



FOR BANK USE ONLY					

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

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 SWIFT: FIMBMTM3  
 E-mail: info@fimbank.com

**Customer Information**

Date \_\_\_\_\_

Dear Sirs,

RE: \_\_\_\_\_ (the "Customer"), Banking Mandate dated \_\_\_\_\_ (the "Banking Mandate")

I refer to the Banking Mandate and hereby confirm that since the date the Banking Mandate has been signed, certain amendments have become necessary.

I therefore hereby request that the Banking Mandate be amended as indicated below:

**(Fill in where changes are necessary)**

Name: _____ Residence Address: _____ _____ _____ Country: _____ Date and Place of Birth: _____ Nationality: _____ Passport No./ID No/ Driving Licence: _____ Land/Fixed Telephone No.: _____ Country Code: _____ Area Code: _____ Mobile No.: _____ Country Code: _____ Area Code: _____ E-mail: _____	Mailing Address: _____ _____ _____ Country: _____ _____ _____ Date and place of issue: _____ Fax No.: _____ Country Code: _____ Area Code: _____ _____ Tax Residence (country): _____
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- 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

**Provided That**

**A) Authorised Account Signatories\***

The Authorised Account Signatories in the Banking Mandate shall be amended as follows: (please mark your choice with an X where appropriate)

**New Authorised Account Signatories**

Name of Authorised Account Signatory	Specimen Signature
<input type="checkbox"/> Sole signatory <input type="checkbox"/> Joint signatory	<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.

**New Authorised Account Signatories**

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

**Remove Signature**

**Name of Authorised Account Signatory being removed:** \_\_\_\_\_

**B) Correspondence Instructions**

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

<input type="checkbox"/> by e-mail	<input type="checkbox"/> by e-mail authenticated by test key <sup>1</sup>	<b>Add</b> <input type="checkbox"/>	<b>Remove</b> <input type="checkbox"/>
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<b>Accepted e-mail addresses:</b>	<b>Add</b>	<b>Remove</b>
Main: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc1: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc2: _____	<input type="checkbox"/>	<input type="checkbox"/>
Cc3: _____	<input type="checkbox"/>	<input type="checkbox"/>

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

**C) Bank Statements**

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: <sup>(*)</sup>	<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: <sup>(*)</sup>	<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 Customer's requests or instructions received by e-mail, the Bank shall only act upon such requests or instructions, if the e-mail 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".

<sup>1</sup> The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

<sup>2</sup> E-mail service is offered free of charge and substitutes generation of printed advices and/or statements.

**D) 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.

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*\* 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*

Account Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_