

**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

Trust Information

Date: _____

Dear Sirs,

RE: _____ (the "Trust")

acting as trustees of the Trust jointly and severally 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 Trust, bearing Registration Number _____ (where applicable) established under the laws of _____ by means of a trust deed dated _____ as may be amended from time to time (the "Trust Deed")

Mailing Address: _____

E-mail: _____

Fax No: _____

Country: _____

Country Code: _____ Area Code: _____

Land/ Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Tax Registration No. (if applicable): _____

Country Code: _____ Area Code: _____

The Bank is hereby instructed and authorised to carry out all such banking transactions as we may request the Bank to do in the name of the Trustees 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 (enclosed herein [appendix 1]) 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 Trust Deed;
- ii) a certified list of all Trustees of the Trust which is here incorporated;
- iii) proof of Registration of the Trust (where applicable);
- iv) any other documents that the Bank might require from time to time, including notification of changes to any of the above.

Trustees' Details

Trustee A. (for individuals)

Name: _____ Passport Number / ID No/ Driving Licence: _____

Residential Address: _____

Date and place of issue: _____

Country: _____

Tax Residence Country: _____

Date and Place of Birth: _____

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: _____

E-mail: _____

- ☐ 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

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Trustee B. (for individuals)

Name: _____ Passport Number / ID No/ Driving Licence: _____

Residential Address: _____

Date and place of issue: _____

Country: _____

Tax Residence Country: _____

Date and Place of Birth: _____

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: _____

E-mail: _____

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Trustee C. (for corporates)

Company Name: _____

Company Registration No: _____

Residential Address: _____

Mailing Address: _____

Country: _____

Land/Fixed Line Telephone No: _____

Country: _____

Country code: _____ Area Code: _____

E-mail: _____

Mobile No: _____

Fax No: _____

Country code: _____ Area Code: _____

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
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(CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)

Beneficiaries' Details

Trust Beneficiary 1

Name: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/ Fixed line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

Date and place of birth: _____

Tax Registration No. (if applicable): _____

- ☐ 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

Trust Beneficiary 3

Name: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/ Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

Date and place of Birth: _____

Tax Registration No. (if applicable): _____

- ☐ 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

Trust Beneficiary 2

Name: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/ Fixed line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

Date and place of birth: _____

Tax Registration No. (if applicable): _____

- ☐ 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

Trust Beneficiary 4

Name: _____

Residential Address: _____

Country: _____

Passport Number / ID No/ Driving Licence: _____

Land/ Fixed line Telephone No: _____

Country Code: _____ Area Code: _____

Mobile No: _____

Country Code: _____ Area Code: _____

Date and place of Birth: _____

Tax Registration No. (if applicable): _____

- ☐ Tick this box if you are not resident in the US for tax purposes or a non US citizen
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If any of the foregoing trust beneficiaries is a legal entity, please list the names of the shareholders of the legal entity¹ and their ownership interest in the legal entity.

| Entity | Shareholders | Ownership interest (percentage) | Nature of ownership (direct/indirect) |
|--------|--------------|---------------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |

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Settlor's Details

Settlor

Name: _____

Date and place of birth: _____

Residential Address: _____

Passport Number / ID No/ Driving Licence: _____

Country: _____

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☐ Tick this box if you are resident in the US for tax purposes or if you are a US citizen

¹ If the second tier shareholders are also Legal Entities, the third tier shareholders' Names, Ownership and Nature of Ownership Interests shall also be listed. This Exercise continues through the required number of iterations until the true beneficial owners are identified (natural persons).

Trust Profile

Purpose of the Trust: _____

Service Request

☐ Deposits

☐ Forward Contracts

☐ _____

☐ International Fund Transfers

☐ Credit Cards

☐ _____

Average Amount Transacted Monthly: _____

Instructions to the Bank

The Bank is hereby jointly and authorized to:

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

Provided That

A) Authorised Account Signatories*

Trustee's Instructions shall be signed as follows: (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 | |
| | <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: |

*This needs to be allowed by the Trust Deed

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: _____

Please note that you can select up to two statements 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 |

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

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.

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

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 in accordance with (A) above 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 address listed above as the "Accepted e-mail address/es"

The Bank is hereby authorised to obtain bank references on the Company 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*:**

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*

We declare that none of the Settlers, Trustees / Protectors and the Beneficiaries of the Trust 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*

Trustee Signature: _____ Trustee Signature: _____

Name in Full: _____ Name in Full: _____

To be signed by all Trustees of the Trust

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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