

# Business Account Information Update Form (Partnership)



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

Date	<input type="text" value="D D"/>	<input type="text" value="M M"/>	<input type="text" value="Y Y Y Y"/>
Customer Name	<input type="text"/>		
IBAN	<input type="text"/>		
Nature of Business	<input type="text"/>	Industry/Sector	<input type="text"/>

## For use by Partnership 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="D D / M M / Y Y Y Y"/>
Tax Identification Number:	<input type="text"/>
Current Address:	<input type="text"/>
New Address:	<input type="text"/>
Email Address:	<input type="text"/>

### Updated/ New Signatories/ Business24 Users (Details of new/updated signatories)

	Signatory/ Business24 User	Signatory/ Business24 User	Signatory/ Business24 User
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner? (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"/>
D.O.B (DD/MM/YYYY):	<input type="text" value="D D / M M / Y Y Y Y"/>	<input type="text" value="D D / M M / Y Y Y Y"/>	<input type="text" value="D D / M M / Y Y Y Y"/>
Nationality:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Incl. Eircode):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone No.:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature:	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Partners Information**

	Partner 1	Partner 2	Partner 3
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.O.B (DD/MM/YYYY):	<input type="text" value="D D / M M / Y Y Y Y"/>	<input type="text" value="D D / M M / Y Y Y Y"/>	<input type="text" value="D D / M M / Y Y Y Y"/>
Address:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email:	<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"/>

**Sign As Per Account Mandate**

Name	<input type="text"/>	Name	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date:	<input type="text" value="D D M M Y Y Y Y"/>	Date:	<input type="text" value="D D M M Y Y Y Y"/>

NB: Appropriate documentation is required for any of the changes. (Please speak to a member of staff to find out what documentation is 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**

**Branch Authorised Signatory**

.....  
Name / Signature / Date

.....  
Name / Signature / Date