



Bacstel-IP

Business Customer Authorised Security Contact Certificate Management Form for the TrustAssured Service

How to complete the form				
Please use a BLACK pen If you make a mistake, do this and mark the correct box Solution Please use BLOCK CAPITAL A 2 2 2 2 2 3 2 4 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 4				
Please note: TWO Primary Security Contacts must always be set up as a minimum				
1. Customer details				
We apply to participate in the TrustAssured Service under the Terms & Conditions of the Business Customer Agreement for the TrustAssured Service. Name of Customer (full registered name if Limited Company)				
Please tick one box to select management action required for individual below:				
Suspend (max. 30 days) Reactivate Revoke Replace				
Immediately Effective from Day Month Year /				
Title Mr/Mrs/Miss/Ms/Other – please specify				
Contact name				
(First name and surname.)				
Reason for certificate management action (required)				
Please tick one box to select management action required for individual below:				
Suspend (max. 30 days) Reactivate Revoke Replace				
Immediately Effective from Day Month Year /				
Title Mr/Mrs/Miss/Ms/Other – please specify				
Contact name				
(First name and surname.)				
Reason for certificate management action (required)				

	nanagement action required for			
Suspend (max. 30 days)	Reactivate	Revoke	Replace	
Immediately	Effective from Day M	onth Year		
Title Mr/Mrs/Miss/Ms/Other -	- please specify			
Contact name				
(First name and surname.)				
Reason for certificate manage	ement action (required)			
2. Confirmation				
Places make the changes d	etailed in respect of our Author	isod Socurity Contacts		
_		·		
	on this form are full and correc	ι.		
For and on behalf of the na	med Customer.			
Signature(s)				
Signature(s)			Day /	Month Year
Signature(s)			Day /	Month Year
Signature(s) Name				Month Year
				Month Year
Name Job Title				Month Year
Name			Date /	
Name Job Title				Month Year Month Year Month Year
Name Job Title			Date /	
Name Job Title			Date /	
Name Job Title Signature(s)			Date /	

This form should be signed by your Authorised Signatory(ies), e.g. if a Company, two Directors should sign (or Director and Witness where the Company has one Director and no Secretary).

Please forward the signed certificate management form to: Bacs Customer Service, First Trust Centre, 92 Ann Street Belfast, BT1 3HH

Customer Authorised Signature checked against mandate and is correct.		
Input by	Approved by	
Name		
Date Day Month Year Date		
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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