



Bacstel-IP

Business Customer Authorised Security Contact Application Form for the TrustAssured Service

How to complete the fo	orm	
Please use a BLACK pen	2 Mark boxes like this — 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

Please note: TWO Primary Security Contacts must always be set up as a minimum

A. Customer details	
Name of Customer (full registered name if Limited Company)	
Service User Number (SUN)	
Please list any additional SUNs contacts are to be linked to	
All Primary Socurity Contacts (PSCs) and Additional Contacts (ACs) detailed below will receive a Personalised smartcard	

All Primary Security Contacts (PSCs) and Additional Contacts (ACs) detailed below will receive a Personalised smartcard.

All Primary Security Contacts (PSCs) will act as general contact and referral points for all queries.

Proof of identity and address for all contacts with signing and submitting privileges must be provided if not already held by your branch of Allied Irish Bank (GB).

Note: If the contact is to be linked to and have privileges to authorise Bacs files for SUNs which are separate legal entities then the consent section (D) of this form must be completed and authorised in accordance with the mandate for each legal entity.

B. Primary Security Contact Details 1) Primary Security Contact New Primary Security Contact

itle	First name		Surname							
elephone number										
ut of Hours Telepho	ne Number									
mail address (require e used as part of the egistration process.										
ate of Birth	Month Year Mother's	s maiden name								
nese will be used for	identification purposes when	contacting Allied	d Irish Bank (GB)							
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Authorised Securit	y Contact Signature			Date						
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Confirmed as part of the overall Application	
Relationship Manager signature	Signing Number
Name	
Day Month Year Date	
Additional Contact Details	
If you wish to add or amend more than two Additional Contacts pleas 1) Contact details 1 New Primary Security Contact	e print additional copies of this page. Amendment to existing Primary Security Contact
New Additional Contact	Amendment to existing Additional Contact
Title First name	Surname
Telephone number	
Out of Hours Telephone Number	
Email address (required) - this will be used as part of the Smartcard registration process.	
Date of Birth Day Month Year Mother's maiden name	
These will be used for identification purposes when contacting Allied	Irish Bank (GB)
I acknowledge that AIB Group (UK) p.l.c., other Participants, IDENTRU authorise each of them to, within the limits of applicable law, hold, tra about, regarding or involving me among and between themselves ar Area (EEA), and within countries outside the EEA.	nsmit receive or otherwise process any data or information
Authorised Security Contact Signature	Date
	Day Month Year

Additional Contact Details 2) Contact details 2 New Primary Security Contact Amendment to existing Primary Security Contact New Additional Contact Amendment to existing Additional Contact Title First name Surname Telephone number Out of Hours Telephone Number Email address (required) - this will be used as part of the Smartcard registration process. Date of Birth Mother's maiden name These will be used for identification purposes when contacting Allied Irish Bank (GB) I acknowledge that AIB Group (UK) p.l.c., other Participants, IDENTRUST * and their employees and agents may and I hereby authorise each of them to, within the limits of applicable law, hold, transmit receive or otherwise process any data or information about, regarding or involving me among and between themselves and other third parties, both within the European Economic Area (EEA), and within countries outside the EEA. **Authorised Security Contact Signature** Date Day Month Year For Allied Irish Bank (GB) use only Confirmed as part of the overall Application Relationship Manager signature Signing Number Name Date

All above contacts will be granted signing and submission privileges. Should this not meet your business requirements,

please tick this box and we will contact you.

- TFor further information refer to the Business Customer Agreement for the TrustAssured Service.
- TOther Participants include Royal Bank of Scotland Group (RBSG).
- Tldentrust means Identrust, LLC, a Delaware limited liability company.
- Tldentrust Scheme means the infrastructure and scheme operated by Identrust for the provision of digital signature and identity validation services to Customers.

We confirm that the details on this form are full and correct and agree to notify AIB Group (UK) p.l.c. trading as Allied Irish Bank (GB) of any change therein.

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.

We apply for the above individuals to become our Primary Security Contacts/Additional Contacts who will participate under the Terms & Conditions of the Business Customer Agreement for the TrustAssured Service and receive a Personalised smartcard and associated materials.

For and on behalf of the Customer named at A.

Signatu	ure(s)																							
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Name																								
Job Title																								
Signatu	ure(s)																							
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SUN [Bacs Service User Name	authorica Pacs files for the above Service User
We cons Signat	ent for the Security Contact(s) named in B to have privileges to ture(s)	authorise Bacs files for the above Service User.
		Day Month Year Date / / / / / / / / / / / / / / / / / / /
Name Job Title		
Signat	ture(s)	
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SUN [Bacs Service User Name ent for the Security Contact(s) named in B to have privileges to	authorise Bacs files for the above Service User.
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Name		
Job Title	Day Month Year	
Date	Date / / /	
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Name Job Title		
Date	Day Month Year Date / / / / / / / / / / / / / / / / / / /	

E. For Internal Use Only

	Section C (and D if applicable) has been signed in accordance with the respective mandate(s). Proof of identity and address has been obtained for all contacts with signing and submitting privileges.									
Relationship	p Manager signature	Signing Number								
Name Date Da	Day Month Year									

Branch brand:

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

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



Information correct as at May 2018

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