



# **Bacstel-IP**

### **Indirect User Application Form**

How to complete the form													
Please use a BLACK pen  If you make a mistake, do this and mark the correct box  Please use BLOCK CAPITAL A 2  LETTERS and leave one space between each word													
This Application Form relates to the provision of access to the Bacstel-IP Service and establishes the Customer Profile for the service. Allied Irish Bank (GB) is responsible for your sponsorship into the Bacstel-IP Service. Components of the service are provided by Bacs Payment Schemes Limited (Bacs).													
By signing this form you will be agreeing to the Customer Agreement for the Bacstel-IP Service.													
Please complete all sections in black ink and BLOCK CAPITALS. New Application Transfer of Sponsorship from													
New Application Transfer of Sponsorship from Bank													
1. Customer details													
Bacs Service User name (Name used to identify the Service User – maximum 33 characters.)													
Trading name (if applicable)													
Bacs Service User Number													
Unique number used to identify the Service User. Existing Bacs Users should complete with their current Bacs User Number. For new Users, this number will be allocated by the Bank and should therefore be left blank.													
Email address (Notifications and information will be sent to this electronic mail address.)*													
*AIB Group (UK) p.l.c. will use this email address to contact you once the set up process is complete. You will be asked to confirm that all users are aware of their obligations to comply with the relevant Bacs scheme rules before being able to access the service.													
Contact address for Service User. This address will be used to contact the Primary Security Contacts (PSC) defined in Section 6.													
Address													
City and county Postcode													

#### 2. Organisation details All Service Users must be associated with an organisation. Please see the Guidance Notes for further information before completing this section. Organisation name (Name used to identify organisation - maximum 50 characters.) Organisation ID If known (generated by Bacs). For companies registering for Bacstel-IP for the first time, this ID will have not been allocated. 3. Application type Select the types of Transaction that you will be using with this Service User. Tick all that apply. Payments (Direct Credit) Direct Debit **AUDDIS** Paperless Direct Debiting under the AUDDIS rules Additional forms must be completed to support AUDDIS and Paperless Direct Debiting - please refer to your Relationship Manager. 4. Bank Account details 1. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ **Direct Debits** Frequency 2. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ **Direct Debits** Frequency 3. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ Frequency **Direct Debits** 4. Branch NSC Account number Transaction types (tick) Account name Payments (Credits) Limit £ Frequency **Direct Debits** 5. Branch NSC Account number Transaction types (tick) Payments (Credits) Account name

If further Allied Irish Bank (GB) Bank Accounts are required to be linked to this User, please complete the separate Additional Accounts Form.

Frequency

Limit £

**Direct Debits** 

### 5. Bacs Approved Bureau details

Bureau 1
Bureau name
(Name used to identify Bureau.)
Bureau Service User number
Please tick to confirm that the appointed Bureau has been approved by Bacs
Where a Bureau is appointed, Bacs is authorised to act on all instructions received.
Do you wish to authorise your Bureau to collect the Bacs reports relating to this Service User on your behalf?
Yes No
Please confirm with your Bureau that they offer this collection service.
Bureau 2
Bureau name
(Name used to identify Bureau.)
Bureau Service User number
Please tick to confirm that the appointed Bureau has been approved by Bacs
Where a Bureau is appointed, Bacs is authorised to act on all instructions received.
Do you wish to authorise your Bureau to collect the Bacs reports relating to this Service User on your behalf?
Yes No
Please confirm with your Bureau that they offer this collection service.

#### 6. New Primary Security Contact details

It is strongly recommended that two Primary Security Contacts (PSC) are set up as a minimum. The PSCs listed below will be required to complete a short, online Bacs training module and test before the Service User can be activated. Instructions on how to complete this training will follow once your application has been processed.

You should refer to the Bacstel-IP Service User Guide for more information on Primary Security Contacts, Additional Contacts and privileges.

Please link to SUN																		
Title Mr/Mrs/Miss/Ms/Other – ple	ease specify																	
Contact name																		
(First name and surname.)																		
Security questions Contact's date of birth	Day Mo	onth Ye	ear															
Contact's mother's maiden name																		
(This will be used for identification	purposes \	when co	ntacting	g Allied	d Irish	Bank	(GB)	).)										
Contact email address																		
Business phone number																		
Out of hours phone number																		
(Please include area code. Only su	innly a pho	ne numl	ner if th	≏ cont	act is	willin	a to i	accei	ot ca	alls d	out	of r	orn	nal k	าดเม	rs )		
PSC/AC is aware of their obligation										3113 (	Jul	011	10111	iati	1001	. 3.,		
F3C/AC is aware of their obligation	ons to comp	ny with t	ne rete	ant b	acs s	CHEIII	eruie	<b>:5.</b>										
Primary Security Contact 2																		
Please link to SUN																		
Title Mr/Mrs/Miss/Ms/Other – ple	ease specify																	
Contact name																		
(First name and surname.)																		
Security questions Contact's date of birth	Day Mo	nth Ye	ear															
Contact's mother's maiden name																		
(This will be used for identification	purposes \	when co	ntacting	g Allied	d Irish	Bank	(GB)	.)										
Contact email address																		
Business phone number																		
Out of hours phone number																		
Out of hours phone number [ (Please include area code. Only su	upply a pho	ne numk	per if th	e cont	act is	willin	g to a	acce	ot ca	alls o	out	of r	norm	nal h	noui	rs.)		

#### 7. Declaration

We apply to use the Bacstel-IP service as detailed within this Application Form and agree to be bound by the Terms & Conditions of the service contained in the Customer Agreement for the Bacstel-IP Direct Service.

We agree:

- We will ensure that all **Primary Security Contacts and Additional Contacts are made aware of their obligations to comply with the relevant Bacs scheme rules** and will take care of all security procedures supplied to them for Bacstel-IP as described in the Customer Agreement and User Guide. Any reference to giving the Bank instructions in the Customer Agreement shall also apply to any instructions which appear to come from us, or third parties we have appointed as detailed on the Customer Profile for Bacstel-IP and given to Bacs in accordance with the security procedures and the Customer Agreement.
- That each Primary Security Contact acting alone has authority to appoint Additional Contacts, to amend the approval processes for all instructions and to amend the Customer Profile. When providing us with any information (including personal data) relating to identifiable living individuals you will have ensured that those individuals have consented, to the extent that it is required, to providing us with their information or that another lawful basis for the processing of their information has been established and that those individuals are aware of our identity and of our data protection notice.
- To the Bacstel-IP Customer Profile which has been detailed in this form and understand that detailed instructions and conditions relating to the use of Bacstel-IP are contained in the online Help Texts and User Guides.
- That the Primary Security Contact authority contained in this Application Form (Customer Profile) may differ from any other Mandates and authorities you hold relating to the applicable Accounts with you.
- That if the authority of a Primary Security Contact or an Additional Contact is removed we will inform AIB Group (UK) p.l.c. Bacs Customer Service.
- That, by signing this form, we are authorising and requesting that you, the Bank, accept debits to the Account(s) referred to in section 4 above in respect of the total value of all payments contained in each and every submission made or purporting to be made on our behalf (including by any Bacs Approved Bureau notified by us to you, the bank) to Bacs and processed by Bacs, provided such payments are within the current limit agreed between you and us, the Customer.
- We will take appropriate steps to secure our information using anti-virus/anti-malware software as per section 7.1 of the Custmer Agreement for the Bacstel-IP Direct Service.
- To authorise AIB Group (UK) p.l.c. trading as Allied Irish Bank (GB) to act in accordance with instructions issued by the Primary Security Contacts (PSCs) and/or Additional Contacts (ACs) nominated within the Bacstel-IP Indirect User Application Form.

For and or	behalf of (Compa	any name)														
Partnership/Limited Company/PLC*																
Authori	Authorised signature**															
												Da	y	Month	Yea	ar
											Date		/		/	
Name																
Position																
For and or	behalf of (Compa	any name)														
Partnership	o/Limited Compan	ny/PLC*														
Authorised signature**																
												Da	y	Month	Yea	ar
											Date		/		/	
Name																
Position																

<sup>\*</sup> Delete as appropriate.

<sup>\*\*</sup> For customers who have agreed to the Customer Agreement, and for all Partnerships and Sole Traders, this Declaration to be signed by authorised person(s) in accordance with the Mandate.

## For branch use only I confirm that: Company representatives are fully aware of their obligations to comply with the relevant Bacs scheme rules. The Customer Account details quoted are correct. Section 7 of the application form has been signed by an authorised person(s) in accordance with the Mandate. The Customer has authority to debit the Bank Accounts in Section 4 (crediting only) and that the Accounts in Section 4 are in the name of the same legal entity that has been approved as a Direct Debit Originator (debiting only). The application is (please tick one box only); New Facility; Transfer in from another bank; Branch NSC Bank name: Payment limit(s) defined above have been authorised and a copy of Branch/Head office sanction is attached. A specific contingent liability Account has been opened. The Customer Direct Debit Indemnity enclosed and completed as per agreed procedure (new facility only). Corporate & Commercial approval enclosed (Direct Debiting new facility). Customer Bacs database contact details (DDO) enclosed (Direct Debiting). The Customer wishes to register as an AUDDIS Originator. (AUDDIS / Paperless only) Completed Application to be an Originator of Direct Debit Instructions under the Yes No AUDDIS Rules and/or Application to be a Paperless Originator of Direct Debit Instructions Yes under the AUDDIS Rules forms authorised and attached. (AUDDIS / Paperless only) Completed Automated Direct Debit Instruction Service (AUDDIS) and Paperless Direct Debit (PDD) verification of Originator's Vetting Criteria is attached and countersigned by the sanctioning Yes No area confirming the verification measures the Customer has in place to identify and validate their payers are appropriate. The Customer Agreement for the Bacstel-IP Indirect Service has been issued to the customer. Relationship Manager's name Contact telephone number Authorised signatory - Manager Number Branch brand:

#### **Bacs Customer Service contact details**

Address: Bacs Customer Service, First Trust Centre, 92 Ann Street, Belfast, BT1 3HH.

Telephone: (01604) 235515

Email address: bacssupport@aib.ie

If you need this brochure in Braille, in large print or on audio, ring 0345 600 5204<sup>†</sup> or ask your relationship manager. Customers with hearing difficulties can use our Text Relay Service by dialling 18001 0345 600 5204<sup>†</sup>.

<sup>†</sup> Calls may be recorded. Call charges may vary - refer to your service provider. Call into any business centre | Phone 0345 600 5204<sup>†</sup> | www.aibgb.co.uk



Information correct as at May 2018

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