

FOR BANK USE ONLY					



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

Company Information

Date: _____

Dear Sirs,

RE: _____ (the "Company")

By these presents, we 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 Company, which is a company registered and existing under the laws of _____

Company Registration No: _____

Registered Address: _____

Mailing Address: _____

Country: _____

Country: _____

Land/Fixed Line Telephone No: _____

Area Code: _____ Country code: _____

Mobile No: _____

Fax No: _____

Area Code: _____ Country code: _____

Area Code: _____ Country 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 extract of the Resolutions of the Board of Directors of the Company which is here incorporated;
- ii. an up-to-date, certified and authenticated copy of the Memorandum and Articles of Association of the Company; and any special resolutions which may have effected an amendment or restriction thereto;
- iii. a certified and authenticated copy of the Certificate of Incorporation and a Goodstanding Certificate (or similar document) issued by the Registry of Companies of the State of Incorporation;
- iv. a certified list of all Directors, Shareholders, and Attorneys of the Company, which is here incorporated;
- v. certified true copies of Identification Documents of all Directors, Signatories and Attorneys;
- vi. certification and Verification* of Shareholder/s and UBO/s Identification Documents and verification of the permanent residential address (i.e. a utility bill or bank statement not more than six months old or a government issued document);
- vii. Latest audited financials (not more than 12 months old);
- viii. 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 _____

Nature of Business

Company Profile

Activities of the Company _____

Geographical Activity

Countries / Regions dealing with _____

Countries / Regions interested in _____

Service Request

Financial Products Interested In

- International Trade Services**
- Letters of Credit
- Commodity Finance
- Pre-Demolition Ship Finance
- Bonds and Guarantees
- Collateral Finance
- Assignment of Receivables
- Documentary Collections
- Corporate Banking**
- Deposits
- Forward Contracts
- International Fund Transfers
- Credit Cards
- Factoring**
- Forfaiting**
- Others**
- _____
- _____
- _____
- _____

Average Amount Transacted Monthly: _____

Directors Details*

Director 1

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

Director 3

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

Director 5

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

Director 2

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

Director 4

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

Director 6

Name: _____
Surname: _____
Residential Address: _____
Country: _____
Passport No/ ID No/ Driving Licence: _____
Date and Place of birth: _____
Land/Fixed Line 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

*To be supported by the necessary official documentation
(CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)

Shareholders' Details*

Shareholding Structure of the Company

Shareholder 1

Name: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence / Registration No: _____

Date and Place of Birth: _____

Percentage Shareholding: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area code: _____

Mobile 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

Shareholder 2

Name: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence / Registration No: _____

Date and Place of Birth: _____

Percentage Shareholding: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area code: _____

Mobile 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

Shareholder 3

Name: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence / Registration No: _____

Date and Place of Birth: _____

Percentage Shareholding: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area code: _____

Mobile 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

Shareholder 4

Name: _____

Residential Address: _____

Country: _____

Passport No/ ID No/ Driving Licence / Registration No: _____

Date and Place of Birth: _____

Percentage Shareholding: _____

Land/Fixed Line Telephone No: _____

Country code: _____ Area code: _____

Mobile 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

If any of the foregoing owners 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)

*To be supported by the necessary official documentation
 (CONTINUE ON AN ADDITIONAL SHEET OF PAPER IF SPACE IS NOT SUFFICIENT)

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).

Instructions to the Bank

The Board of Directors of _____ (the "Company")
 at a meeting of the Board of Directors held on the _____ resolved that:

1. The Company 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 Company 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 Company's name;
 - ii) honour and debit/credit to the Company'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 Company, whether the Company'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 Company as well as the related **security documentation** in the form of a **pledge agreement** duly countersigned by the Company;
 - iv) accept **general assignments** for and on behalf of the Company;
 - 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 Company'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 Company; and,
 - ix) generally to act in accordance with the Company'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	
	<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 Board Resolution of the Company*

B. Correspondence Instructions

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

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

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.

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 Company is a Maltese resident and we hereby instruct the Bank to pay any interest to the Company, at the discretion of the Bank:

- checkbox with a deduction of 15% full and final withholding tax or
checkbox without any deduction of withholding taxes

ii) For Non-Residents*:

We hereby declare that the Company is not ordinarily resident in Malta and that the control and management of the Company is not exercised in Malta and therefore:

- checkbox 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 Directors, Shareholders or Beneficial Owners of the Company 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: _____

Legal Representative for and on behalf of the Company

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

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