

Bankline Audit Information Request



This form can be used to request the following historic information from Bankline:

- **Bankline payment information** (payment advices can be viewed for 6 months within Bankline and also shown from your account statement for up to 15 months)
- **Billing information**
- **IP audit information** (Internal only)

Please note this form can not be used to request historic Bankline account information. You can access up to 15 months of account information from within Bankline. If you require statement information outwith this time then please contact your Customer Service Team or Branch.

When filling out this form please use the tab and arrow keys to move between the relevant fields. Ensure you do **not** use the return or enter keys. Please complete in BLOCK CAPITALS and email to: BanklineAudit@rbs.co.uk or alternatively return to: Bankline Customer Registration Team, Ulster Bank Ireland DAC, Block B, Central Park, Leopardstown, Freepost F4490, Dublin 18, D18 N153

1. Customer details – Mandatory information

Customer name	<input type="text"/>		
Bankline customer ID	<input type="text"/>	Bankline user ID	<input type="text"/>
Account number	<input type="text"/>	Sort code	<input type="text"/>
Contact name	<input type="text"/>		
Contact telephone number	<input type="text"/>		

2. Information requested – Please complete all relevant information

Please select the information required:

- Payment information – go to section 2.1
- Billing information – go to section 2.2
- IP audit information – go to section 2.2

2.1 Payment information

If you require details of multiple payments then please use section 3 to complete details of any additional payments. Please ensure you include the individual dates (or date ranges) and amounts for each payment.

Payment debit date (DD/MM/YYYY)

Type of payment

Same day Standard SEPA Bulk list International Money Transfer file

Total amount of payment €

Bulk list or template name

Beneficiary account number Sort code

Please turn to section 3 to add additional payment details.

2.2 Billing or IP information

Billing IP information

Please confirm the date range required

Start date (DD/MM/YYYY) End date (DD/MM/YYYY)

3. Additional payment requests

Please detail below any further payments that you require and/or advise of dates if you wish to get details of all payments submitted within a certain period. Multiple payments requests can be recorded below.

Please also use this for any additional information that may be relevant.

4. Customer/Relationship manager confirmation

This request must be signed by either the customer **or** the Customers Relationship Manager. Please ensure the form is signed before submitting.

I confirm that the parties signing this request are the same parties that have signed the Bank Mandate.

Customer signature

Name (in full)

Date (DD/MM/YYYY)

Relationship manager signature (where required)

Name (in full)

Date (DD/MM/YYYY)

ISV number