

PersonalDeposits

7 Day Notice Application Form

Personal Details

1st Applicant: (BLOCK CAPITALS)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

First Name (s) in Full:

Date of Birth: (dd/mm/yyyy)

Address: (Must be UK Resident)

Postcode:

Date of first residence at this address: (dd/mm/yyyy)

If you have been at this address for less than 3 years,
please provide your previous address.

(If more than one, please attach them on a separate piece of paper)

Postcode:

Home Tel. No.:

Work Tel. No.: (For identification purposes)

Mobile:

E-mail address:

Are you entitled to receive tax-free interest on this account?

Yes ☐ No ☐

If yes, please enclose a fully completed R85 form. This is available
from www.inlandrevenue.gov.uk/menus/otherforms.htm.

Nominated Password: (for security reasons)

(Please provide an 8 to 12 character password to be used for teleauthorisation
purposes for each applicant)

Mother's Maiden Name (for security reasons):

(Please provide for each applicant)

08454 55 22 22
angloirishbank.co.uk



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2nd Applicant: (BLOCK CAPITALS)

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname:

First Name (s) in Full:

Date of Birth: (dd/mm/yyyy)

Address: (Must be UK Resident)

Postcode:

Date of first residence at this address: (dd/mm/yyyy)

If you have been at this address for less than 3 years,
please provide your previous address.

(If more than one, please attach them on a separate piece of paper)

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P.T.O.

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Initial Lodgement To Your Account – Minimum Of £500.00

How will you be opening your Account? *(please tick your choice)*
(Please refer to pages 3 and 4 of the information booklet for full details)

- a) By Personal Cheque ☐
- b) By Bankers or Building Society draft ☐
- c) By BACS *(3 Day Electronic Bankers transfer)* ☐
- d) By CHAPS/SWIFT Payment *(same day electronic transfer)* ☐

Please confirm the amount: £ , , -

Where did you hear about Anglo Irish Bank's Personal Deposit Accounts?

Declaration to Anglo Irish Bank Corporation plc (the "Bank")

(If you are applying jointly, you and the other account holders must both read and sign this declaration).

1. I (each of us if more than one is applying) declare that I am a UK Resident and aged 18 years or over.
2. I declare that the information I have given on this form is true and accurate and I will inform the Bank without delay of any changes in my circumstances affecting any information on this form.
3. The investments made into this account are invested by me/us* as sole/joint* beneficial owner(s).
4. I confirm that I have read and agree to be bound by the terms and conditions of this account opened for me.
5. I understand that you may, for security or training purposes, record or monitor telephone calls with me.
6. a) Unless I have ticked this box ☐
The Bank may send me details of other financial services provided by it or its subsidiaries from time to time.
b) Unless I have ticked this box ☐
I consent to the Bank disclosing any information it holds about me to companies within the Anglo Irish Bank Group or to any other organisations connected to, promoted by or acting for them or the Bank, which may be used to send me details of products or services which the Bank feels may be of interest to me.
7. a) The Bank may search my record at one or more credit reference and fraud prevention agencies in order to check my identity (I understand that details of the search will be recorded by the agency (ies) and that these details will be seen by other organisations carrying out later searches and may be used by them for making lending decisions, collecting debts or for fraud prevention). If I give you false or inaccurate information and you suspect fraud, I understand that you will record this with a fraud prevention agency. You and other agencies may use and search these records to help make decisions about me and members of my household in relation to:
 - credit and credit related services
 - motor, household, credit, life and other insurance proposals and claims, tracing debtors, recovering debt, preventing fraud and managing my accounts or insurance policiesb) I consent to the Bank holding information about me on computer and other media even after my account has been closed.
8. You may decide not to accept my application.
9. I confirm that if this is a Joint Account you may act on the sole instructions of either Account Holder.

**Delete as appropriate*

Signatures

1st Applicant's Signature

Date: (dd/mm/yyyy)

2nd Applicant's Signature *(if applicable)*

Date: (dd/mm/yyyy)

Please ensure that the following are enclosed along with your Application so that we can open your Account as quickly as possible:

- A completed and signed application form ☐
- Two Original forms of identification showing your current address *(for joint accounts we require two ID's for each applicant)* ☐
- A signed personal cheque drawn on the exact names as those in which the account is to be opened ☐
- If you are sending a bankers or building society draft please provide a certified copy of your current passport or driving licence and a recent original statement from the account where this cheque has originated *(dated within 3 months)*. ☐
- If you are sending your funds via CHAPS/SWIFT payment please provide a certified copy of your current passport or driving licence and a recent original statement from the account where this CHAPS/SWIFT has originated *(dated within 3 months)*. Please refer to page 4 of the information booklet for full details. ☐
- If applicable, a completed and signed Inland Revenue form, R85 ☐

