

**CRO deposit account**

Account application form and initial payment

Account number:

Pin number:

Company/Business Name number  
*note one*

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

CRO receipt date stamp & barcode

Please complete using black typescript or BOLD CAPITALS, referring to explanatory notes

**Firm/personal details**

Name

|  |
|--|
|  |
|  |

Address

|  |
|--|
|  |
|  |
|  |
|  |

**Contact person**

*note two*

Name

Telephone number

Fax number

E-mail address

**Service required**

*note three*

Online services *note four*

Manual filing of documents *complete Authorised signatory section overleaf note five*

**Certification**

*note six*

I note that it is a condition of this service that it will be necessary to maintain my account in credit at all times and an initial deposit of €  is attached.

Signature

Position held

Name *in block letters or typescript*

Date

**Presenter details**

*note seven*

Name

Address

Telephone number

Fax number

Email

Contact Person

DX number/Exchange

Reference number

**Authorised signatory**

*note eight*

This section is only to be completed if a Payment Authorisation Form (PAF) book is required.

I  
*name in bold capitals or typescript*

being a *note nine*

Partner

Director

Secretary

of  
*full name of company, partnership or organisation as appropriate*

  

of  
*address*

  

hereby authorise the following to sign payment authorisation forms on my/our behalf:

Name

Sample signature

Signature

Company stamp  
*if any*

Date

## NOTES ON COMPLETION OF FORM A/C1

- General** This form must be completed correctly, in full and in accordance with the following notes. Every section of the form must be completed. Where "not applicable", "nil" or "none" is appropriate, please state. Where the space provided on Form a/c 1 is considered inadequate, the information should be presented on a continuation sheet in the same format as the relevant section in the form. The use of a continuation sheet must be so indicated in the relevant section.
- note one** This number applies only to companies and business names registered with the CRO.
- note two** This is the person to whom monthly statements and receipts for monies received will be issued.
- note three** This relates to the purpose for opening a deposit account. Tick the relevant box(es).
- note four** An account ID and PIN number will be issued in order to avail of the online services. Documents can be filed electronically and copies of documents that have been filed and scanned can be ordered via the CRO website [www.cro.ie](http://www.cro.ie).
- note five** Manual filing of documents requires a Payment Authorisation Form (PAF) book. To request a book please complete the Authorised signatory section.
- note six** There is no minimum amount required to open the deposit account. It is a condition of this service that customer accounts be maintained in credit at all times and no company printouts or scanned images will be made available or documents will be accepted unless sufficient funds are available in the account to pay for them.
- note seven** This section must be completed by the person who is presenting the application form to the CRO. This may be the individual or a person on behalf of the individual. The DX number and exchange details may be given by those who are members of a document exchange service.
- note eight** This section is completed by an applicant who intends to use the deposit account to manually lodge documents with the CRO. This section is provided for your convenience only and the CRO accepts no responsibility for its use and reserves all rights as to its acceptance.
- When the application has been approved, a book of Payment Authorisation Forms (PAF) is posted to the contact person. A completed PAF must be lodged with each set of documents presented for filing in the CRO. Only those persons listed in this section can sign a PAF. Where a customer wishes to add a new authorised signatory, he/she must complete and resubmit this section to the CRO in advance of submitting a PAF.
- note nine** Tick the relevant box(es).

### Further information

**CRO address** The Public Office is at Bloom House, Gloucester Place Lower, Dublin 1.

When you have completed and signed the form, please send with the opening payment to  
**Accounts Section,  
Companies Registration Office,  
O'Brien Road, Carlow, County Carlow, R93 E920**

**DX:271004 DX Exchange: Carlow 2**

**Payment** If paying by cheque, postal order or bank draft, please make the fee payable to the Companies Registration Office. Cheques or bank drafts must be drawn on a bank in the Republic of Ireland.

**Please carefully study the explanatory notes above. A Form a/c1 that is not completed correctly or is not accompanied by the initial payment is liable to be rejected and returned to the presenter by the CRO.**

**FURTHER INFORMATION ON THE COMPANY SEARCH FACILITY AND PRESCRIBED FEES,  
IS AVAILABLE FROM [www.cro.ie](http://www.cro.ie) OR BY EMAIL AT [info@cro.ie](mailto:info@cro.ie)**