

FOR BANK USE ONLY

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**FIMBANK**

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

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

Customer Information

Date: _____

Dear Sirs,

RE: _____ (the "Customer")

By these presents, I the undersigned request and authorize FIMBANK plc ("the Bank") to open an account denominated in USD / EUR / GBP / CHF / _____ [specify as required] as may from time to time be requested in writing in the name of the Customer.

Residential Address: _____

Mailing Address: _____

Country: _____

Country: _____

Date and place of birth: _____

Nationality: _____

Passport Number /ID Number /Driving Licence: _____

Date and place of issue: _____

Land/Fixed Line Telephone No: _____

Fax No: _____

Country Code: _____ Area code: _____

Country Code: _____ Area code: _____

E-mail: _____

Mobile No: _____

Country Code: _____ Area code: _____

Trade / Profession: _____

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

The Bank is hereby instructed and authorized to carry out all such banking transactions as the Customer may request the Bank to do in the Customer's 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 the Customer hereby expressly agrees, acknowledges receipt of, and recognizes as applicable to his business relationship with the Bank in virtue of this statement.

The Customer expressly agrees to the application of the laws of Malta to his relationship with the Bank and hereby agrees that all and any disputes between him and the Bank shall be subject to the exclusive jurisdiction of the Courts of Malta.

In pursuance of this request the Customer is herewith attaching a **certified and authenticated copy of his Passport** which is currently in force. **The Customer hereby declares he does not have another Passport.**

Service Request

- | | |
|--|---|
| <input type="checkbox"/> Deposits | <input type="checkbox"/> International Fund Transfers |
| <input type="checkbox"/> Forward Contracts | <input type="checkbox"/> Credit Cards |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Instructions to the Bank

The Bank is hereby 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 Customer's name;
- ii) honour and debit/credit to the Customer'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 the Customer's behalf, whether the Customer'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 Customer as well as the related **security documentation** in the form of a **pledge agreement** duly countersigned by the Customer;
- iv) accept **general assignments** for and on the Customer's behalf;
- 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 on the Customer's account whether by way of security or safe custody or otherwise;
- vi) act on the Customer's 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 Customer; and,
- ix) generally to act in accordance with the Customer's requests in relation to his account or accounts as may from time to time be opened.

Signature

The signature below operates as the Customer's specimen signature.

Signature: _____ Name in Full: _____

Provided That

A) Authorised Account Signatories*

Any such instruments, requests or instructions mentioned in (i) – (ix) above may be signed by the Authorised Account Signatory/ies as per below: * (please mark your choice with an X where appropriate)

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

B. Correspondence Instructions

The Bank is authorised to act upon Customer's written requests or instructions received in the following forms:

- by fax
- by e-mail
- by fax, authenticated by test key ¹
- by e-mail authenticated by test key ¹

Accepted e-mail addresses:

Main: _____

Cc1: _____

Cc2: _____

Cc3: _____

C. Bank Statements

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

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"/> 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-Annual	<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

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 Customer / 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".

D. Bank References

The Bank is hereby authorised to obtain bank references about the Customer and debit the Customer's account with any fee to cover this service from the following bank details:

Name of Bank: _____ Account Number: _____

Address: _____ Swift Code: _____

_____ Contact Person: _____

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.

E. 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.

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

** 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*

How did you hear about us:

Kindly tick and fill in the required fields and reply accordingly:*

i) Declare that my source of income / wealth comes from:

- Employment
- Self Employment
- Asset Management (property, bonds, equities, etc) Please specify asset type: _____
- Other* _____

** Your source of income / wealth includes the flow of cash or cash equivalents received from salaries, capital (interest or profit), assets (rent or other, business proceeds or any other revenue*

ii) Salary Bracket

- Less than € 25,000.00
- Between €25,001.00 and €50,000.00
- Between €50,001.00 and €75,000.00
- Between €75,001.00 and €100,000.00
- More than €100,000.00

iii) Annual disposable income: € _____

** This figure should include the amount of money available for savings.*

Customer Signature

Date

Name in full