

**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

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

FOR BANK USE ONLY

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: _____

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): _____

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 (published on the Bank's website) 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**.

CA 04 (05/2014)

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: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

Administrator 2

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

☐ 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

☐ 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

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

Administrator 3

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

- ☐ 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

Administrator 4

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

- ☐ 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

Administrator 5

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

- ☐ 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

Administrator 6

Name: _____

Surname: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area Code: _____

Mobile: _____

Country code: _____ Area Code: _____

E-mail: _____

Place of Birth: _____

- ☐ 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 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.** Mercury Tower, The Exchange Financial & Business Centre Elia Zammit Street, St Julian's, STJ 3155, 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)

Kindly complete Annex1 attached to this mandate.

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

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 written requests or instructions received from the following forms:

- ☐ by fax
 ☐ by fax, authenticated by test key ²
☐ by e-mail
 ☐ by e-mail authenticated by test key ²

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.³

Accepted e-mail addresses:

E-mail Address 1: _____
 E-mail Address 2: _____
 E-mail Address 3: _____
 E-mail Address 4: _____
 E-mail Address 5: _____
 E-mail Address 6: _____
 E-mail Address 7: _____
 E-mail Address 8: _____

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:

E-mail Address 1: _____
 E-mail Address 2: _____
 E-mail Address 3: _____
 E-mail Address 4: _____

C. Bank Statements³

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

Accepted e-mail addresses:

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

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

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

D. Information

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

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 Foundation 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

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)