

# Global Markets

## Company Account Application



**Bank of  
Ireland**

Classification: Confidential

## SECTION 1 (A): YOUR BUSINESS DETAILS

Please provide us with the following information about your business.

Legal/Company Name		
Registered Address	Address Line 1	
	Address Line 2	
	Town/City	
	County/State/Region	
	Eircode/Post Code/Zip	
	Country	
Name and Address for Correspondence (if different from above)	Address Line 1	
	Address Line 2	
	Town/City	
	County/State/Region	
	Eircode/Post Code/Zip	
	Country	
Principal Business Activity (If none apply, select "Other" and specify below)	Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Technology <input type="checkbox"/> Agriculture <input type="checkbox"/> Manufacturing <input type="checkbox"/> Motor <input type="checkbox"/> Property <input type="checkbox"/> Healthcare <input type="checkbox"/> Other <input type="checkbox"/>	
If Other, please specify:		
Company Registration Office Number (or equivalent)		
Business Online Profile Number (required if you want to avail of a currency account)		
Is your business a Prudential Regulation Authority regulated firm or a Financial Institution?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide the Legal Entity Identifier (LEI)		

## SECTION 1 (B): 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"/>
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>

Notwithstanding any other Business On Line documentation requirements, your new currency account(s) will be added to your Business On Line profile based on the Business On Line profile number that you have provided in this application form. By signing this mandate, you are agreeing that your existing Business On Line agreement will be updated to reflect the addition of your new currency account(s) without the requirement for any further documentation.

For Bank of Ireland Account holders only, you must nominate the Bank of Ireland accounts **FROM** which payments will be made that will be loaded onto Bank of Ireland FXPay:

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			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
2			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

## 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 your business hereinafter called the 'Company' as per the resolution on page 18. Where indicated, individuals will be authorised to provide the Bank with Instructions for the Mandated Transactions by telephone.

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.

Name of Authorised Individual						
Telephone Number						
Email Address						
Job Title						
Permissions (PLEASE ✓ TICK AS REQUIRED)	Current & Deposit Accounts	FX Contracts <sup>1</sup>	Foreign Exchange Options	Trade Finance Products	Interest Rate Hedging	Other (please specify below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.
<b>PLEASE COMPLETE THE BELOW IF YOU REQUIRE FX PAY</b>						
Book Spot / Forward FX Deals	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Payment Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Payee Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Bulk Payments	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Administration (disable users)	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				

### USER DETAILS - SECURITY IDENTIFICATION FOR NEW USERS

Date of Birth (DD/MM/YYYY)	<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	<input type="text"/>
Place of Birth	<input type="text"/>	Middle Name	<input type="text"/>

As per the resolution on page 18, the individual specified above shall be provided by the bank with access to FXPay on behalf of the Company and is authorised with the permissions set out above.

<sup>1</sup> Whether or not regulated by MiFID II

Name of Authorised Individual						
Telephone Number						
Email Address						
Job Title						
Permissions (PLEASE ✓ TICK AS REQUIRED)	Current & Deposit Accounts	FX Contracts <sup>1</sup>	Foreign Exchange Options	Trade Finance Products	Interest Rate Hedging	Other (please specify below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.
<b>PLEASE COMPLETE THE BELOW IF YOU REQUIRE FX PAY</b>						
Book Spot / Forward FX Deals	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Payment Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Payee Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Bulk Payments	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Administration (disable users)	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				

### USER DETAILS - SECURITY IDENTIFICATION FOR NEW USERS

Date of Birth (DD/MM/YYYY)	<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	
Place of Birth		Middle Name	

As per the resolution on page 18, the individual specified above shall be provided by the bank with access to FXPay on behalf of the Company and is authorised with the permissions set out above.

Name of Authorised Individual						
Telephone Number						
Email Address						
Job Title						
Permissions (PLEASE ✓ TICK AS REQUIRED)	Current & Deposit Accounts	FX Contracts <sup>1</sup>	Foreign Exchange Options	Trade Finance Products	Interest Rate Hedging	Other (please specify below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.
<b>PLEASE COMPLETE THE BELOW IF YOU REQUIRE FX PAY</b>						
Book Spot / Forward FX Deals	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Payment Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Payee Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>			
Bulk Payments	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				
Administration (disable users)	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>				

### USER DETAILS - SECURITY IDENTIFICATION FOR NEW USERS

Date of Birth (DD/MM/YYYY)	<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	
Place of Birth		Middle Name	

As per the resolution on page 18, the individual specified above shall be provided by the bank with access to FXPay on behalf of the Company and is authorised with the permissions set out above.

<sup>1</sup> Whether or not regulated by MiFID II

Name of Authorised Individual						
Telephone Number						
Email Address						
Job Title						
Permissions (PLEASE ✓ TICK AS REQUIRED)	Current & Deposit Accounts	FX Contracts <sup>1</sup>	Foreign Exchange Options	Trade Finance Products	Interest Rate Hedging	Other (please specify below)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 THE BELOW IF YOU REQUIRE FX PAY**

Book Spot / Forward FX Deals	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>	
Payment Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>
Payee Authorisation	Level 1 – Full Authorisation <input type="checkbox"/>	Level 2 – Partial Authorisation <input type="checkbox"/>	Level 3 – Input Only <input type="checkbox"/>
Bulk Payments	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>	
Administration (disable users)	Permitted <input type="checkbox"/>	Not Permitted <input type="checkbox"/>	

**USER DETAILS - SECURITY IDENTIFICATION FOR NEW USERS**

Date of Birth (DD/MM/YYYY)	<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	
Place of Birth		Middle Name	

As per the resolution on page 18, the individual specified above shall be provided by the bank with access to FXPay on behalf of the Company and is authorised with the permissions set out above.

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

**SECTION 2 (B) AUTHORISATION REQUIRED ON INSTRUCTIONS**

Number of Authorised Individuals required on Instructions

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

<sup>1</sup> Whether or not regulated by MiFID II

NOTES ON FXPAY:

All users on FXPay have the basic ability to View Deals.			
OPTIONAL USER PERMISSIONS:			
<p><b>Book Spot/Forward FX Deals:</b> You can grant users permission to book the following types of deals:</p> <ul style="list-style-type: none"> <li>• Spot - A deal booked to make a payment within the next two days.</li> <li>• Forward - A deal booked to make a payment in more than two days time.</li> </ul> <p><b>Bulk Payment</b></p> <ul style="list-style-type: none"> <li>• Allows you to create one payment file containing multiple beneficiaries which can be paid from a single debit account.</li> </ul>	<p><b>Making Payments:</b></p> <ul style="list-style-type: none"> <li>• Level 1 Full Authorisation - This grants the user permission to authorise payments added by everyone, including their own. This is the highest level of payment permission.</li> <li>• Level 2 Partial Authorisation - This grants the user permission to authorise payments added by other people in the company. They cannot authorise payments they have added themselves.</li> <li>• Level 3 Input Only - This grants the user permission only to input payments. The user has no ability to authorise any payments.</li> </ul> <p>Note: Level 1, 2 &amp; 3 permissions apply to Urgent, Standard and Bulk Payments</p>	<p><b>Adding/Amending Payees:</b></p> <ul style="list-style-type: none"> <li>• Level 1 Full Authorisation - This grants the user permission to authorise payee details added by everyone, including their own. This is the highest level of payee permission.</li> <li>• Level 2 Partial Authorisation - This grants the user permission to only authorise payee details added by other people in the company. They cannot authorise payees they have added themselves.</li> <li>• Level 3 Input Only - This grants the user permission only to input payees. The user has no ability to authorise any payees.</li> </ul>	<p><b>System Administrator:</b></p> <ul style="list-style-type: none"> <li>• The Administrator permissions allow the user to enable/disable every other user from the system. It also grants the user permission to see everyone else in the company's permissions on the FXPay System.</li> </ul>

SECTION 3 (A): DEPOSIT INTEREST RETENTION TAX DECLARATION

You only need to provide details on DIRT exemption if you have a Deposit Currency Account with Bank of Ireland

We, the Company, wish to apply for a DIRT exemption and will tick the appropriate box below. We understand that if no box is ticked, then DIRT will be applied to any interest earned.

The Company is an Irish Resident Company within the charge to Corporation Tax and its relevant tax reference number is:

We understand that the Bank is obliged to provide a return to the Irish Revenue Commissioners with this number together with the name of the recipient and the amount of interest paid gross to the recipient.

The Company is a corporate entity or 100% owned subsidiary of such an entity - quoted on an FATF member country\* stock exchange (evidence of such stock exchange quotation to be attached) and a non-resident of Ireland. The beneficial recipient of the interest earned is a non-resident of Ireland.

If the company qualifies for DIRT exemption under any other provisions, please contact your relationship manager for the required forms.

\* Please refer to website <http://www.fatf-gafi.org/countries> for details of FATF member countries.

SECTION 3 (B) - DEPOSIT GUARANTEE 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://corporate.bankofireland.com/library>

Please confirm you have accessed and read the Deposit Guarantee Scheme-Depositor Information Sheet by ticking this box.

## SECTION 4: 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 4 (A) Details on Tax Residency	Yes	Yes
Section 4 (B) Non-Financial Entities	Yes	No
Section 4 (C) Financial Institutions	No	Yes
Section 4 (D) Financial Institutions CRS information	No	Yes
Section 5 Controlling Persons	Non-Financial Entities who classified themselves as <b>Passive NFFE</b> or <b>Passive NFE</b> in 4 (B) only	Financial Institutions who classified themselves as an <b>Investment Entity in Non- Participating Jurisdiction</b> in 4 (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 4 (C)**

## SECTION 4 (B) NON- FINANCIAL ENTITIES

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

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

<b>FATCA</b>	
• 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"/>
<b>CRS</b>	
• 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 5, otherwise please proceed directly to Section 6.**

## SECTION 4 (C) FINANCIAL INSTITUTIONS INFORMATION REQUIRED FOR FATCA

**All Financial Institutions must complete Section 4 (C) and Section 4 (D).**

**The information provided in this Section is for FATCA, please note your classification may differ from your CRS classification in Section 4 (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 4 (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 5 to complete. If you have chosen "Financial Institution", proceed directly to Section 6.**

## SECTION 5: 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	Address Line 1								
		Address Line 2								
		Town/City								
		County/State/Region								
		Eircode/Post Code/Zip								
		Country								
3	Date of Birth	<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
D	D	M	M	Y	Y	Y	Y			
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	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
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	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
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	Address Line 1
		Address Line 2
		Town/City
		County/State/Region
		Eircode/Post Code/Zip
		Country
3	Date of Birth	<input type="text"/>
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"/>

## SECTION 6: EUROPEAN MARKET INFRASTRUCTURE REGULATIONS (EMIR) INFORMATION

1. Do you intend to enter into OTC derivatives contracts <sup>1</sup> (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 7.

2. Legal Entity Identifier	
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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 Venue<sup>2</sup>.

3. Counterparty Classification	
A(1) - <b>Financial Counterparty "FC"</b> (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 <b>Financial Counterparty "FC"</b> 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 - <b>Non- Financial Counterparty "NFC"</b> that is not subject to the clearing obligation under EMIR ["NFC-"]	<input type="checkbox"/>
C - <b>Non- Financial Counterparty "NFC+"</b> 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 - <b>Non- EEA entity</b>	<input type="checkbox"/>

<sup>1</sup> 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

<sup>2</sup> 'MIFID Venue' means a regulated market, a multilateral trading facility or an organized trading facility

4. Mandatory and Delegated Reporting		
If you are an NFC-, the Bank is required to report your OTC derivative contract on your behalf (Mandatory Reporting).		
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"/>

If the Bank is reporting your OTC derivative on your behalf (NFC-, NFC+, FC), 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) and a corresponding e-mail address.

E-Mail Address*	
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\* Your E-mail address must be a monitored company email address of person(s) responsible for EMIR communications with the Bank. As part of your on-boarding process, you will receive an e-mail request from our trade reporting repository (DTCC) which you must promptly approve, to allow the Bank to submit trade information on your behalf. Until the DTCC permission request is approved, the Bank will not be able to successfully report your trades.

## SECTION 7: 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 transactions with the Bank? <b>(If yes, proceed to no. 2)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. I am a financial counterparty as set out under EMIR (see Section 7 above) <b>(If no, proceed to no. 3)</b>	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? <sup>1</sup> ;	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(ii) entered into in order to facilitate payment for identifiable goods, services or direct investment? <sup>2</sup> ;	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 questions no. 3 and 4?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### PLEASE NOTE:

If you answered "No" to the criterion in question no 2 and "Yes" to question 3 and all parts of question 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 "No" to any part of question 4 or "Yes" to question 5, please note, these transactions are in scope for MiFID/ 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 transactions.**

## SECTION 8: 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.

## 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](http://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.**

<sup>1</sup> Other than by reason of a default or other termination events.

<sup>2</sup> 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 10: DECLARATIONS AND AGREEMENTS

## TERMS OF BOARD RESOLUTION

At a meeting of the Board of Directors\* of the Company it was 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 Company.
2. To enter into those Transactions with the Company as have been specified in the Account Mandate and in accordance with the Treasury Terms and Conditions and/or the Treasury Terms of Business as appropriate, which have been provided to the Company.
3. To act on the Instructions from the Authorised Individuals/Signatories as set out in the Account Mandate.
4. If the Company is using DocuSign or other electronic means to receive and sign the Account Mandate, the Company agrees that it will sign the Account Mandate using an e-signature electronic form.
5. In respect of any information and/or copy documents supplied to the Bank, to disclose to, transfer to, or send copies to any branch, division or other member of the Bank or the Group, any regulatory authority or any other designated body to enable the Bank to comply with its obligations to establish identity of the Company in accordance with applicable anti-money laundering legislation (as may be amended or varied from time to time).
6. To make all and any enquiries which the Bank considers appropriate or to disclose any information provided to the Bank to any third party providing a credit reference or anti-fraud service.
7. The Bank will be supplied with such documentation as required by the Account Mandate, EMIR Reporting Service Special Terms and Conditions, the Treasury Terms and Conditions, the Treasury Terms of Business and the FXPay Special Terms and Conditions, as applicable.
8. 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 a completed Section 6 and LEI.  
The Company hereby approves the Special T&C's, in particular the covenants and provisions imposing liabilities on the Company.
9. This resolution will be communicated to the Bank and will in conjunction with the Account Mandate, EMIR Reporting Service Special Terms and Conditions, if applicable, and the Treasury Terms and Conditions and/or the Treasury Terms of Business as appropriate and the FXPay Special Terms and Conditions, if applicable, provide the authority to the Bank to act on behalf of the Company.
10. The Company will notify the Bank in writing, signed by the company secretary or a Director\* and one Authorised Individual/Signatory, of any changes to the list of Authorised Individuals/Signatories.
11. The Company agrees to inform the Bank if the Company becomes aware of any changes that may affect the evaluation of the Mandated Transactions as set out in Section 7.
12. The Company 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 Company has regular access to the internet.
13. The Account Mandate will remain in force until an amending resolution is passed by the Company and a copy of such resolution, properly certified, is communicated to the Bank.

## DECLARATION AND AGREEMENT

I hereby certify that:

1. All information in this Account Mandate is accurate and has been completed to the best of my knowledge and belief.
2. The Company must notify the Bank of any change to its Directors or Beneficial Owners/ Stakeholders, or where such persons assume or renounce U.S. citizenship or changes residency for tax purposes.
3. The Company has received or accessed, has read and agrees to be bound by the terms of this Account Mandate and the documents to be provided by the Bank listed under 'Customer Checklist' in this Account Mandate as applicable for the operation of our Account(s)\*\*.
4. The Company 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](http://www.bankofireland.com/privacy)). I/we warrant that I have the consent of the owners of any personal data given to the Bank under this Agreement to use and disclose this data. I/we warrant that I/we have provided each individual director, secretary and Authorised Individual with a copy of the Data Privacy Notice.
5. The Company has fully read, understood and agrees to be bound by the 'Bank of Ireland Global Markets MiFID II costs and charges disclosure'.
6. The Company understands that 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).
7. Where the Company wishes to enter into OTC derivatives, the Company has fully read, understood and agrees to be bound by the EMIR Reporting Service Special Terms and Conditions.
8. As a representative authorised to sign on behalf of the entity, 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.
9. The Company has read and understood the Deposit Guarantee Scheme - Depositor Information Sheet supplied.
10. Where the Company 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 Company and the Bank is authorised to provide such persons with the permissions set out above;
  - (ii) the Company has fully read, understood and agrees to be 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.
11. The board resolution on this page was duly passed at a meeting of the Board of Directors of the Company on the following date:
12. The Customer expressly consents to the execution of the order outside of a trading venue.

Date:

D	D	M	M	Y	Y	Y	Y
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## 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](http://www.bankofireland.com/privacy)).

Company Secretary or (duly authorised) Director\* to sign

Signatory Name: (BLOCK CAPITALS)	Signature:								
Title: Company Secretary/Director (as appropriate)	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
D	D	M	M	Y	Y	Y	Y		

Company Secretary/Director

\* 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 Account Mandate 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 Account Mandate. You can also access a copy of these on our website <https://corporate.bankofireland.com/library> or you can request another copy to be sent to you by post.

# GLOBAL MARKETS COMPANY ACCOUNT APPLICATION COMPLETION INSTRUCTIONS

## CUSTOMER CHECKLIST:

<p>You must complete the following in the form:</p> <ul style="list-style-type: none"> <li>• Business Details including details of any currency accounts (Section 1)</li> <li>• Details of Authorised Individuals/Signatories (Section 2)</li> <li>• DIRT Declaration, including your Tax Reference Number (Section 3)</li> <li>• Tax Reporting Information required under FATCA/CRS (Section 4/5)</li> <li>• EMIR Information (Section 6)</li> <li>• MiFID II / MiFIR Transaction Reporting Data (Section 7)</li> <li>• Best Execution (Section 8)</li> <li>• Key Information Documents (Section 9)</li> <li>• Date of Board Resolution is completed (and it pre-dates the date the mandate was signed) (Section 10)</li> <li>• Declarations and Agreement, including signature (Section 10)</li> </ul>	<p>You have received:</p> <ul style="list-style-type: none"> <li>• Governor and Company of the Bank of Ireland Terms of Business</li> <li>• Terms and Conditions (Global Markets)</li> <li>• Terms of Business (Global Markets)</li> <li>• Deposit Guarantee Scheme – Depositor Information Sheet</li> <li>• Currency Fixed Deposit Accounts Product Overview (if applicable)</li> <li>• Global Markets Accounts Fees and Charges</li> <li>• Bank of Ireland Global Markets MiFID II cost and charges disclosures</li> <li>• EMIR Reporting Service Special Terms and Conditions (if applicable)</li> <li>• FXPay Special Terms and Conditions (if applicable)</li> <li>• Data Privacy Notice (if not already provided by RM in previous dealings)</li> </ul>
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## IDENTIFICATION REQUIREMENTS

Does your organisation/entity currently have an account with the Bank of Ireland?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p><b>If No</b>, we need to verify your identity and address. We need to do this as we have obligations under applicable Irish and European legislation. We require the following: may require further details or documentation regarding Company Director(s) and Beneficial Owner(s).</p>	
<p><b>Identification</b> A certified copy of one of the following:</p> <ul style="list-style-type: none"> <li>• Current Passport</li> <li>• Irish/UK Driving Licence</li> <li>• EEA ID card</li> </ul> <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><b>Address</b> A certified copy of one of the following:</p> <ul style="list-style-type: none"> <li>• Utility bill e.g. ESB/Gas/Broadband (dated within the last six months)</li> <li>• Bank statement (dated within the last six months)</li> <li>• Certificate of Tax Credit (dated within the last 12 months)</li> <li>• Social Insurance document (dated within the last 12 months)</li> <li>• Current household/car insurance documents (dated within the last 12 months)</li> </ul>

## FOR INTERNAL USE ONLY

<b>Retail Business Unit</b>			
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"/> 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, Bank of Ireland, 3rd Floor, Block C Baggot Plaza, 27-33 Upper Baggot Street, Dublin 4, D04 VX58**

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**