

FOR BANK USE ONLY

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FIMBANK

FIMBank p.l.c.
Mercury Tower, The Exchange Financial & Business Centre
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Company Registration Number: C 17003

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E-mail: info@fimbank.com

Customer Information

Date: _____

Dear Sirs,

RE: _____ (the "Customer"), Banking Mandate dated _____ (the "Banking Mandate")

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

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

(Fill in where changes are necessary)

Name: _____	Mailing Address: _____
Residential Address: _____	_____
_____	_____
Country: _____	Country: _____
Date and Place of Birth: _____	_____
Nationality: _____	_____
Passport No/ID No/ Driving Licence: _____	Date and place of issue: _____
Land/Fixed Line Telephone No: _____	Fax No: _____
Country Code: _____ Area Code: _____	Country Code: _____ Area Code: _____
Mobile No: _____	
Country Code: _____ Area Code: _____	
E-mail: _____	Tax Residence (country): _____

- 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

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

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 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.

New Authorised Account Signatories

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:

Remove Signature

Name of Authorised Account Signatory being removed: _____

B. Correspondence Instructions

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

<input type="checkbox"/> by fax	<input type="checkbox"/> by fax, authenticated by test key ¹	Add	Remove
<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 be authorised to send advices and/or statements via e-mail on the above mentioned accepted e-mail address/es. ²

C. 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 the Customer's requests or instructions received 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".

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.

D. Withholding Tax

i) For Maltese residents*:

I hereby declare that I am a Maltese resident and I hereby instruct the Bank to pay any interest to me, 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*:

I hereby declare that I am not ordinarily resident in Malta and therefore:

- I hereby instruct the Bank to pay any interest to me, 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*

Account Holder Signature: _____

Date: _____

Name in Full: _____