

**FIMBANK**

FIMBank p.l.c.  
 Mercury Tower , The Exchange Financial & Business Centre  
 Elia Zammit Street, St Julian's STJ 3155, Malta  
 Website: [www.fimbank.com](http://www.fimbank.com)  
 Company Registration Number: C 17003

FOR BANK USE ONLY

Tel: (+356) 21 322100  
 Fax: (+356) 21 322122  
 SWIFT: FIMBMTM3  
 E-mail: [info@fimbank.com](mailto:info@fimbank.com)

## Company Information

Date: \_\_\_\_\_

Dear Sirs,

**RE:** \_\_\_\_\_ (the "Company") , 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)

Company Name: _____	Company Registration No: _____
Registered Address: _____	Mailing Address: _____
Country: _____	Country: _____
Land/Fixed Line Telephone No: _____	Fax No: _____
Country Code: _____ Area Code: _____	Country Code: _____ Area Code: _____
Mobile No: _____	
Country Code: _____ Area Code: _____	
E-mail: _____	Tax Registration No. (if applicable): _____

## Changes in Directors

### New Directors\*

#### Director 1

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

#### Director 2

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

- ☐ 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

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- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

*\*To be supported by the necessary official documentation*

AM 01 (5/2014)

## Director 3

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

## Director 4

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

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☐ 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 Directors\*

### Director 1:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

### Director 2:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

### Director 3:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

### Director 4:

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport No/ID No/ Driving Licence: \_\_\_\_\_

*\*To be supported by the necessary official documentation*

## Changes in Shareholders

## New Shareholders\*

## Shareholder 1

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence/Reg No: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

☐ 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

## Shareholder 3

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence/Reg No: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

☐ 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

## Shareholder 2

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence/Reg No: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

☐ 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

## Shareholder 4

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ID No/ Driving Licence/Reg No: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Land/Fixed Line Telephone No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Country Code: \_\_\_\_\_ Area Code: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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If any of the foregoing owners is a legal entity, please list the names of the shareholders of the legal entity<sup>1</sup>, and their ownership interest in the legal entity.

Entity	Shareholders	Ownership interest (percentage)	Nature of ownership (direct/indirect)

\*To be supported by the necessary official documentation

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

<sup>1</sup> If the second tier shareholders are also Legal Entities, the third tier shareholders' Names, Ownership and Nature of Ownership Interests shall also be listed. This Exercise continues through the required number of iterations until the true beneficial owners are identified (natural persons).

**Ceased Shareholders\*****Shareholder 1**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport / Registration No: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

**Shareholder 3**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport / Registration No: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

**Shareholder 2**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport / Registration No: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

**Shareholder 4**

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Passport / Registration No: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

*\*To be supported by the necessary official documentation such as the amended M&A and/or List of share register / certificates**(CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)***Provided That****A) Authorised Account Signatories\***

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

**New Authorised Account Signatories**

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

Kindly complete Annex 1 attached to this mandate

**Remove Signature**

Name of Authorised Account Signatory being removed

\_\_\_\_\_

*\*To be supported by a Board Resolution of the Company*

**B. Correspondence Instructions**

The Bank authorised to act upon written requests or instructions received from the following forms:

		Add	Remove
<input type="checkbox"/> by fax	<input type="checkbox"/> by fax, authenticated by test key <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> by e-mail	<input type="checkbox"/> by email, authenticated by test key <sup>2</sup>	<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.<sup>3</sup>

**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"/>

**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. <sup>3</sup>

**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"/>

**C. Bank Statements<sup>3</sup>**

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

**Accepted e-mail addresses:**

	Add	Remove
Main: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc1: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc2: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc3: _____	<input type="checkbox"/>	<input type="checkbox"/>

**Please note that you can select up to two statement preferences**

<input type="checkbox"/> On Movement	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly: (*)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> On Movement	<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually
<input type="checkbox"/> Weekly: (*)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

(\*)Please Indicate on which day you would like your weekly statement. The above supersedes any other previous instructions.

**D. Information**

The Bank is authorized to send any type of communication to the e-mail addresses mentioned in sections B1, B2 and C.

<sup>2</sup> The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

<sup>3</sup> E-mail service is offered free of charge and substitutes generation of printed advices and/or statements.

**E. Withholding Tax****i) For Maltese residents\*:**

We hereby declare that the Company 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 Company 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 Directors, Shareholders or Beneficial Owners of the Company are identified or associated with any Politically Exposed Persons (PEP)\*.**

If there is any PEP involvement please list them below.

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*\* 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: \_\_\_\_\_

Legal Representative for and on behalf of the Company

# 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: \_\_\_\_\_

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- ☐ 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: \_\_\_\_\_

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- ☐ Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

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