

UNINCORPORATED ENTITY SUPPLEMENTAL MANDATE

Please complete in **BLOCK CAPITALS** with a black or blue ball point pen

Unless otherwise specified this mandate will alter the drawing instructions on accounts of all types opened by the Unincorporated Entity with the Bank at any of its branches.

This mandate does not apply to AIB iBusiness Banking, which is subject to a separate Agreement and instructions.

To: Allied Irish Banks, p.l.c. ("the Bank")

We certify that at a meeting of the Committee of ^

SOCIETY NAME

(the 'Unincorporated Entity')

held on the / / the following Resolutions were passed:

DATE OF AGM

Part I

1. That the drawing instructions given by the Committee to the Bank in the Mandate currently in force in respect of the

SOCIETY NAME

(account designation or account number)

account(s) in the name of the Unincorporated Entity be revoked and that the drawing instructions set out in Part III hereof be substituted in lieu.

2. That the said account(s) be subject to the Bank's appropriate terms and conditions (copies of which are acknowledged).

3. That the Bank be furnished with a list (see Part II below) containing the full names and addresses of the Chairperson, Secretary and other Officers of the Unincorporated Entity and that the Bank be informed by notice in writing signed by the Secretary, as soon as may be, of any change which may take place in the Chairperson, Secretary, other Officers or Beneficial Owners.

Part II

OFFICERS: E.G. CHAIRPERSON, SECRETARY

Name	Residential Address	Position
AUDITOR NAME	ADDRESS	AUDITOR
TREASURER NAME	ADDRESS	TREASURER
SENIOR TREASURER NAME	UCD	SENIOR TREASURER

Part III

DRAWING INSTRUCTIONS

AUTHORISED SIGNATORIES (insert an X as appropriate)

On the signature(s) of: Any One Any Two Both All of the following

or Other (specify in 'Special Instruction' box below)

^insert name as it appears in the Rules/Constitution

Allied Irish Banks, p.l.c. is regulated by the Central Bank of Ireland.

Special Signing Instructions (Complete only if "Other" option is chosen above) – PRINT IN BLOCK CAPITALS

The following 'special' signing instructions shall apply (if applicable): (e.g. 'Any one solely up to/including €xxx, 'Any two jointly' over that amount etc.). Special instructions are accepted at the discretion of the Bank and should be discussed and agreed with the Bank before this mandate is completed.

LEAVE BLANK

Signatory (Block Capitals)

Position

Specimen Signature

AUDITOR NAME

AUDITOR

SIGNATURE

Address (Sign within the box above)

ADDRESS

Signatory (Block Capitals)

Position

Specimen Signature

TREASURER NAME

TREASURER

SIGNATURE

Address (Sign within the box above)

ADDRESS

Signatory (Block Capitals)

Position

Specimen Signature

SENIOR TREASURER NAME

SENIOR TREASURER

SIGNATURE

Address (Sign within the box above)

Signatory (Block Capitals)

Position

Specimen Signature

Address (Sign within the box above)

Signatory (Block Capitals)

Position

Specimen Signature

Address (Sign within the box above)

CERTIFIED TO BE A TRUE COPY

Chairperson (or equivalent)

AUDITOR SIGNATURE

Printed Name:

AUDITOR NAME

Secretary

OTHER COMMITTEE NAME

Printed Name:

OTHER COMMITTEE SIGNATURE

Dated the

D	D	/	M	M	/	Y	Y	Y	Y
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**TODAY'S
DATE**

The date must be the same date or later than the date of the meeting shown on the first page of the mandate.

The mandate must be signed by the Chairperson (or equivalent) of the meeting at which the mandate resolutions were passed (this person must be a member of the Committee) of the Unincorporated Entity AND the Secretary of the Unincorporated Entity (who must not be the same person as the Chairperson or equivalent) or another member of the Committee.