UNINCORPORATED ENTITY SUPPLEMENTAL MANDATE

Please complete in BLOCK CAPITALS with a black or blue ball point pen

Unless otherwise specified this mandate will alter the drawing instructions on accounts of all types opened by the Unincorporated Entity with the Ban at any of its branches.

This mandate does not apply to AIB iBusiness Banking, which is subject to a separate Agreement and instructions

To: Allied Irish Banks, p.l.c. ("the Bank") We certify that at a meeting of the Committee of ^	
(the 'Unincorporated Entity')	
held on the / / the following Resolutions were passed:	
Part I That the drawing instructions given by the Committee to the Bank in the Mandate currently in force in respect of the	
asset contently in force in respect of the	
account(s) in the name of the Unincorporated Entity be revealed and the title of a six and the six and	
account(s) in the name of the Unincorporated Entity be revoked and that the drawing instructions set out in Part III hereof be substituted in 2. That the said account(s) be subject to the Bank's appropriate terms and conditions (copies of which are acknowledged).	n lieu.
3. That the Bank be furnished with a list (see Part II below) containing the full names and addresses of the Chairperson, Secretary and other O Unincorporated Entity and that the Bank be informed by notice in writing signed by the Secretary, as soon as may be, of any change which m in the Chairperson, Secretary, other Officers or Beneficial Owners.	fficers of the ay take pla
Part II	
OFFICERS: E.G. CHAIRPERSON, SECRETARY	
Name Residential Address Position	
Part III	
DRAWING INSTRUCTIONS	
AUTHORISED SIGNATORIES (insert an X as appropriate) On the signature(s) of: Any One Any Two Both All of the following	
or Other (specify in 'Special Instruction' box below)	

^insert name as it appears in the Rules/Constitution

Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.

AIB600MAN12 (09/12)

Special Signing Instructions (Complete only if "Other" option is chosen above) — PRINT IN BLOCK CAPITALS

The following 'special' signing instructions shall apply (if applicable): (e.g. 'Any one solely up to/including €xxx, 'Any two jointly' over that amount etc.). Special instructions are accepted at the discretion of the Bank and should be discussed and agreed with the Bank before this mandate is completed.

gnatory (Block Capitals)	Position	Specimen Signature
dress		(Sign within the box above)
gnatory (Block Capitals)	Position	Specimen Signature
ddress		(Sign within the box above)
ignatory (Block Capitals)	Position	Specimen Signature
Address	Comments of the comments of th	(Sign within the box above)
Signatory (Block Capitals)	Position	Specimen Signature
Address		(Sign within the box above)
Signatory (Block Capitals)	Position	Specimen Signature
Address		(Sign within the box above)

CERTIFIED TO BE A TRUE COPY		
Chairperson (or equivalent) Printed Name:	The mandate must be signed by the Chairperson (or equivalent) of the meeting at which the mandate resolutions were passed (this person must be a member of the Committee) of the Unincorporated Entity AND the Secretary of the Unincorporated Entity (who must not be the same person as the Chairperson or equivalent) or another member of the Committee.	
Socretary	The committee.	
Secretary		
Printed Name:		
Dated the / / /	The date must be the same date or later than the date of the meeting shown on the first page of the mandate.	

UNINCORPORATED ENTITY - SUPPLEMENTAL MANDATE - CUSTOMER INSTRUCTIONS



The Mandate should be completed in BLOCK CAPITALS (except for signatures) - and in a black or blue ball point pen.

Jnless otherwise specified this mandate will alter the drawing instructions on accounts of all types opened by the Unincorporated Entity with the Bank at any of its Branches.

Name of the Unincorporated Entity	The name of the Unincorporated Entity as shown on the Unincorporated Entity's Rules/Constitution should be entered here in full.
	Where your Unincorporated Entity is actually a branch of a national Unincorporated Entity, or the rules specify a particular name for each branch, then this should also be included e.g. "Anyname Rowing Club, Letterkenny branch" or "Dublin Province of the Society of St. Joseph Bloggs".
Date of the Meeting	The date of the Committee meeting at which the changes were approved should be entered here
PART I ACCOUNT DESIGNATION	This mandate may be used to change the signing details for <u>all</u> the Unincorporated Entity's accounts with the Bank – or for one or more specific accounts.
	If you wish the mandate to be account(s) specific, then either account number(s) e.g. 87654321 or account designation(s) e.g. "Wages Account" or "No. 2 Current Account" should be entered into the box provided in Part I.
	If this box is left blank, or crossed out, the mandate will cover all accounts in the Unincorporated Entity's name.
PART II List of Officers	List the Name, Residential Address and Position of each of the Officers e.g. Chairperson, Secretary.
PART III Drawing Instructions	Please specify how many of the authorised signatories are required to sign a cheque, or other value instruction (e.g. Direct Debit mandate, Foreign payment instruction).
- select only one option	You should indicate your choice by marking an 'X' in the appropriate box.
- SEIECE ONLY ONE SPACE.	The instructions given must be in accordance with your own Rules/Constitution. If your Rules/Constitution require e.g. the Treasurer to sign for all transactions, then you cannot choose the option "Any One" as this would contravene your own financial regulations. If you have requirements outside the standard choices you may indicate this by marking "Other" and specifying the instructions in the "Special Signing Instructions" box further down the page.
Special Instructions Box	Special Instructions are accepted at the discretion of the Bank – and should be discussed and agreed before this mandate is completed.
	The instructions should be entered in BLOCK CAPITALS and must be clear and unambiguous. Your branch will provide guidance in this regard.
Authorised Signatories	The name, position within the Unincorporated Entity and address of each of the authorised signatories should be entered – in BLOCK CAPITALS – and a specimen signature must be provided.
	Please make sure you have sufficient authorised signatories to cover holiday periods or unexpected absences (e.g. illness).
Certified a True Copy	The mandate should be certified as an extract from the Minutes of the Unincorporated Entity's Committee meeting by the Chairperson (or equivalent), and the Secretary. These must not be the same person – i.e. the signatures of two different people are required in this area.
Date	This date must be no earlier than the date of the meeting specified on page 1 of the mandate – it may be a later date.

If you have any queries regarding the completion of this mandate, please contact your branch.