

This Authority applies to all existing and future accounts in the name of the customer.

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete this form in BLOCK CAPITALS.

Your information

For details of how we and others will use your information, please look below and in the accompanying Terms and Conditions or contact your relationship manager.

1. Meanings of words used in this Authority

“Account” means an account or accounts held by the Bank in the name of the Firm as defined below.

“Bank” means Ulster Bank Ireland DAC and its successors, transferees and assignees.

“Firm” means the partners of the Firms of _____ being those named as partners in Section 3 and certified as correct by two of the partners of the Firm.

“Instructions” means

- (a) cheques or other orders for payment, bills accepted and promissory notes or negotiable instruments made, drawn or given on the Account;
- (b) instructions to countermand payment of cheques, bills of exchange or other orders;
- (c) endorsements on behalf of the Firm of cheques and other orders, drafts, bills, promissory notes and deposit receipts payable to or in the name of the Firm;
- (d) standing orders, direct debits, UBAMTS, foreign payments, inter-account transfers and all other means of making payments;
- (e) request for drafts;
- (f) instructions to withdraw securities, documents or articles held by the Bank (whether for safe custody or otherwise);
- (g) indemnities, guarantees and bonds and instructions for the opening of credits or the issue of guarantees, bonds or indemnities by the Bank;
- (h) instructions for discounting inland or foreign bills;
- (i) instructions to withdraw, deliver, dispose of or deal with any property, documents or securities held in the name of the Firm;
- (j) instructions to open further Account(s) in the name of the Firm;
- (k) any instruction, request, agreement, undertaking or document necessary for the provision of any of the above purposes or arising in relation to the Account; or otherwise for the provision of banking services or products or any other services or products which the Bank agrees to provide to the Firm (including, in particular, any agreement for the provision of these products or services by any method, including electronic, internet-based or similar means); or giving of information, as between each of the Bank and the Firm.

2. Authority

- (i) The Bank is requested to open and/or continue an Account in the name of the Firm and is requested and authorised to accept Instructions from:-

(Insert name of authorised signatory) _____ *and/or (Insert name of authorised signatory) _____ *and/or (insert name of authorised signatory) _____

on behalf of the Firm, notwithstanding that such Instructions may give rise to placing of deposits, withdrawal of funds, borrowing or cause any of the Account to be overdrawn or any overdraft on the Account to be increased or limit exceeded as a result of the Instructions.

- (ii) The Bank be and is hereby requested and authorised to debit or credit any of the Firm’s Accounts in respect of the transactions described in this Authority and the Firm shall at all times accept the debit or credit of the Bank on any of its Accounts in respect of such transactions as conclusive evidence of such Instructions and transactions and the amount involved, provided that such transactions were given in accordance with this Authority.
- (iii) Where Instructions to the Bank are given in any format that is not in writing (‘writing’ means for this purpose a document bearing an original written authorised signature(s)) the Bank is entitled to accept them if the Bank is satisfied that the Instruction is genuine. The Firm accepts that the Bank may require it to enter in to a separate agreement(s) with the Bank and/or comply with any further conditions covering any means of providing the Bank with Instructions that are not in writing.

- (iv) If you become aware that any of us have left the Firm by reason of death, bankruptcy, retirement or otherwise, as you may treat the surviving or continuing partner or partners as having full power to carry on the business of the Firm and to deal with its assets as freely as if there had been no such change in the Firm.
- (v) We confirm that we are authorised to give the Instructions in accordance with the *Partnership Agreement/Deed and/or the Partnership Act, 1890.
- (vi) We agree to notify you in writing of any changes to the constitution of the Firm.
- (vii) Instructions to close the Account shall only be accepted when given in accordance with the signing instructions in Section 2 above.
- (vii) We agree that we are all and/or each jointly and severally liable for any debt on the Account.
- (viii) We request you to issue statements of Account to _____

3. Signatures – please sign in the centre of the box(es)

Credit reference agencies

We may obtain information about you from credit reference agencies and Group records to check your credit status and identity. The agencies will record our enquiries which may be seen by other companies who make their own credit enquiries. This may affect your ability to obtain credit elsewhere in the near future. We may use credit scoring.

Fraud prevention agencies

– If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies.

– We may also obtain information about you from fraud prevention agencies.

Giving your consent

By signing this application you are agreeing that we may use your information in the way described in this form (including the 'Keeping you informed' section) and in the associated Terms and Conditions

Signature of Partner

Signature in Firm's name (if applicable)

Name (in full) _____

Full home address _____

Signature of Partner

Signature in Firm's name (if applicable)

Name (in full) _____

Full home address _____

Signature of Partner

Signature in Firm's name (if applicable)

Name (in full) _____

Full home address _____

Date (DD/MM/YYYY)

Continue overleaf if more than three partners and/or other authorised signatories

4. Details of authorised signatories – All authorised signatories including any partners who are authorised signatories must complete this section

Please sign in the centre of the box(es) and cross through any unused boxes in this section and on any additional sheets.

Specimen signature

Full name and official position of authorised signatory

Name (in full) _____

Official position _____

Name (in full) _____

Official position _____

Name (in full) _____

Official position _____

Name (in full) _____

Official position _____

Name (in full) _____

Official position _____

Name (in full) _____

Official position _____

5. Confirmation – The details of the Partners and/or authorised signatories are genuine.

Signature of Partner (must be one who also signed Section 3 above).

Name (in full) _____

Full home address _____

*Delete as appropriate

For Bank use only			
Guidance notes must be detached prior to sending to ISV Team			
Sort code	Account number	Account number	Account number
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Guidance Notes

Use this form for all new Partnership accounts or existing accounts where the Partners signing instructions have changed.

Non Partner authorised signatories may be incorporated in this form or by using the Third Party Mandate designed for Partnerships only (form ULS50052).

A full list of all authorised signatories must be completed under Section 4, "Details of authorised signatories".

If additional sheets required, either copy or obtain further mandate.

Please ensure all signatures are entirely within the margins of the boxes provided.



Partnership Mandate

This Authority applies to all existing and future accounts in the name of the customer.

Please note – when filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete this form in BLOCK CAPITALS.

Insert the professional or trading name or name of the Firm.

Alternatively where a trading name is not used, insert all the names of the Partners.

If this mandate is to apply to a specific or limited number of accounts insert the designated titles and account numbers as appropriate eg Office Account only.

Your information

For details of how we and others will use your information, please look below and in the accompanying Terms and Conditions or contact your relationship manager.

1. Meanings of words used in this Authority

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"Bank" means Ulster Bank Ireland DAC and its successors, transferees and assignees.

"Firm" means the partners of the Firms of _____ being those named as partners in Section 3 and certified as correct by two of the partners of the Firm.

"Instructions" means

- (a) cheques or other orders for payment, bills accepted and promissory notes or negotiable instruments made, drawn or given on the Account;
- (b) instructions to countermand payment of cheques, bills of exchange or other orders;
- (c) endorsements on behalf of the Firm of cheques and other orders, drafts, bills, promissory notes and deposit receipts payable to or in the name of the Firm;
- (d) standing orders, direct debits, UBAMTS, foreign payments, inter-account transfers and all other means of making payments;
- (e) request for drafts;
- (f) instructions to withdraw securities, documents or articles held by the Bank (whether for safe custody or otherwise);
- (g) indemnities, guarantees and bonds and instructions for the opening of credits or the issue of guarantees, bonds or indemnities by the Bank;
- (h) instructions for discounting inland or foreign bills;
- (i) instructions to withdraw, deliver, dispose of or deal with any property, documents or securities held in the name of the Firm;
- (j) instructions to open further Account(s) in the name of the Firm;
- (k) any instruction, request, agreement, undertaking or document necessary for the provision of any of the above purposes or arising in relation to the Account, or otherwise for the provision of banking services or products or any other services or products which the Bank agrees to provide to the Firm (including, in particular, any agreement for the provision of these products or services by any method, including electronic, internet-based or similar means); or giving of information, as between each of the Bank and the Firm.

2. Authority

- (i) The Bank is requested to open and/or continue an Account in the name of the Firm and is requested and authorised to accept Instructions from:-

Specify if more than one partner/partners must sign and any limits on authority.

(Insert name of authorised signatory)	Any one Partner OR
*and/or	Any one Partner up to and including €7500, over €7500
(Insert name of authorised signatory)	
*and/or	any two Partners OR Any two Partners
(insert name of authorised signatory)	

on behalf of the Firm, notwithstanding that such Instructions may give rise to placing of deposits, withdrawal of funds, borrowing or cause any of the Account to be overdrawn or any overdraft on the Account to be increased or limit exceeded as a result of the Instructions.

- (ii) The Bank be and is hereby requested and authorised to debit or credit any of the Firm's Accounts in respect of the transactions described in this Authority and the Firm shall at all times accept the debit or credit of the Bank on any of its Accounts in respect of such transactions as conclusive evidence of such Instructions and transactions and the amount involved, provided that such transactions were given in accordance with this Authority.
- (iii) Where Instructions to the Bank are given in any format that is not in writing ('writing' means for this purpose a document bearing an original written authorised signature(s)) the Bank is entitled to accept them if the Bank is satisfied that the Instruction is genuine. The Firm accepts that the Bank may require it to enter in to a separate agreement(s) with the Bank and/or comply with any further conditions covering any means of providing the Bank with Instructions that are not in writing.

Credit reference and fraud prevention agencies

We may obtain information about you from credit reference and fraud prevention agencies to verify your identity. We will check your details with fraud prevention agencies. If you provide false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may use these records to:

Help make decisions about credit and credit related services for you and members of your household. Help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household. Trace debtors, recover debt, prevent fraud, and to manage your accounts or insurance policies.

Check your identity to prevent money laundering, unless you furnish us with satisfactory proof of identity.

If you want to receive details of those fraud prevention agencies from whom we obtain and with whom we record information about you, please contact your branch. You have a legal right to these details.

Guidance Notes

Please ensure all signatures are entirely within the margins of the boxes provided.

- (iv) If you become aware that any of us have left the Firm by reason of death, bankruptcy, retirement or otherwise, as you may treat the surviving or continuing partner or partners as having full power to carry on the business of the Firm and to deal with its assets as freely as if there had been no such change in the Firm.
- (v) We confirm that we are authorised to give the Instructions in accordance with the *Partnership Agreement/Deed and/or the Partnership Act, 1890.
- (vi) We agree to notify you in writing of any changes to the constitution of the Firm.
- (vii) Instructions to close the Account shall only be accepted when given in accordance with the signing instructions in Section 2 above.
- (viii) We agree that we are all and/or each jointly and severally liable for any debt on the Account.
- (ix) We request you to issue statements of Account to _____

3. Signatures – please sign in the centre of the box(es)

Credit reference agencies

We may obtain information about you from credit reference agencies and Group records to check your credit status and identity. The agencies will record our enquiries which may be seen by other companies who make their own credit enquiries. This may affect your ability to obtain credit elsewhere in the near future. We may use credit scoring.

Fraud prevention agencies

- If false or inaccurate information is provided and fraud is identified or suspected, details may be passed to fraud prevention agencies.
- We may also obtain information about you from fraud prevention agencies.

Giving your consent

By signing this application you are agreeing that we may use your information in the way described in this form (including the 'Keeping you informed' section) and in the associated Terms and Conditions

Signature of Partner

Signature in Firm's name (if applicable)

Sign here in the professional or trading name of the firm if the partners will sign cheques and instructions for other payments in this way.

This section must be signed by all the partners of the Firm.

Name (in full) _____

Full home address _____

Signature of Partner

Signature in Firm's name (if applicable)

Name (in full) _____

Full home address _____

Credit reference and fraud prevention agencies

We may obtain information about you from credit reference and fraud prevention agencies to verify your identity. We will check your details with fraud prevention agencies. If you provide false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may use these records to:

Help make decisions about credit and credit related services for you and members of your household. Help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household. Trace debtors, recover debt, prevent fraud, and to manage your accounts or insurance policies.

Check your identity to prevent money laundering, unless you furnish us with satisfactory proof of identity.

If you want to receive details of those fraud prevention agencies from whom we obtain and with whom we record information about you, please contact your branch. You have a legal right to these details.

Guidance Notes

Please ensure all signatures are entirely within the margins of the boxes provided.

This section must be signed by all the partners of the Firm. →

Signature of Partner

Signature in Firm's name (if applicable) ← Sign here in the professional or trading name of the firm if the partners will sign cheques and instructions for other payments in this way.

Name (in full) _____

Full home address _____

Insert the date. For example 06/02/2013 →

Date (DD/MM/YYYY)

Continue overleaf if more than three partners and/or other authorised signatories

4. Details of authorised signatories – All authorised signatories including any partners who are authorised signatories must complete this section

Please sign in the centre of the box(es) and cross through any unused boxes in this section and on any additional sheets.

Specimen signature	Full name and official position of authorised signatory
<input type="text"/>	Name (in full) _____ Official position _____
<input type="text"/>	Name (in full) _____ Official position _____
<input type="text"/>	Name (in full) _____ Official position _____ ← All authorised signatories, including Partners, must complete this section
<input type="text"/>	Name (in full) _____ Official position _____
<input type="text"/>	Name (in full) _____ Official position _____
<input type="text"/>	Name (in full) _____ Official position _____

Credit reference and fraud prevention agencies

We may obtain information about you from credit reference and fraud prevention agencies to verify your identity. We will check your details with fraud prevention agencies. If you provide false or inaccurate information and we suspect fraud, we will record this.

We and other organisations may use these records to:

Help make decisions about credit and credit related services for you and members of your household. Help make decisions on motor, household, credit, life and other insurance proposals and insurance claims, for you and members of your household. Trace debtors, recover debt, prevent fraud, and to manage your accounts or insurance policies.

Check your identity to prevent money laundering, unless you furnish us with satisfactory proof of identity.

If you want to receive details of those fraud prevention agencies from whom we obtain and with whom we record information about you, please contact your branch. You have a legal right to these details.

5. Confirmation – The details of the Partners and/or authorised signatories are genuine.

Signature of Partner (must be one who also signed Section 3 above).

Partner who signed
mandate to sign here
to confirm all the
above signatures are
genuine.

A rectangular box intended for the signature of a partner.

Name (in full) _____

Insert details as
requested,
i.e. Name (in full) and
Full home address.

Full home address _____

*Delete as appropriate

For Bank use only			
Guidance notes must be detached prior to sending to ISV Team			
Sort code	Account number	Account number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXAMPLE