

# IBCI Online – New/Amend Individual User/Organisation Representative/Payment Authoriser



JANUARY 2023

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This form should be completed by Clients wishing to register new Users, Organisation Representatives and/or Payment Authorisers. Your relationship manager can provide guidance in completing the form if required. Note that Users with Enquiry only access can be set up by an Organisation Representative.

(Please identify all functions that they require access to even if they are currently set up on the system.)

## 1. Organisation details

Organisation name

Contact name

Contact telephone number

Email address

## 2. User details

User name

Telephone number

Email address

## Unique phrase/memorable word

(minimum 6, maximum 20 letters/spaces; please complete in Block Capitals)

The unique phrase/memorable word will be used to assist in verifying your identity when you contact us by telephone to obtain your initial password.

Phrase/memorable word hint

## Type of IBCI Online access required

**Enquiry** – View balance and transactional information (NB: mandatory if payment access is required).

**Related Party Information** – View basic Related Party information at client level.

**Related Party Reports** – Ability to run reports providing full details of Related Parties including relevant tax information.

## Payments

**View** – User will be able to view current and historic payment details and status.

**Full** – User will be able to initiate payments, view current and historic payment details and status.

**Authorise** – User will have Full payment rights and be able to authorise and release payments to the Bank (in accordance with authorisation limits set at Organisation level). NB. A fee may be levied for the issue of new payment authorisation devices in line with the schedule of charges.

**Authorisation Level**      A      B      C

Token serial number to be re-assigned  
or Address for dispatch of new token

# Administration

**Full Organisation Representative** – Will be able to create new organisation and third-party users, re-set User Security Details, remove user permissions, set client allocation rights for creation of reporting groups and, where applicable, allocate access to Related Party Information and reports.

# Additional information

# Customer agreement

I/We confirm that the Board of Directors (or equivalent) have approved this application and have accepted the IBCI Online Terms and Conditions.

I/We confirm that the information contained in this form is correct and agree to notify IBCI of any changes.

Name

Name

Please clearly specify capacity and where an authorised signatory, of which entity

Please clearly specify capacity and where an authorised signatory, of which entity

Signature

Signature

Date

Date

Please note – this form should be signed by at least two signatories who have the capacity to bind the Organisation.

**Please return the completed form to IBCI Online Support, PO Box 188, Gategny Court, Gategny Esplanade, St Peter Port, Guernsey, GY1 3LP.**

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