



Please complete this application form in BLOCK capitals and return to the address on the reverse of this application. Should you require any assistance in completing this application please contact our Client Relationship Team on: Telephone: +44 (0)1624 698000, Fax: +44 (0)1624 698001 or E-mail: enquiries@angloirishbank.co.im

I/We wish to open a deposit account.

Section 1: Details of your Professional Intermediary

Name	Address	Broker No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2: Personal Details

First Applicant		Second Applicant	
Title (e.g. Mr/Mrs/Ms,Dr.)	Forename(s)	Title (e.g. Mr/Mrs/Ms,Dr.)	Forename(s)
Surname		Surname	
Marital Status		Marital Status	
Date of Birth (minimum age 18)		Date of Birth (minimum age 18)	
Place & Country of Birth		Place & Country of Birth	
Nationality		Nationality	

Please indicate your relationship to the other Account Holder(s)

Residential Address (inc Postal or Zip codes)	Residential Address (inc Postal or Zip codes)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Home Phone Number (inc area codes)	Home Phone Number (inc area codes)
Work Number	Work Number
Mobile Number	Mobile Number
Fax Number	Fax Number
E-mail Address	E-mail Address

Correspondence Address (if different from above)	N.B. P.O. Box or C/o addresses cannot be used as a Residential address. They may however be used for correspondence. Please see the guidance notes attached at the end of this application to assist you.
Please give a brief reason for using a Correspondence Address:	
<input type="text"/>	
<input type="text"/>	

Annual Income	Annual Income
Occupation	Occupation
Employers Name & Address (inc Postal or Zip codes)	Employers Name & Address (inc Postal or Zip codes)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If retired, please state what your previous occupation was:	If retired, please state what your previous occupation was:
<input type="text"/>	<input type="text"/>

Section 3: Financial Details

a) Source of Funds

The funds to be deposited are to originate from: *(Please state bank or building society name and address):*

b) Source of Wealth (please note this section must be completed)

I/We confirm that the funds to be deposited into this account originate from: *(please tick appropriate box(es) and provide further details in the space provided below.*

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Business Profits | <input type="checkbox"/> Gift from Relative | <input type="checkbox"/> Life Savings | <input type="checkbox"/> Salary/Bonus |
| <input type="checkbox"/> Business Share/Sale | <input type="checkbox"/> House/Property Sale | <input type="checkbox"/> Pension | <input type="checkbox"/> Settlement |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Prize/Winnings | <input type="checkbox"/> Other (Please specify below) |

I/We confirm that the source of my/our wealth represented by the funds in this account is derived from:

Please indicate the underlying source of your wealth, e.g. if your wealth is derived from salary/bonus please confirm your employer and provide salary/bonus confirmations.

c) Timescale for Source of Wealth

I/We confirm that my/our wealth was acquired within the following time frame:

- 0-1 year ago
 1-3 years ago
 3-5 years ago
 5-10 years ago
 Over my/our lifetime

d) Estimated Level of Annual Turnover

Please state the amount of your initial deposit: Please state the expected number of transactions per year:
 Please provide an estimate of the amount of money you expect to see going through the account in a year (please state currency here):

- Up to 25,000
 25,001 to 50,000
 50,001 to 100,000
 100,001 to 250,000
 250,001 to 500,000
 Other (please state amount)

Please make your answers to Section 3 as meaningful as possible. We reserve the right to request further supporting information, documentation or both and in all cases of deposits of 150,000 and above.

Section 4: Withdrawals and Online Banking Services

a) Personal Identification

When contacting us by telephone we will need to identify you. To assist us in this regard, please provide us with a codeword of your choice. Please note this may be up to eight characters long.

Codeword (In Capitals):

b) Withdrawals

If you would like to use the above **codeword** facility as your authorisation for us to accept telephone instructions from you, to make payments to a nominated account in the same name as this account, please complete this section with the details of your Nominated Account.

Name of Account Holder(s)	Account number
<input type="text"/>	<input type="text"/>
Bank name & address	
<input type="text"/>	
Sort Code or Swift Code	N.B. Your Nominated Account must be in the same name and same currency as your account held with us.
<input type="text"/>	<input type="text"/>

I hereby authorise you to effect transfers to the account details listed above, as instructed by me from time to time by telephone, upon release of the codeword indicated on this mandate. This authority is to remain in place until revoked by me in writing.

1st Applicant Signature Date
 2nd Applicant Signature Date

c) On-Line Banking

If you would like to use our Anglo Connect On-Line Banking facility, each party to the account should fill in an elected password in the space provided. Passwords should be 6-10 characters long, if letters are used they must be in capitals. A private PIN number will be issued separately to enable access to On-line banking. The PIN should be maintained in a secure place and not divulged to third parties.

Name of Account Holder:	Elected Password:
<input type="text"/>	<input type="text"/>
Name of Account Holder:	Elected Password:
<input type="text"/>	<input type="text"/>

Please note for your added security we recommend that your Codeword for Telephone Banking/Withdrawal purposes and your Elected Password for On-Line Banking are different.

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Section 5: Our Range of Wealth Management Services

If you would like to receive information concerning our broader range of services, please indicate which topics you have an interest in by ticking the relevant boxes below.

- Tax efficient investments for Capital Growth and/or income
 Corporate Deposits
 Trustee Services
 Property Investment
 Tax Planning

Please tell us where you heard about Anglo Irish Bank: _____

Section 6: Declaration and Signatures – Sole and Joint Accounts

- I/We hereby request and authorise you to open a deposit account in my/our name(s).
- I/We hereby authorise you to furnish my/our Professional Intermediary as detailed in Section 1 with any details regarding the account as may be requested by them.
- I/We have read and understood the Terms and Conditions applicable to the account, which may be amended from time to time, and agree to be bound by them.
- I/We certify the accuracy of the statements given and authorise you to make any enquiries which you may consider necessary for confirmation of such statements.

For Sole Account: Signature: _____ Date: _____

For Joint Accounts Only

- Any money now or hereafter standing to the credit of any account in our joint names shall be payable to, or to the order of, the survivor of us, or the personal representatives of such survivor.
- We hereby authorise you to accept any instructions in relation to our joint account signed by: (please tick the appropriate box or specify alternative instruction)

- All signatories
 Any one signatory
 Other (please specify) _____

First Applicant Signature: _____ Second Applicant Signature: _____

First Applicant Name (please print): _____ Second Applicant Name (please print): _____

Date: _____

N.B. In the absence of any express instructions to the contrary, we may act on the instructions or signature of one person only in operating an account.

DATA PROTECTION NOTICE

Anglo Irish Bank Corporation (I.O.M.)P.L.C. is the data controller of the information that you provide, or which we obtain, through our dealings with you or in relation to your account(s). Your data may be shared with our company, with other companies in the Anglo Irish Bank Corporation plc group* and with our respective service providers and agents. Your data may be used for administration, marketing, research, analysis, product development, customer profiling, internal monitoring, fraud and money laundering prevention and customer services. In addition, we may disclose your data to appropriate regulatory authorities, to anyone having a legal right to the data and to anyone whom you appoint to administer or operate your account(s). To help us to make decisions about you, to prevent fraud, to check your identity and to prevent money laundering, we may search the files of credit reference agencies who will record such searches against your file. We and other companies in Anglo Irish Bank Corporation plc group may contact you (by post, telephone, e-mail or otherwise) to let you know about financial and related products or services which may be of interest to you. Please tick this box if you do not wish to receive such marketing information.

You have the right to ask for a copy of your information (for which we will charge you a small fee). By signing this application, you hereby consent to our transferring your information to countries which do not provide the same level of data protection as the Isle of Man if necessary for the above purposes. If we do make such a transfer, we will put in place a contract to ensure that your information is adequately protected.

*A list of Anglo Irish Bank Corporation plc group companies may be requested by writing to the Bank at our Registered offices at: Jubilee Buildings, Victoria Street, Douglas, Isle of Man, IM1 2SH. Company Number is 37910C.

Anglo Irish Bank Corporation (I.O.M.) P.L.C. is licensed by the Isle of Man Financial Supervision Commission to conduct Banking and Investment Business.

Please now go to Section 7, The Guidance Notes to ensure you have provided the correct identification documents.

FOR BANK USE ONLY

Account Number

First Applicant Sole Record: _____
 Second Applicant Sole Record: _____

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Section 7: Guidance Notes

To enable us to verify your Identity – **FOR ALL APPLICANTS** please ensure you have provided the following documents. Please note like all other Banks, we comply with current Anti-Money Laundering Legislation.

A. To enable us to verify the identity of **each applicant**, we need to see the relevant pages of your current identification document, such as a valid Government ID Card, passport or driving licence, providing the following details are shown:

- Passport/Driving Licence Number
- Date and Place of Issue
- Photograph
- Expiry Date
- Nationality
- Signature
- Date and Place of Birth

Unless you are able to send the original document to our office, please take a clear legible, black & white photocopy of the relevant pages - and arrange for **ALL** the pages to be certified with exactly the following wording: 'I certify that this is a true copy of the original document'. The certifier should sign and date the original copy, printing their name clearly below the signature and state their position and business address. Suitable certifiers include a qualified lawyer, accountant, serving police officer, bank manager or IFA. Please note the Applicants direct family members cannot certify.

B. To enable us to verify your permanent residential address **for each applicant**.

Please send us an original, or certified copy of one of the following documents, not more than 3 months old, that shows your name and permanent residential address. In the case of original documents we will of course return these documents to you afterwards. Please note, Mobile Phone Bills are not acceptable.

Please note where joint applicants reside at the same address and the bank statement/utility bill or document from the list below is in the same joint names, then this single document will be acceptable for address verification for both parties.

- Bank Statement
- Credit Card Statement
- Current Tenancy Agreement
- Building Society Statement
- Council Rates Bill
- Utility Bill for Fixed Services

PO Boxes (*Alternative proof of address for PO Boxes*)

Documents addressed to PO Box Numbers are not normally acceptable. The bank recognises that there are some jurisdictions where only PO Boxes are used e.g. some Middle Eastern countries. In these situations **only** a letter addressed to Anglo Irish Bank from your IFA/Employer confirming your physical residential address and your PO Box address will be acceptable. In the case of a joint account where only one party is employed the letter should also confirm the address of both applicants.

Section 8: Check List

- | | |
|--|--------------------------|
| I/We have completed all parts of this application form | <input type="checkbox"/> |
| I/We have signed the application form | <input type="checkbox"/> |
| I/We have provided proof of identity | <input type="checkbox"/> |
| I/We have provided confirmation of Residential Address | <input type="checkbox"/> |
| I/We have read & understood the Terms & Conditions | <input type="checkbox"/> |

Anglo Irish Bank Corporation (I.O.M.) P.L.C.

Jubilee Buildings, Victoria Street, Douglas, Isle of Man IM1 2SH, British Isles

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Fax: +44 (0) 1624 698001

E-mail: enquiries@angloirishbank.co.im

Website: www.angloirishbank.co.im

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