

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	<input type="text" value="DD"/>	<input type="text" value="MM"/>	<input type="text" value="YYYY"/>
Customer Name	<input type="text"/>		
IBAN	<input type="text"/>		
Nature of Business	<input type="text"/>	Industry/Sector	<input type="text"/>

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:	<input type="text"/>
New Business Name:	<input type="text"/>
Registration Number:	<input type="text"/>
Registration Date:	<input type="text" value="DD / MM / YYYY"/>
Tax Identification Number:	<input type="text"/>
Current Address:	<input type="text"/>
New Address:	<input type="text"/>
Email Address:	<input type="text"/>

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:	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.O.B:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nature & % of Shareholding:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director? (Yes/No):	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	Signatory/Business24 User	Signatory/Business24 User	Signatory/Business24 User
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Director? (Yes/No):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised Signatory (Yes/No):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business24 user (Yes/No):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY):	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="DD / MM / YYYY"/>
Nationality:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address:			
(Incl. Eircode):			
Email address:			
Mobile No.			
Office No.			
Home Phone No:			
Signature:			

Directors Details

	Director 1	Director 2	Director 3
Name:			
Address:			
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
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Name (Secretary/Director)

Signature

Date:

D	D	M	M	Y	Y	Y	Y
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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

.....
 Name / Signature / Date

Branch Authorised Signatory

.....
 Name / Signature / Date