



FIMBANK

FIMBank p.l.c.
7th Floor, The Plaza Commercial Centre,
Bisazza Street, Sliema SLM 1640, Malta
Website: www.fimbank.com
Company Registration Number: C 17003

FOR BANK USE ONLY					

Tel: (+356) 21 322100
Fax: (+356) 21 322122
SWIFT: FIMB MT M3
E-mail: info@fimbank.com

Foundation Information

Date: _____

Dear Sirs,

RE: _____ (the "Foundation")

By these presents, we the undersigned request and authorize FIMBANK plc ("the Bank") to open an account or accounts denominated in USD / EUR / GBP / CHF / _____ [specify as required] as may from time to time be requested in writing in the name of the Foundation, which is a registered and existing under the laws of _____.

Registered Address: _____

Mailing Address: _____

Telephone No.: _____

Fax No.: _____

E-mail: _____ Tax Registration No. (if applicable): _____

The Bank is hereby instructed and authorized to carry out all such banking transactions as we may request the Bank to do in our name and this in accordance with the Bank's **General Terms and Conditions of Business** as may be amended by the Bank from time to time (enclosed herein [appendix 1]) and to which we hereby expressly agree, acknowledge receipt of, and recognize as applicable to our business relationship in virtue of this statement.

We expressly agree to the application of the laws of Malta to our relationship and we hereby agree that all and any disputes between us and the Bank shall be subject to the exclusive jurisdiction of the Courts of Malta.

In pursuance of this request we are herewith attaching the following in the English language or if not with a certified translation:

- i) a certified and authenticated copy of the **Resolution of the Council of Administrators of the Foundation**;
- ii) a certified and authenticated copy of the **Deed of Foundation (Public Deed/ Will)** and any special resolutions which may have effected an amendment or restriction thereto;
- iii) a certified **list of all Administrators and the Secretary of the Foundation**, which is here incorporated;
- iv) proof of **Registration of the Foundation**;
- v) any other documents that the Bank might require from time to time, including notification of changes to any of the above;
- vi) a certified true copy of the **Identification Documents** of all **Administrators** and the **Secretary of the Foundation**.

Nature of the Foundation

Foundation Profile

Purpose Foundation / Private Foundation: _____

Service Request

Financial Products interested in

<input type="checkbox"/> Deposits	<input type="checkbox"/> International Fund Transfers
<input type="checkbox"/> Forward Contracts	<input type="checkbox"/> Credit Cards
<input type="checkbox"/> Others	
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____

Average Amount Transacted Monthly: _____

Administrators*

Foundation Administrators

Administrator 1

Name: _____

Surname: _____

Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

Administrator 2

Name: _____

Surname: _____

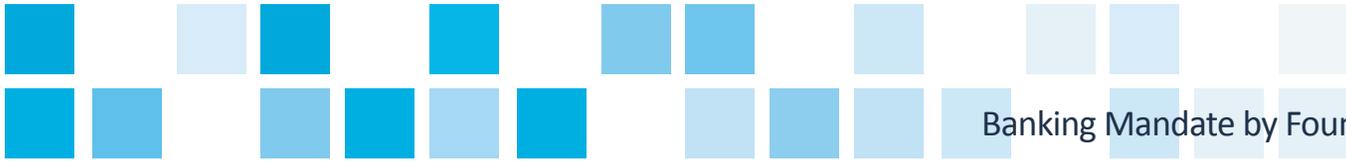
Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

**To be supported by the necessary official documentation such as the Deed of Foundation*



Administrator 3

Name: _____

Surname: _____

Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

Administrator 4

Name: _____

Surname: _____

Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

Administrator 5

Name: _____

Surname: _____

Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

Administrator 6

Name: _____

Surname: _____

Address: _____

Passport / ID No.: _____

Telephone No.: _____

E-mail: _____

Positive Identification

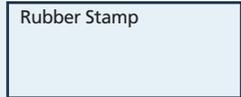
The undersigned has positively identified the individuals and their respective information as listed above, and verified their identities as well as their addresses.

Name: _____

Bank Official / Consulate / Notary / Lawyer / Warranted Professional

Signature: _____

Date: _____



(CONTINUE ON A BLANK SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)



Instructions to the Bank

The Council of Administrators of the Foundation

_____ (the "Foundation")

duly adopted on the _____ where the Council of Administrators of the Foundation resolved that:

1. The Foundation appoints **FIMBank p.l.c.** 7th Floor, The Plaza Commercial Centre, Bisazza Street, Sliema SLM1640, Malta (the "Bank") as Bankers of the Foundation and it was resolved that an account or accounts be opened with the said Bank.
2. The Bank be instructed and authorized to:
 - i) honour and comply with any instructions to withdraw/deposit any and all funds on any account or accounts in the Foundation's name;
 - ii) honour and debit/credit to the Foundation's account or accounts all cheques, drafts, orders to pay, bills of exchange and promissory notes expressed to be drawn, signed, accepted, endorsed or made on behalf of the Foundation, whether the Foundation's account or accounts is or are in credit or in debit or may become overdrawn in consequence of such debit but without prejudice to the Bank's right to refuse to allow any overdraft or an increase of overdraft beyond any specified limit;
 - iii) process **facility letters** granted by the Bank and approved by the Foundation as well as the related **security documentation** in the form of a **pledge agreement** duly countersigned by the Foundation;
 - iv) accept **general assignments** for and on behalf of the Foundation;
 - v) honour any instructions to deliver, dispose of or deal in any securities, deeds or documents or other property whatsoever from time to time in the Bank's possession for the Foundation's account whether by way of security or safe custody or otherwise;
 - vi) act on our instructions with regard to the purchase or sale of any foreign currencies or any securities or documents;
 - vii) act upon applications or requests to issue any letter of credit, guarantee, indemnity or counter-indemnity and all related applications or requests;
 - viii) arrange for the discounting of any bills endorsed by the Foundation; and,
 - ix) generally to act in accordance with the Foundation's requests in relation to its account or accounts as may from time to time be opened.

Provided That

A) Authorised Account Signatories*

Any such instruments, requests or instructions mentioned in 2(i) – 2(ix) above be signed by the Authorised Account Signatory/ies: (please mark your choice with an X where appropriate)

<p>Name of Authorised Account Signatory</p> <p><input type="checkbox"/> Sole signatory <input type="checkbox"/> Joint signatory</p>	<p>Specimen Signature</p> <p><input type="checkbox"/> Limitations: _____</p> <p><input type="checkbox"/> Special Instructions: _____</p>
<p>Name of Authorised Account Signatory</p> <p><input type="checkbox"/> Sole signatory <input type="checkbox"/> Joint signatory</p>	<p>Specimen Signature</p> <p><input type="checkbox"/> Limitations: _____</p> <p><input type="checkbox"/> Special Instructions: _____</p>

* To be supported by a notarized Power of Attorney. Bank form named Power of Attorney may be provided upon request

Name of Authorised Account Signatory <input type="checkbox"/> Sole signatory <input type="checkbox"/> Joint signatory	Specimen Signature 	
	<input type="checkbox"/> Limitations:	<input type="checkbox"/> Special Instructions:

B. Correspondence Instructions

The Bank authorised to act upon Authorised Signatory / ies' written requests or instructions received from the following forms:

- by fax
- by e-mail
- by fax, authenticated by test key ¹
- by e-mail authenticated by test key ¹

Accepted e-mail addresses:

Main: _____
 Cc1: _____
 Cc2: _____
 Cc3: _____

C. Bank Statements

The Bank authorised to send advices and/or statements via e-mail on the above mentioned accepted e-mail address/es. ²

Primary Statement Cycle: <input type="checkbox"/> On Movement <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Weekly: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					
Secondary Statement Cycle: <input type="checkbox"/> On Movement <input type="checkbox"/> Daily <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Weekly: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday					

In case where the Bank is authorized to act upon requests or instructions received from the Authorised Signatory/ies by fax or by e-mail, the Bank shall only act upon such requests or instructions, if, in case of (i) fax it is signed by the Authorised Signatory/ies in accordance with (A) above and in case of (ii) e-mail if the requests or instructions are sent or purported to have been sent from one of the e-mail addresses listed above as the "Accepted e-mail address/es".

D. Information

That the Bank authorised to provide any information (verbal and written) on the Foundation's accounts to the following authorised members:

Name: _____ Passport / ID No.: _____ E-mail: _____
 Name: _____ Passport / ID No.: _____ E-mail: _____
 Name: _____ Passport / ID No.: _____ E-mail: _____

¹ The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

² E-mail service is offered free of charge and substitutes generation of printed advices and/or statements.

E. Bank References

That the Bank authorised to obtain bank references on the Foundation and debit my/our account with any fee to cover this service from the following bank details:

Name of Bank:	_____	Account No.:	_____
Address:	_____	Swift Code:	_____
	_____	Contact Person:	_____

F. Withholding Tax

i) For Maltese residents*:

We hereby declare that the Foundation is a Maltese resident and we hereby instruct the Bank to pay any interest to the Company, at the discretion of the Bank:

- with a deduction of 15% full and final withholding tax or
- without any deduction of withholding taxes

ii) For Non-Residents*:

We hereby declare that the Foundation is not ordinarily resident in Malta and that the control and management of the Company is not exercised in Malta and therefore:

- we hereby instruct the Bank to pay any interest to us, at the discretion of the Bank without any deduction of withholding taxes

** Please tick where appropriate*

We declare that none of the Founders, Administrators, or the class of persons in whose main interest the foundation is set up are identified or associated with any Politically Exposed Persons (PEP)*.

If there is any PEP involvement please list them below.

** A PEP is defined as a natural person who is or has been entrusted with a prominent public function and shall include their immediate family members or persons known to be close associates of such person*

Signature: _____ Date: _____

Name in Full: _____

Authorised Signatory
For and on behalf of the Foundation