



Change of Administrator Form for Business On Line / Security Codes / File Gateway / Payments Plus (other entities)



PLEASE COMPLETE IN BLACK PEN USING BLOCK CAPITALS

This section is **MANDATORY** - please complete

Date: --- Customer ID:

Company Name

Originator ID:

For Credit Transfers this is your 6 digit originator number or for Direct Debits it is the 13 digit Creditor ID

Administrator Mobile Phone Number for Business On Line Security Codes

This section is **MANDATORY** - please complete

If you are providing a new or amending an existing mobile number for BOL Security Codes please tick Yes and complete this section.

Yes

If you do not wish to amend the existing mobile number that we hold for BOL Security Codes please tick 'NO' and skip this section.

No

The Administrator Mobile Phone number will be used to authenticate (via SMS) Users with 'Payee Authentication' rights on your Business On Line profile. Business On Line will send security codes to this nominated phone only. Please note that only one mobile phone may be nominated by the Administrators. If the change of Administrator requires a new Administrator Mobile phone number to be registered, please enter the mobile phone number and country prefix below:

Administrators Mobile Phone Country Prefix (please tick appropriate)

+353 +44 +1 other

Administrators Mobile Phone Number

Change Of Administrator section

Please accept this letter as authorisation to amend the administrator(s) on our Business On Line profile.

I confirm that the current administrator(s) on our Business On Line profile are:

Current Administrator 1

Current Administrator 2

With immediate effect amend the administrator(s) for the above profile to:

Administrator 1

Administrator 2

If you would like confirmation that this instruction has been processed by email, please supply your email address below

Email address

Please sign relevant company type below as authorisation to proceed with this request:

Unincorporated Organisation

Company Secretary

Sign here

OR

Person 1 - capacity

Sign here

AND

Person 2 - capacity

Sign here

Liquidator

Liquidator signature required

Sign here

Local Authority

County manager signature required

Sign here

Receiver

Receiver (Manager) signature required

Sign here

Trustee

2 Signatures required

Trustee 1

Sign here 

AND

Trustee 2

Sign here 

Non Corporate Organisation such as Government Departments

Secretary general or Assistant Secretary Signature Required

Sign here 

Returning Officer

Customer Signature Required

Sign here 

Executor

2 Signatures required

Executor 1

Sign here 

AND/OR

Executor 2

Sign here 

FOR BANK USE ONLY

APPLICATION VERIFIED

Signed (Authorised Official) Sig No. Date - -

CUSTOMER RELATIONSHIP MANAGER

Name (BLOCK CAPITALS) Email

Please forward completed forms to Business On Line Administration Department, 1st Floor Operations Centre, Cabinteely, Dublin 18

Branch Brand

Confidential Administrator Details

The administrator(s) must complete the Administrator details application form(s) below.


For Direct Debit and Credit Transfer purposes Administrator 1 is the administrator who uses **Business On Line File Gateway**

Administrator 1 Details

PLEASE COMPLETE IN BLOCK CAPITALS

Company Name
Administrator 1 Name
Title Email address
Work Mobile Number Fax

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. **(Note: All five are mandatory)**

Date of Birth
Middle Name
Work Phone Number
Mother's Maiden Name
Home Address Post Code
Administrator 1 Signature 
Date

Your email notifications will go to the email address above,
if you require **Business On Line File Gateway Email notifications (for Direct Debits and Credit Transfers)** to go to a
different email address please insert here

Please note: Your existing Business On Line File Gateway password will be reset as part of this change of administrator request.

You will be advised when the request has been completed as you will need to contact the Helpdesk for your new password.

Confidential Administrator Details

The administrator(s) must complete the Administrator details application form(s) below.


For Direct Debit and Credit Transfer purposes Administrator 2 is the administrator who uses Business On Line Payments Plus

Administrator 2 Details

PLEASE COMPLETE IN BLOCK CAPITALS

Company Name	UNIVERSITY OF LIMERICK DUMMY ACCOUNT		
Administrator 2 Name	MEGAN FOX		
Title	MS	Email address	MEGAN.FOX@NOEMAIL.COM
Work Mobile Number	086 987 6543	Fax	

I hereby confirm for your purpose the following information, which the Bank will use for identification purposes in dealing with me in my role as Administrator. **(Note: All five are mandatory)**

Date of Birth	25-12-1984
Middle Name	TIFFANY
Work Phone Number	086 9876543
Mother's Maiden Name	LAMB
Home Address Post Code	
Administrator 2 Signature 	<i>Megan Fox</i>
Date	01-09-2017

Please note: Your existing Business On Line Payments Plus Digipass token will be deactivated as part of this request. Please ensure that you have your spare Digipass available for activation.

If you do not have a spare digipass please contact the Business On Line Helpdesk at 1890818265.

You will be advised when the request has been completed as you will need to contact the Helpdesk to activate your spare Digipass.