

# 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"/>	<input type="text" value="MM"/>	<input type="text" value="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"/>	<input type="text" value="MM"/>	<input type="text" value="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:

Name (Secretary/Director)

Signature

Date:

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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