Business Account Information Update Form (Limited Company)

Permanent TSB plc trading as PTSB and PTSB Asset Finance is regulated by the Central Bank of Ireland.

Date	D D M M Y Y Y Y		
Customer Name			
IBAN			
Nature of Business		Industry/Sector	

For use by Limited Company Business only

Type of Update

Change of Name ☐ Change of Address ☐ Authorised Users ☐ Authorised Signatories ☐ Authorised Business24 Users ☐
Beneficial Ownership ☐ Others ☐ (please specify)

Business Name Change & Registered Address use only

Current Business Name:			
New Business Name:			
Registration Number:			
Registration Date:	D D / M M / Y Y Y Y		
Tax Identification Number:			
Current Address:			
*City/Town:			
*Country:		Postcode:	
New Address:			
*City/Town:			
*Country:		Postcode:	

*Indicates a mandatory field. Please ensure that the City/Town and Country fields are completed.

Email Address:

Beneficial Owner/Senior Managing Officials? If yes, then fill the below

List below, the names of any new persons who are a "Senior Managing Official or Beneficial Owner". A Senior Managing Official is someone with responsibility for managing the non-Personal entity i.e. a CEO, CFO, COO. In the case of complex company ownerships e.g., corporate shareholders or holding companies, a detailed ownership structure must be provided which includes details of all ultimate individual beneficial owners with 25% or more ownership.

	Senior Managing Official /Beneficial Owner	Senior Managing Official /Beneficial Owner	Senior Managing Official /Beneficial Owner
Name:			
D.O.B:			
Address:			
*City/Town:			
*Country:			
Phone No.			
Nationality:			
Nature & % of Shareholding:			
Director? (Yes/No):			

Change or Add New Signatories (Changes or Adding new Signatory/Business24 Users)

	Signatory/Business24 User	Signatory/Business24 User	Signatory/Business24 User
Name:			
Director? (Yes/No):			
Authorised Signatory (Yes/No):			
Position:			

Business24 user (Yes/ No):			
Date of Birth (DD/MM/YYYY):	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Nationality:			
Home Address:			
*City/Town:			
*Country:			
(Incld. Eircode):			
Email address:			
Mobile No.			
Office No.			
Home Phone No:			
Signature:			

Directors Details

	Director 1	Director 2	Director 3
Name:			
Address:			
*City/Town:			
*Country:			
Phone No:			
Date of Birth (DD/MM/YYYY):	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Email:			
Nationality:			

NB: For updates relating to change of business name and beneficial ownership, Certificate of Incorporation/ Certificate of Change of Name, Constitution and a board resolution would be required. (Speak to PTSB staff to know the correct documentation to provide)
For a change in Beneficial Owners (>25%), AML documentation will be required.

Sign As Per Account Mandate

Name (Chairperson/Director)

Signature

Date:

D D M M Y Y Y Y

Name (Secretary/Director)

Signature

Date:

D D M M Y Y Y Y

NB: For updates relating to change of business name and beneficial ownership, Certificate of Incorporation/ Certificate of Change of Name, Constitution and a board resolution would be required. (Speak to PTSB staff to know the correct documentation to provide) For a change in Beneficial Owners (>25%), AML documentation will be required.

For Official Use Only

Customer CIF

Tick the relevant boxes below based on the type of documentation provided by the customer

Photo ID ☐ Proof of Address ☐ Registration Documents ☐ Change of Name Document ☐ Others- Specify

Branch Authorised Signatory

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Name / Signature / Date