Non Personal Customer Identification Form

(To be completed in addition to existing account opening requirements for non-Personal A/Cs)

Bank of Ireland

Customer Consent (Mandatory for all signatories to accounts. Photocopy this page if more signatories are required.)

Account Name: University of Limerick Dummy Account

Account Number: 1 2 3 4 5 6 7 8

Name of person to be identified: MEGAN FOX

Relationship of this person to the above account (please tick) Director ☐ Signatory ☑ Trustee ☐ Other ☐

To: The Governor and Company of the Bank of Ireland (the "Bank", which term includes and shall be construed to include Bank branches).

Customer Consent: I hereby agree that any information and/or any original documents and/or any copy documents supplied by me or on my behalf to the Bank (whether in its own capacity or as agent of a Bank of Ireland Group member) so as to enable the Bank and/or Bank of Ireland Group to comply with any and all obligations of the Bank and/or Bank of Ireland Group under:

- the Criminal Justice Act, 1994, as amended, varied or substituted from time to time (the "1994 Act"); and/or
- Part 38, Chapter 3A of the Taxes Consolidation Act, 1997, as amended, varied or substituted from time to time (the "1997 Act")
- The Return of Payments Regulations 2008

may at any time be disclosed or transferred by the Bank to, or copies thereof sent by the Bank to, any Bank branch, any other Bank of Ireland Group member, or any other "designated bodies" as **defined** in, under or pursuant to the 1994 Act and/or the 1997 Act, that may at any time provide or be requested to provide any service(s) to me.

I hereby further agree that any information and/or any original documents and/or any copy documents that have been supplied by or for me to any Bank of Ireland Group member to enable such Bank of Ireland Group member and/or Bank of Ireland Group to comply with any and all obligations under or pursuant to the 1994 Act and/or the 1997 Act may at any time, by such Bank of Ireland Group member, be disclosed to any other Bank of Ireland Group member, or be transferred to, or copies thereof sent to any other Bank of Ireland Group member, so as to enable such other Bank of Ireland Group member to comply with the 1994 Act and/or the 1997 Act, and for the benefit of any Bank of Ireland Group member to which I have supplied any such information, documents and/or copy documents aforesaid, I hereby confirm that such Bank of Ireland Group member may act on this authorisation and consent as if it was specifically addressed to such Bank of Ireland Group member.

I hereby confirm that each authorisation contained herein to hold, use, disclose, copy and process information constitutes a consent for the purpose of the Data Protection Acts 1988 and 2003 and any amending or extending legislation or any related European Communities regulation or directive. For the purposes of this consent, the terms "Bank of Ireland Group" and "Bank of Ireland Group member" each mean and shall be construed to mean any and all of the following: the Bank; ICS Building Society; any branch of the Bank or ICS Building Society; the separate legal entities that constitute the Bank of Ireland Group; any respective successors, assigns and transferees of the Bank, ICS Building Society or entities aforesaid.

Signed Megan Fox Date 01 09 2017

I do not have an official document with my Name, Address and PPSN.

Signed _____ Date D D M M Y Y Y Y

For Bank use only

Is person to be identified an existing Bank of Ireland Group customer? Yes ☐ No ☐

If Yes: Name of Branch/Group Entity:

Existing Customer as at 2/5/95? **Yes** ☐

Branch NSC ☐☐☐☐☐☐ **Account Number** ☐☐☐☐☐☐☐☐ **Date Account Opened** D D M M Y Y Y Y

Request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen. ID of person named overleaf need not be established.

Existing Customer after 2/5/95? **Yes** ☐

Branch NSC ☐☐☐☐☐☐ **Account Number** ☐☐☐☐☐☐☐☐ **Date Account Opened** D D M M Y Y Y Y

ID Documentation for the person named overleaf must be held.

Money laundering Documentation Screen Completed for the above account - **Yes** ☐

With the person's consent as detailed overleaf, you can request the Branch/Group Entity who has established his/her identity to update the ML Documentation Screen or provide copies of the ID documentation for your records or you can request him/her to provide the necessary ID documentation.

If No: Name and current permanent address must be verified in line with procedures.

Face to face contact with person being identified **No** - ☐ If no, specify method of contact: _____

(two forms of address verification must be obtained)

Address Verification x2 method(s) used: _____

(for non Face to Face only)

Money laundering documentation screen completed for person named above **Yes** ☐

Signed (Staff Member) _____ Staff Number ☐☐☐☐☐☐

Date D D M M Y Y Y Y

Copies of ID material(s) must be attached with this Form.