

Amendment Form by Individuals Joint Account



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
Company Registration Number: C 17003

FOR BANK USE ONLY

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

Customers' Information

Date: _____

Dear Sirs,

RE: _____ (insert Account Designation), Banking Mandate dated _____ (the "Banking Mandate")

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)

A

Name: _____	Passport No/ID No/ Driving Licence: _____
Residential Address: _____	Date and place of issue: _____
_____	_____
Country: _____	Nationality: _____
Date and place of birth: _____	Tax Residence (country): _____
Land/Fixed Line Telephone No: _____	E-mail: _____
Country Code: _____ Area code: _____	Trade / Profession: _____
Mobile No: _____	Fax No: _____
Country Code: _____ Area code: _____	Country Code: _____ Area Code: _____
<input type="checkbox"/> Tick this box if you are not resident in the US for tax purposes or a non US Citizen	<input type="checkbox"/> Tick this box if you are not resident in the US for tax purposes or a non US Citizen
<input type="checkbox"/> Tick this box if you are resident in the US for tax purposes or if you are a US Citizen	<input type="checkbox"/> Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

B

Name: _____	Passport No/ID No/ Driving Licence: _____
Residential Address: _____	Date and place of issue: _____
_____	_____
Country: _____	Nationality: _____
Date and place of birth: _____	Tax Residence (country): _____
Land/Fixed Line Telephone No: _____	E-mail: _____
Country Code: _____ Area code: _____	Trade / Profession: _____
Mobile No: _____	Fax No: _____
Country Code: _____ Area code: _____	Country Code: _____ Area Code: _____
<input type="checkbox"/> Tick this box if you are not resident in the US for tax purposes or a non US Citizen	<input type="checkbox"/> Tick this box if you are not resident in the US for tax purposes or a non US Citizen
<input type="checkbox"/> Tick this box if you are resident in the US for tax purposes or if you are a US Citizen	<input type="checkbox"/> Tick this box if you are resident in the US for tax purposes or if you are a US Citizen

General Mailing Address: _____

Country: _____

Please note that the use of this Form shall be limited to a change in the details of the Customers. In the event that there is a change in the identity of any of the joint account holders the closure of the account will be required.

AM 03 (5/2014)

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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

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

**Where the signatories are different to the account holders, this needs to be supported by a notarized Power of Attorney. Bank form named Power of Attorney may be provided upon request.*

Remove Signature

Name of Authorised Account Signatory being removed: _____

Correspondence Instructions

The Bank is authorised to act upon written requests or instructions received from the authorised signatory/ies in the following forms:

<input type="checkbox"/> by fax	<input type="checkbox"/> by fax, authenticated by test key ¹	Add <input type="checkbox"/>	Remove <input type="checkbox"/>
<input type="checkbox"/> by e-mail	<input type="checkbox"/> by e-mail authenticated by test key ¹	<input type="checkbox"/>	<input type="checkbox"/>

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"/>

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

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.

Bank Statements

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-Annual | <input type="checkbox"/> 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 |

- | | | | | | |
|--------------------------------------|---------------------------------|----------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <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"/> 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 |

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

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 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".

Withholding Tax

i) For Maltese residents*:

We hereby declare that we are Maltese residents and we hereby instruct the Bank to pay any interest 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

ii) For Non-Residents*:

We hereby declare that we are not ordinarily resident 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

I / We declare that I / we are not 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

A. Signature: _____

Name in Full: _____

B. Signature: _____

Name in Full: _____

C. Signature: _____

Name in Full: _____

Date: _____