

Charities

To Open Deposit Account(s)

ANGLO
IRISH
BANK



WE CERTIFY THAT at a Meeting of the Council/Committee of _____

_____ held on the _____

day of _____ year _____ the following Resolutions were passed:-

PART 1

1. THAT Anglo Irish Bank Corporation plc (the 'Bank') be and is hereby requested and authorized to open in the name of the charity such deposit account(s) as may now or from time to time be considered appropriate for the receipt and disbursement of the Charity moneys and to give effect to any order, request, direction or instruction regarding lodgements to and withdrawals and transfers from such account(s) from time to time effected, made or given on behalf of the Charity in accordance with the signing instructions in Part III hereof.
2. THAT this Mandate, having been notified to the Bank, shall remain in force unless and until altered or varied by new or supplemental instructions given pursuant to a decision of the Council/Committee advised to the Bank in writing in the form of a certified extract from the minutes of the relevant meeting or a supplemental mandate under the hand of the Chairman of the charity and countersigned by the Secretary, whereupon such new or supplemental instructions giving effect to such decision (to the extent that the same shall be at variance or inconsistent therewith) shall replace or alter, as the case may be, the instructions herein contained.
3. THAT the Bank be furnished with a true copy of the Constitution and/or Rules of the Charity and with the full names and specimens of the signatures of the Chairman, Secretary and other Officers, and further, that the Bank be from time to time informed in writing under the hand of the Secretary of any change which may take place in the Chairman, Secretary or other Officers.

PART II

LIST OF OFFICERS AND SECRETARY

NAME	POSITION	DATE OF BIRTH	RESIDENTIAL ADDRESS	SIGNATURE

We have anti-money laundering obligations under the Criminal Justice Act, 1994. Withdrawals may commence only when we have received all relevant documentation.

NAME	POSITION	DATE OF BIRTH	RESIDENTIAL ADDRESS	SIGNATURE

(If insufficient space above please continue on separate sheet)

PART III

SIGNING INSTRUCTIONS

AUTHORISED SIGNATORIES

SIGNATORY	POSITION	SPECIMEN SIGNATURE

State person/persons authorised to sign on this account*

Any One Both All of us Other(Please specify)**

* At the discretion of the Bank on the instructions or purported instructions of any of the authorised signatories however given or originated including by fax, telex, telephone or by any electronic system used by the Bank from time to time, capable of receiving and obeying instructions for the withdrawal or transfer of money from accounts. The Bank may also at its discretion require at any time the signatures of all authorised signatories to operate the account.

** In the absence of express instructions to the contrary, the Bank may accept any one signature to withdraw from, close or otherwise amend the account.

CERTIFIED A TRUE COPY

CHAIRMAN _____

SECRETARY _____

Dated _____ day of _____ year _____

Subject to the Bank's usual terms and conditions.