



# Bacstel-IP

## Indirect User Application Form

### How to complete the form

1 Please use a BLACK pen

2 Mark boxes like this  
If you make a mistake, do this and mark the correct box

3 Please use BLOCK CAPITAL LETTERS and leave one space between each word

This Application Form relates to the provision of access to the Bacstel-IP Service and establishes the Customer Profile for the service. AIB (NI) is responsible for your sponsorship into the Bacstel-IP Service. Components of the service are provided by Bacs Payment Schemes Limited (Bacs).

By signing this form you will be agreeing to the Customer Agreement for the Bacstel-IP Service.

Please complete all sections in black ink and BLOCK CAPITALS. New Application Transfer of Sponsorship from

New Application ☐

Transfer of Sponsorship from ☐

Bank

### 1. Customer details

Bacs Service User name (Name used to identify the Service User – maximum 33 characters.)

Trading name (if applicable)

Bacs Service User Number (SUN)

Unique number used to identify the Service User. Existing Bacs Users should complete with their current Bacs User Number. For new Users, this number will be allocated by the Bank and should therefore be left blank.

Email address (Notifications and information will be sent to this email.)\*

\*AIB Group (UK) p.l.c. will use this email address to contact you once the set up process is complete. You will be asked to confirm that all users are aware of their obligations to comply with the relevant Bacs scheme rules before being able to access the service.

Contact address for Service User. This address will be used to contact the Primary Security Contacts (PSC) defined in Section 6.  
Address

City

County  Postcode

All Service Users must be associated with an organisation. Please see the Guidance Notes for further information before completing this section.

If known (generated by Bacs). For companies registering for Bacstel-IP for the first time, this ID will have not been allocated.

Select the types of Transaction that you will be using with this Service User. Tick all that apply.

AUDDIS ☐ Paperless Direct Debiting under the AUDDIS rules ☐

Additional forms must be completed to support AUDDIS and Paperless Direct Debiting - please refer to your Relationship Manager.

1. Branch NSC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transaction types (tick)	
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Limit £	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Frequency	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Direct Debits	<input type="checkbox"/>
2. Branch NSC	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Transaction types (tick)	
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If further AIB (NI) Accounts are required to be linked to this User, please complete the separate Additional Accounts Form.

5. Bacs Approved Bureau details

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Bureau 1

Bureau name   
(Name used to identify Bureau.)

Bureau Service User number

Please tick to confirm that the appointed Bureau has been approved by Bacs ☐

Where a Bureau is appointed, Bacs is authorised to act on all instructions received.

Do you wish to authorise your Bureau to collect the Bacs reports relating to this Service User on your behalf?

Yes ☐ No ☐

Please confirm with your Bureau that they offer this collection service.

Bureau 2

Bureau name   
(Name used to identify Bureau.)

Bureau Service User number

Please tick to confirm that the appointed Bureau has been approved by Bacs ☐

Where a Bureau is appointed, Bacs is authorised to act on all instructions received.

Do you wish to authorise your Bureau to collect the Bacs reports relating to this Service User on your behalf?

Yes ☐ No ☐

Please confirm with your Bureau that they offer this collection service.

It is strongly recommended that two Primary Security Contacts (PSC) are set up as a minimum. The PSCs listed below will be required to complete a short, online Bacs training module and test before the Service User can be activated. Instructions on how to complete this training will follow once your application has been processed.

### Primary Security Contact 1

## Security questions

Day      Month      Year

PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules.

## Please link to SUN

## Security questions

Day      Month      Year

PSC/AC is aware of their obligations to comply with the relevant Bacs scheme rules.

7. Declaration

We apply to use the Bacstel-IP service as detailed within this Application Form and agree to be bound by the Terms & Conditions of the service contained in the Customer Agreement for the Bacstel-IP Direct Service.

We agree:

- We will ensure that all **Primary Security Contacts and Additional Contacts are made aware of their obligations to comply with the relevant Bacs scheme rules** and will take care of all security procedures supplied to them for Bacstel-IP as described in the Customer Agreement and User Guide. Any reference to giving the Bank instructions in the Customer Agreement shall also apply to any instructions which appear to come from us, or third parties we have appointed as detailed on the Customer Profile for Bacstel-IP and given to Bacs in accordance with the security procedures and the Customer Agreement.
- That each Primary Security Contact acting alone has authority to appoint Additional Contacts, to amend the approval processes for all instructions and to amend the Customer Profile. When providing us with any information (including personal data) relating to identifiable living individuals you will have ensured that those individuals have consented, to the extent that it is required, to providing us with their information or that another lawful basis for the processing of their information has been established and that those individuals are aware of our identity and of our data protection notice.
- To the Bacstel-IP Customer Profile which has been detailed in this form and understand that detailed instructions and conditions relating to the use of Bacstel-IP are contained in the online Help Texts and User Guides.
- That the Primary Security Contact authority contained in this Application Form (Customer Profile) may differ from any other Mandates and authorities you hold relating to the applicable Accounts with you.
- That if the authority of a Primary Security Contact or an Additional Contact is removed we will inform AIB Group (UK) p.l.c. Bacs Customer Service.
- That, by signing this form, we are authorising and requesting that you, the Bank, accept debits to the Account(s) referred to in section 4 above in respect of the total value of all payments contained in each and every submission made or purporting to be made on our behalf (including by any Bacs Approved Bureau notified by us to you, the bank) to Bacs and processed by Bacs, provided such payments are within the current limit agreed between you and us, the Customer.
- We will take appropriate steps to secure our information using anti-virus/anti-malware software as per section 7.1 of the Custmer Agreement for the Bacstel-IP Direct Service.
- To authorise AIB Group (UK) p.l.c. trading under licence as AIB (NI) to act in accordance with instructions issued by the Primary Security Contacts (PSCs) and/or Additional Contacts (ACs) nominated within the Bacstel-IP Indirect User Application Form.

For and on behalf of (Company name)   
Partnership/Limited Company/PLC\*

Authorised signature\*\*

Date

Day

Month

Year

Name   
Position   
For and on behalf of (Company name)   
Partnership/Limited Company/PLC\*

Authorised signature\*\*

Date

Day

Month

Year

Name   
Position

\* Delete as appropriate.

\*\* For customers who have agreed to the Customer Agreement, and for all Partnerships and Sole Traders, this Declaration to be signed by authorised person(s) in accordance with the Mandate.

I confirm that:

- New Facility;

Transfer in from another bank:

Bank name:

[illegible]

- |   |     |
|---|-----|
| <ul style="list-style-type: none"> <li>• Payment limit(s) defined above have been authorised and a copy of Branch/Head office sanction is attached.</li> <li>• A specific contingent liability Account has been opened.</li> <li>• The Customer Direct Debit Indemnity enclosed and completed as per agreed procedure (new facility only).</li> <li>• Corporate &amp; Commercial approval enclosed (Direct Debiting new facility).</li> <li>• Customer Bacs database contact details (DDO) enclosed (Direct Debiting).</li> </ul> |     |
| <ul style="list-style-type: none"> <li>• The Customer wishes to register as an AUDDIS Originator.</li> </ul>  | Yes |
| <ul style="list-style-type: none"> <li>• (AUDDIS / Paperless only) Completed Application to be an Originator of Direct Debit Instructions under the Yes No AUDDIS Rules and/or Application to be a Paperless Originator of Direct Debit Instructions under the AUDDIS Rules forms authorised and attached.</li> </ul>   | Yes |
| <ul style="list-style-type: none"> <li>• (AUDDIS / Paperless only) Completed Automated Direct Debit Instruction Service (AUDDIS) and Paperless Direct Debit (PDD) verification of Originator's Vetting Criteria is attached and countersigned by the sanctioning Yes No area confirming the verification measures the Customer has in place to identify and validate their payers are appropriate.</li> </ul>   | Yes |
| <ul style="list-style-type: none"> <li>• The Customer Agreement for the Bacstel-IP Indirect Service has been issued to the customer.</li> </ul>   |     |

Relationship Manager's name

Contact telephone number

## Credit Operations

Sanction Approved Yes ☐ No ☐

Number

Address: AIB, BACS Customer Service, 92 Ann Street, Belfast, BT1 3HH.  
Telephone: (01604) 235515  
Email address: [bacssupport@aib.ie](mailto:bacssupport@aib.ie)

If you need this brochure in Braille, in large print or on audio, please ring 0345 646 0318<sup>†</sup> or pop into your local branch.

Customers with hearing or speech difficulties can contact us using the Relay UK service to convey the conversation by translating speech to text and text to speech. Please dial 18001 0345 646 0318<sup>†</sup> from a Textphone or by downloading the Relay UK app to your smartphone, tablet or PC.

<sup>†</sup> Lines open: Monday - Friday 09:00 - 17:00 (excluding bank holidays). Calls may be recorded.  
Call charges may vary - refer to your service provider.



Information correct as at July 2024

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