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 o	We certify that at a meeting of the Committee of ^					
(4)	/University of Fatigue					
(tne	'Unincorporated Entity')					
held	held on the D / M M / Y Y YY the following Resolutions were passed:					
	Part I					
1.	That the drawing instructions given by the Committee to the Bank in the Mandate currently in force in respect of the					
	(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					
	FFICERS: E.G. CHAIRPERSON, SECRETARY					
	Position					
	Name Residential Address					

Part III

DRAWING INSTRUCTIONS AUTHORISED SIGNATORIES (insert an X as appropriate)	APPENDING TO		rate et line et lin	
AOTHORISED SIGNALONIES (Illisell all X as appropriate)				
On the signature(s) of: Any One	Any Two	Both	All	of the following

^insert name as it appears in the Rules/Constitution

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

special instructions are accepted at the district	ii oi (iie baile and Should be discussed)	and agreed with the Bank before this mandate is completed.
Signatory (Block Capitals)	Position	Specimen Signature (Sign within the box above)
Address		
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Address		(Sign within the box above)
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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.).

CERTIFIED TO BE A TRUE COPY						
Chairperson (or equivalent)	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					
Printed Name:	Secretary of the Unincorporated Entity (who must not be the same person as the Chairperson or equivalent) or another member of the Committee.					
Secretary :						
Printed Name:						
Dated the D D	/ M M / Y Y Y The date must be the same date or later than the date of the meeting shown on the first page of the mandate.					

UNINCORPORATED ENTITY — SUPPLEMENTAL MANDATE — CUSTOMER INSTRUCTIONS



The Mandate should be completed in BLOCK CAPITALS (except for signatures) - and in 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.

Should be entered here in full. Where your Unincorporated Entity is actually a branch of a national Unincorporated Entity, or the rules specify a particular name for each branch, then this should also be included e.g. "Anyname Rowing Club, Letterkenny branch" or "Dublin Province of the Society of St. Joseph Bloggs". The date of the Committee meeting at which the changes were approved should be entered here. PART I ACCOUNT DESIGNATION This mandate may be used to change the signing details for all the Unincorporated Entity's accounts with the Bank — or for one or more specific accounts. If you wish the mandate to be account(s) specific, then either account number(s) e.g. 87654321 or account designation(s) e.g. "Wages Account" or "No. 2 Current Account" should be entered into the box provided in Part I. If this box is left blank, or crossed out, the mandate will cover all accounts in the Unincorporated Entity's name. PART II List the Name, Residential Address and Position of each of the Officers e.g. Chairperson, Secretary. List of Officers Please specify how many of the authorised signatories are required to sign a cheque, or other value instruction (e.g. Direct Debit mandate, Foreign payment instruction). You should indicate your choice by marking an 'X' in the appropriate box. The instructions given must be in accordance with your own Rules/Constitution. If your Rules/Constitution require e.g. the Treasurer to sign for all transactions, then you cannot choose the option "Any One" as this would contravene your own financial regulations. If you have requirements outside the standard choices you may indicate this by marking "Other" and specifying the instructions in the "Special Signing Instructions" box further down the page.		
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WYMERING ACTION	Date .	

If you have any queries regarding the completion of this mandate, please contact your branch.