

**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

Partnership Information

Date: _____

Dear Sirs,

RE: _____ (the "Partnership")

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 joint name of the Partnership, which is registered (where applicable) and existing under the laws of _____

Registration No: _____

Mailing Address: _____

Registered 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 the Partnership'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 Partners hereby expressly agree, acknowledge receipt of, and recognize as applicable to our business relationship in virtue of this statement.

The Partners expressly agree to the application of the laws of Malta to our relationship and the Partners hereby agree that all and any disputes between the Partnership and the Bank shall be subject to the exclusive jurisdiction of the Courts of Malta.

In pursuance of this request the Partners are herewith attaching a certified and authenticated copy of their Passports which are currently in force. **The Partners hereby declare that they do not have another Passport.**

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 Deed of Partnership;
- ii. a certified list of all the Partners serving the Partnership;
- iii. Certification and Verification* of Identification Documents of the Partners, and verification of **permanent** residential address (i.e. a utility bill or bank statement not more than six months old or a government issued document);
- iv. If the Partner/s is/are a Corporate Entity the Memorandum and Articles of Association (or equivalent) and a Certificate of Incorporation should be submitted clearly stating who is/are the Ultimate Beneficial Owner/s of the entity;
- v. Latest audited financials (not more than 12 months old);
- vi. Certified true copies of identification documents of signatories (if different from partners);
- vii. any other documents that the Bank might require from time to time, including notification of changes to any of the above.

*Verification of the identification document should bear the following wording:

- the document is a true copy of the original document;
- the document has been seen and verified by the certifier; and,
- the photo is a true likeness of Mr. /Ms _____

Partners' Details

Partner 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: _____
 Country Code: _____ Area Code: _____
 Fax No: _____
 Country Code: _____ Area Code: _____

- ☐ 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

Partner 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: _____
 Country Code: _____ Area Code: _____
 Fax No: _____
 Country Code: _____ Area Code: _____

- ☐ 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

Partner C. (for a corporate)

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: _____ Tax Registration No. (if applicable): _____

Hereinafter jointly and severally referred to as the "Partners".

- ☐ 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)

Partnership Profile

Nature of the Partnership: _____

Service Request

Financial Products interested in

- | | | |
|--------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> International Trade Services | | |
| <input type="checkbox"/> Letters of Credit | <input type="checkbox"/> Bonds and Guarantees | <input type="checkbox"/> Assignment of Receivables |
| <input type="checkbox"/> Commodity Finance | <input type="checkbox"/> Collateral Finance | <input type="checkbox"/> Documentary Collections |
| <input type="checkbox"/> Pre-Demolition Ship Finance | | |

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

- ☐ **Factoring**
- ☐ **Forfaiting**
- ☐ **Others**

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

Average Amount Transacted Monthly: _____

Instructions to the Bank

The Bank is hereby jointly and severally instructed and authorized to:

- i) honour and comply with any instructions to withdraw/deposit any and all funds on any account or accounts jointly held between the Partners;
- ii) honour and debit/credit to the account or accounts jointly held between the Partners all cheques, drafts, orders to pay, bills of exchange and promissory notes expressed to be drawn, signed, accepted, endorsed or made on the Partners' behalf, whether the account or accounts jointly held between the Partners 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 on behalf of the Partners as well as the related **security documentation** in the form of a **pledge agreement** duly countersigned on behalf of the Partners;
- iv) accept **general assignments** for and on the Partners' 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 account jointly held between the Partners whether by way of security or safe custody or otherwise;
- vi) act on the Partners' 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 on behalf of the Partners; and,
- ix) generally to act in accordance with the Partners' requests in relation to the account or accounts as may from time to time be opened jointly between them.

Provided That

A) Authorised Account Signatories*

Any such instruments, requests or instructions mentioned in 2 (i) - 2(ix) above be signed by the Authorised Signatory/ies: (please mark your choice with an X where appropriate)

Partnership's Instructions shall be signed as follows: (please mark your choice with an X where appropriate)

Kindly complete Annex 1 attached to this mandate.

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:
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:
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:
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:

*To be supported by a notarized Power of Attorney Bank from named Power of Attorney may be provided upon request.

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: _____

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.

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: _____

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

The Bank is hereby authorised to obtain bank references about the Partnership and debit the account held in the name of the Partnership with any fee to cover this service from the following bank details:

Name of Bank: _____

Account No: _____

Address: _____

Swift Code: _____

Contact Person: _____

The Bank reserves the right to request bank references about the Partners.

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

F. Withholding Tax**i) For Maltese residents*:**

We hereby declare that the Partners are Maltese residents 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 Partners 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*

We declare that none of the Partners, Shareholders or Beneficial Owners of the Partnership 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*

Partner A

Signature: _____

Name in Full: _____

Partner B

Signature: _____

Name in Full: _____

Partner C

Signature: _____

Name in Full: _____

Date: _____

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: _____

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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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