terms and Conditions and where relevant the Treasury Terms of Business and/or the Governor and Company of the Bank of Ireland Terms of Business & FXPay Special Terms and Conditions as applicable for the operation of our Account(s)*;
4. The Partnership has read and understood the terms relating to the use and disclosure of data and personal information set out in the Data Privacy Notice (www.bankofireland.com/privacy). We warrant that we have the consent of the owners of any personal data given to the Bank under this Agreement to use and disclose these data. We warrant that we have provided each relevant individual (such as Authorised Individual) with a copy of the Data Privacy Notice.
5. We understand that all conversations such as telephone conversations and electronic communications will be recorded (even where they do not lead to the conclusion of a Mandated Transaction)
6. We have fully read, understood and agree to be bound by the 'Bank of Ireland Global Markets MiFID II costs and charges disclosure'.
7. To report an eligible OTC derivative trade to a trade repository on behalf of the Company, if so elected, in accordance with the EMIR Reporting Service Special Terms and Conditions ("Special T&C's") and on receipt of an LEI number
The Partnership hereby approves the Special T&C's, in particular the covenants and provisions imposing liabilities on the Partnership.
8. This resolution will be communicated to the Bank and will in conjunction with the Partnership Application, EMIR Reporting Service Special Terms and Conditions, if applicable, FXPAY Special Terms and Conditions and the Treasury Terms and Conditions and/or the Treasury Terms of Business as appropriate provide the authority to the Bank to act on behalf of the Partnership.
9. The Partnership will notify the Bank in writing, signed by Authorised Individual/Signatory, of any changes to the list of Authorised Individuals/ Signatories.
10. The Partnership agrees to inform the Bank if the Partnership becomes aware of any changes that may affect the evaluation of your transaction.
11. The Partnership chooses to receive the KID and other information such as Bank of Ireland Global Markets MiFID II costs and charges disclosure, Treasury Terms and Conditions and/or Treasury Terms of Business (including Special T&C's) for each over-the-counter derivative transaction by means of a website and confirms that the Partnership has regular access to the internet.
12. I expressly consent to the execution of the order outside of a trading venue.
13. The Partnership Application will remain in force until an amending resolution is passed by the Partnership and a copy of such resolution, properly certified, is communicated to the Bank.
14. The Partnership acknowledges that your scheme is covered by a statutory Deposit Guarantee Scheme. If insolvency of your Credit Institution should occur your eligible deposits would be repaid up to €100,000.

ADDITIONAL DECLARATION AND AGREEMENT IN RELATION TO FOREIGN EXCHANGE TRANSACTIONS AND FXPAY TRANSACTION ONLY

1. I/We hereby request the Bank to enter into foreign exchange transactions (the "FX transactions") with me/us. In the event I/we fail to deliver any currency to the Bank pursuant to these FX Transactions, I/we will be liable to pay the Bank the amount of any loss that may arise. The Bank is authorised to debit one or more of my accounts with the Bank in respect of any amount of any loss that may arise. The Bank is authorised to debit one or more of my accounts with the Bank in respect of any amount due and not paid under these FX transactions. For this purpose, the Bank may convert any obligation under these FX transactions in to the currency in which the other is denominated at the Bank's spot rate of exchange for the relevant currencies.
2. Where the Individual(s), wishes to avail of the Bank of Ireland FXPay Service:
 - (i) The Bank is requested to provide the relevant individual(s) specified above with access to FXPay on behalf of the Partnership and the Bank is authorised to provide such persons with the permissions set out above;
 - (ii) The Partners(s) have fully read, understood and is bound by the FXPay Special Terms and Conditions; and
 - (iii) In accordance with Clause 19.10 of the FXPay Special Terms and Conditions, the Bank may take by telephone and electronically any instructions provided by or purported to be by any Authorised Users or Administrator relating to any Transactions initiated through or in connection with FXPay

DATA PRIVACY

The information you have provided will be treated as confidential and retained and processed by the Bank as set out in our Data Privacy Notice (www.bankofireland.com/privacy).

TERMS OF PARTNERSHIP RESOLUTION

The Partnership hereby resolved as follows and/ or that The Governor and Company of the Bank of Ireland (the "Bank") be requested and authorised as follows:

1. To open and/or continue one or more accounts in the name of the Partnership.
2. To enter into those Transactions with the Partnership as have been specified in the Account Application and in accordance with the Treasury Terms and Conditions, Treasury Terms of Business, FXPay Special Terms and Conditions and/or the Governor and Company of the Bank of Ireland Terms of Business as appropriate, which have been provided to the Partnership.
3. To act on the Instructions from the Authorised Individuals/Signatories as set out in the Account Application.
4. If the Partnership is using DocuSign or other electronic means to receive and sign the Account Mandate, the Partnership agrees that it will sign the Account Mandate using an e-signature electronic form
5. The Bank will be supplied with such documentation as required by the Account Mandate, EMIR Reporting Service Special Terms and Conditions, if applicable, The FXPay Special Terms & Conditions, the Treasury Terms and Conditions, the Treasury Terms of Business and/or the Governor and Company of the Bank of Ireland Terms of Business as applicable.
6. To report an eligible OTC derivative trade to a trade repository on behalf of the Partnership, if elected, in accordance with the EMIR Reporting Service Special Terms and Conditions ("Special T&C's") and on receipt of a LEI number. The Partnership hereby approves the Special T&C's, in particular the covenants and provisions imposing liabilities on the Partnership.
7. This resolution will be communicated to the Bank and will in conjunction with the Partnership Application, EMIR Reporting Service Special Terms and Conditions, FXPay Special Terms & Conditions, if applicable and the Treasury Terms and Conditions and/or the Governor and Company of the Bank of Ireland Terms of Business as appropriate provide the authority to the Bank to act on behalf of the Partnership.
8. The Partnership will notify the Bank in writing, signed by an Authorised Individual/Signatory, of any changes to the list of Authorised Individuals/ Signatories or to the list of Partners/Beneficial Owners provided to the Bank as of the date of this Account Mandate.
9. As a representative authorised to sign on behalf of the Partnership, I agree to submit a new FATCA/CRS self-certification form within 30 days if, due to a change of circumstances, any FATCA/CRS self-certification or information on this form becomes inaccurate.
10. The Partnership must notify the Bank of any change to its Partnership or Beneficial Owners/ Stakeholders, or where such persons assume or renounce U.S. citizenship or changes residency for tax purposes.

The Resolution on this page was duly passed at a meeting of the Partnership on:

D	D	M	M	Y	Y	Y	Y
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TO BE SIGNED BY ALL THE PARTNERS OF THE PARTNERSHIP

(PLEASE INSERT ADDITIONAL PAGE IF MORE THAN FOUR PARTNERS)

Signatory Name (BLOCK CAPITALS)	Signatory Name (BLOCK CAPITALS)																
Signature:	Signature:																
Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

Please note: Authorisation must be consistent with signing instructions given above.

* Or equivalent duly authorised officer (including, in relation to a company incorporated under Irish law, a 'registered person' registered with the Companies Registration Office in accordance with Irish company law).

**This account is subject to Treasury Terms and Conditions and/or the Terms of Business and terms not otherwise defined in this Partnership Application shall have the meaning given to them under these Treasury Terms and Conditions and/or Terms of Business. You will have received a copy of these with this Partnership Application. You can also access a copy of these on our website <https://corporate.bankofireland.com/products-and-services/treasury-solutions> or you can request another copy to be sent to you by post

COMPLETION INSTRUCTIONS

CUSTOMER CHECKLIST

<p>You must complete the following details in the form:</p> <ul style="list-style-type: none"> • Your Business details (Section 1) • Authorised Individuals/ Signatories (Section 2) Deposit Guarantee Scheme (Section 3) • List of Partners/ Beneficial Owners (Section 4) • Tax Reporting Information under FATCA/CRS (Section 5 & 6) • EMIR (Section 7) • MiFID II / MiFIR Transaction Reporting Data (Section 8) • Key Information Documents (Section 9) • Best Execution (Section 10) • Declarations & Agreements (Section 11) 	<p>You have received:</p> <ul style="list-style-type: none"> • Governor and Company of the Bank of Ireland Terms of Business • Terms & Conditions (Global Markets) • Terms of Business (Global Markets) • Deposit Guarantee Scheme - Deposit Information Sheet • Currency Fixed Deposit Accounts Product Overview Sheet (if applicable) • Global Markets Accounts Fees and Charges Schedule • Bank of Ireland Global Markets MiFID II cost and charges disclosures • EMIR Reporting Service Special Terms & Conditions (if applicable) • FXPay Special Terms and Conditions (if applicable) • Data Privacy Notice (if not already provided by RM in previous dealings)
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IDENTIFICATION REQUIREMENTS

Does your organisation/entity have an account with the Bank of Ireland?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If No, we need to verify your identity and address. We need to do this as we have obligations under applicable Irish & European legislation. We require the following: *To note we may require further details or documentation</p>		
<p>Identification</p> <p>A certified copy of one of the following:</p> <ul style="list-style-type: none"> • Current Passport • Irish/ UK Driving Licence • EEA ID Card <p>A certified copy is an original document which is copied and certified by a member of Bank of Ireland Staff, staff from another financial institution, A Garda, Solicitor, Accountant or a member of Embassy Staff</p> <p><small>* Proof of PPS required include: P60, P45, P21 Balancing Statement, Payslip (where employer is identified by name or tax number), Drug Payment Scheme Card, European Health Insurance Card, Tax Assessment, Tax Return Form, PAYE Notice of Tax Credits, Child Benefit Award Letter/Book, Pension Book, Social Services Card, any printed documentation from the Revenue Commissioners or Department of Social and Family Affairs that contain name, address and PPS number.</small></p>	<p>Address</p> <p>A certified copy of one of the following:</p> <ul style="list-style-type: none"> • Utility bill e.g ESB/GAS/Broadband (dated within the last 6 months) • Bank Statement (dated within the last 6 months) • Certificate of Tax Credit (dated within the last 12 months) • Current household/ car insurance documents (dated within the last 12 months) 	

Please note: For certain product types a Customer Suitability Statement may be required.

The minimum cleared balance required on a Fixed Term Account is £20,000, US\$30,000 or the equivalent of €25,000 in any other currency. The minimum cleared balance required on a Call Account is €2,500 or the equivalent in any other currency.

FOR INTERNAL USE ONLY

Retail Business Unit			
Business Banking-Mid Book	<input type="checkbox"/>		
Business Banking-SB&A	<input type="checkbox"/>		
Consumer Banking	<input type="checkbox"/>		
Client Name		Forward	Yes <input type="checkbox"/> No <input type="checkbox"/>
Customer Type/Sector	New <input type="checkbox"/> Win Back <input type="checkbox"/> Existing <input type="checkbox"/>	GM Client Number	
RDC/ Corporate Manager	BIPS ID (BB Mid Book only)	GM Dealer/Owner	
Sort Code		Firm Name (Max 9 Characters)	
Sales Desk/ Default Book	RSM <input type="checkbox"/> RCP <input type="checkbox"/>	Region	ROI <input type="checkbox"/>
EMIR Reporting Service Special Terms and Conditions provided?			Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>

Please return to:

Global Markets Documentation Team, 3rd Floor, Baggot Plaza, 27-33 Baggot Street, Dublin 4

Bank of Ireland is authorised and regulated by the Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

Classification: Confidential