

Amendment Form by Partnership



FIMBANK

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FOR BANK USE ONLY

Partnership Information

Date: _____

Dear Sirs,

RE: _____ (the "Partnership"),

Banking Mandate dated _____ (the "Banking Mandate")

I/We refer to the Banking Mandate and hereby confirm that since the date the Banking Mandate has been signed, certain amendments have become necessary.

We therefore hereby request that the Banking Mandate be amended as indicated below:

(Fill in where changes are necessary)

Registration No: _____

Registered Address: _____

Country: _____

Land/Fixed Line Telephone No: _____

Area Code: _____ Country code: _____

Mobile No: _____

Area Code: _____ Country code: _____

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

Mailing Address: _____

Country: _____

Fax No: _____

Area Code: _____ Country code: _____

Changes in Partners

New Partners¹

Partner A

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and place of birth: _____

Nationality: _____

Land/Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not resident in the US for tax purposes or a non US citizen
☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

Partner B

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and place of birth: _____

Nationality: _____

Land/Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not resident in the US for tax purposes or a non US citizen
☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

¹To be supported by the necessary official documentation such as the amended Deed of Partnership or a certified and adjourned list of all Partners serving the Partnership

Partner C (for corporates)

Company Name: _____
Registered Address: _____
Country: _____
Land/Fixed Line Telephone No: _____
Country Code: _____ Area Code: _____
Mobile No: _____
Country Code: _____ Area Code: _____
E-mail: _____

Company Registration No: _____
Mailing Address: _____
Country: _____
Fax: _____
Country Code: _____ Area Code: _____
Mobile No: _____
Tax Residence (country): _____
Tax Registration No. TIN: _____

Hereinafter jointly and severally referred to as the "Partners"

- ☐ Tick this box if you are not resident in the US for tax purposes or a non US citizen
☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

- ☐ Tick this box if you are not resident in the US for tax purposes or a non US citizen
☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

Ceased Partners²

Partner A (for individuals)

Name: _____
Surname: _____
ID Type: _____
ID No: _____

Partner B (for individuals)

Name: _____
Surname: _____
ID Type: _____
ID No: _____

Partner C (for corporates)

Company Name: _____
Registered Address: _____
Country: _____

Company Registration No: _____
Mailing Address: _____
Country: _____

²To be supported by the necessary official documentation such as the amended Deed of Partnership or a certified and adjourned list of all Partners serving the Partnership.

Provided That

A) Authorised Account Signatories ^{3*}

The Authorized Account Signatories in the Banking mandate shall be amended as follows (please mark your choice with an X where appropriate):

New Authorized Account Signatures

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:
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:

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

Kindly complete Annex1 attached to this mandate.

Remove Signature

Name of Authorized Account Signatory being removed:

B) Correspondence Instructions

The Bank be Authorized to act upon written requestes or instructions received from the following forms:

		Add	Remove
<input type="checkbox"/> by fax	<input type="checkbox"/> by fax, authenticated by test key ⁴	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> by e-mail	<input type="checkbox"/> by e-mail authenticated by test key ⁴	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> removal of test key	<input type="checkbox"/>	<input type="checkbox"/>

B1. The Bank be authorised to act upon written requests or instructions sent or purported to have been sent from one of the e-mail addresses below, provided that the e-mail contains instructions signed by the Authorised Account Signatory/ies in accordance with Section A of this Banking Mandate.

Accepted e-mail addresses:

	Add	Remove
E-mail Address 1: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 3: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 4: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 5: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 6: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 7: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 8: _____	<input type="checkbox"/>	<input type="checkbox"/>

³ This needs to be allowed by the Deed of Partnership.

⁴ The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

B2. The Bank be authorised to act upon written requests or instructions sent or purported to have been sent from one of the below e-mail addresses. ³

Accepted e-mail addresses:

Add

Remove

E-mail Address 1: _____

☐
☐

E-mail Address 2: _____

☐
☐

E-mail Address 3: _____

☐
☐

E-mail Address 4: _____

☐
☐

Bank Statement

The Bank be hereby authorised and instructed to send advices and statments to the below e-mail addresses.

Accepted e-mail addresses:

Add

Remove

Main _____

☐
☐

Cc1: _____

☐
☐

Cc2: _____

☐
☐

Cc3: _____

☐
☐

Please note that you can select up to two statement preferences

☐ On Movement

☐ Daily

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

☐ Weekly: (*)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

☐ On Movement

☐ Daily

☐ Monthly

☐ Quarterly

☐ Semi-Annually

☐ Annually

☐ Weekly: (*)

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

**Please indicate on which day you would like your weekly statement.*

The above supersedes any other previous instructions.

D) Withholding Tax

For Maltese residents:*

We hereby declare that we are Maltese residents and we hereby instruct the Bank to pay any interests to us , at the discretion of the Bank:

☐ with a deduction of 15% full and final withholding tax **or**

☐ without any deduction of withholding taxes

For Non-Residents:*

We hereby declare that we are not ordinarily residents 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 Partners, Shareholders or Beneficial Owners of the Partnership 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.*



Partner A:

Signature: _____

Name in Full: _____

Partner B:

Signature: _____

Name in Full: _____

Partner C:

Signature: _____

Name in Full: _____

Partner D:

Signature: _____

Name in Full: _____

Date: _____

Signatories Details:

Signatory 1

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

Signatory 3

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

Signatory 5

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

Signatory 2

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

Signatory 4

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

Signatory 6

Name: _____

Surname: _____

Residence Address: _____

Country: _____

Passport No/ ID No/ Driving Licence: _____

Date and Place of birth: _____

Land/ Fixed Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

E-mail: _____

- ☐ Tick this box if you are not a resident in the US for tax purposes or a non US Citizen
- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

(CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)