



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					

Customers' Information

Date: _____

Dear Sirs,

RE: _____ (insert Account Designation)

By these presents, we the undersigned jointly 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 names of:

A

Name: _____
Residential Address: _____
Country: _____
Date and place of birth: _____
Land/Fixed Line Telephone No: _____
Country Code: _____ Area Code: _____
Mobile No: _____
Country Code: _____ Area Code: _____
Fax No: _____
Country Code: _____ Area Code: _____

- 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

Passport Number/ ID Number/ Driving Licence: _____
Date and place of issue: _____
Nationality: _____
Tax Residence (country): _____
E-mail: _____
Trade / Profession: _____
General Mailing Address: _____
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

B

Name: _____
Residential Address: _____
Country: _____
Date and place of birth: _____
Land/Fixed Line Telephone No: _____
Country Code: _____ Area Code: _____
Mobile No: _____
Country Code: _____ Area Code: _____
Fax No: _____
Country Code: _____ Area Code: _____

- 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

Passport Number/ ID Number/ Driving Licence: _____
Date and place of issue: _____
Nationality: _____
Tax Residence (country): _____
E-mail: _____
Trade / Profession: _____
General Mailing Address: _____
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

C.

Name: _____	Passport Number/ ID Number/ 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: _____	General Mailing Address: _____ _____
Country Code: _____ Area Code: _____	Country: _____
Fax No: _____	
Country Code: _____ Area Code: _____	

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

A), B) and C) above are hereinafter jointly and severally referred to as the "Customers".

The Bank is hereby instructed and authorized to carry out all such banking transactions as the Customers may request the Bank to do in the Customers' 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 Customers hereby expressly agree, acknowledge receipt of, and recognize as applicable to their business relationship with the Bank in virtue of this statement.

The Customers expressly agree to the application of the laws of Malta to their relationship with the Bank and hereby agree that all and any disputes between themselves and the Bank shall be subject to the exclusive jurisdiction of the Courts of Malta.

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

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

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

Authorised Account Signatories*

The Account is being established as a **Joint Account**. We are hereby establishing the Account jointly and severally between us and there shall be both active and passive solidarity among the undersigned in relation to the Account.

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

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:

* 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.

Correspondence Instructions

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

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

Accepted e-mail addresses:

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

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"/> 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 Customers' 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 Customers / 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".

Bank References

The Bank is hereby authorised to obtain bank references about the Customers and debit the account jointly held between the Customers with any fee to cover this service from the following bank details:

Account Holder A.

Name of Bank: _____ Account No: _____
 Address: _____ Swift Code: _____
 _____ Contact Person: _____

Account Holder B.

Name of Bank: _____ Account No: _____
 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.

Account Holder C.

Name of Bank: _____ Account No: _____
Address: _____ Swift Code: _____
_____ Contact Person: _____

Withholding Tax

i) For Maltese residents*:

We hereby declare that we are Maltese residents and we hereby instruct the Bank to pay any interest to us, 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 we 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*

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*

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.*

A. Signature

Full Name

B. Signature

Full Name

C. Signature

Full Name

Date