

FORM OF RESOLUTION – POST OFFICE CHEQUE ENCASHMENT FACILITY

Name of Company _____

Registered Office _____

Address of Correspondence _____

It was resolved at a meeting of the Directors of the above company held on ___/___/___,
that the company shall authorise AIB (NI) ("the Bank") to open and operate a Post Office Cheque
Encashment facility for the company, on terms and conditions from time to time specified by the
Bank to expire on ___/___/___ and that _____

and/or _____ be and are hereby authorised to sign such documents as
the Bank may require to give effect to such facility.

_____ ___/___/___

Chairman

Date

Secretary