



FOR BANK USE ONLY					

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

**Company Information**

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

Dear Sirs,

RE: \_\_\_\_\_ (insert Account Designation)

By these presents, the companies nominated below request and authorize FIMBANK plc ("the Bank") to open a joint 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:

**Company A**

Company Registration No.: \_\_\_\_\_

Registered and Existing under the laws of: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Land /Fixed 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): \_\_\_\_\_

**Company B**

Company Registration No.: \_\_\_\_\_

Registered and Existing under the laws of: \_\_\_\_\_

Registered Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Country: \_\_\_\_\_

Country: \_\_\_\_\_

Land /Fixed 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): \_\_\_\_\_

Company A and Company B 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 (enclosed herein [appendix 1]) and to which the Customers hereby expressly agree, acknowledge receipt of, and recognize as applicable to the Customers business relationship in virtue of this statement.

The Customers expressly agree to the application of the laws of Malta to the relationship and the Customers hereby agree that all and any disputes between the Customers 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 the following in the English language or if not with a certified translation. For both Company A and Company B:

- 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. audited financials of the last two accounting years;
- viii. CRS entity certification form;
- ix. FATCA certification form;
- x. 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

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## Geographical Activity

Countries / Regions dealing with

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Countries / Regions interested in

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## Service Request

### Financial Products Interested In

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>International Trade Services</b> | <input type="checkbox"/> Bonds and Guarantees         | <input type="checkbox"/> Assignment of Receivables |
| <input type="checkbox"/> Letters of Credit                   | <input type="checkbox"/> Collateral Finance           | <input type="checkbox"/> Documentary Collections   |
| <input type="checkbox"/> Commodity Finance                   |   |  |
| <input type="checkbox"/> Pre-Demolition Ship Finance         |   |  |
|  |   |  |
| <input type="checkbox"/> <b>Corporate Banking</b>            | <input type="checkbox"/> International Fund Transfers |  |
| <input type="checkbox"/> Deposits                            | <input type="checkbox"/> Credit Cards                 |  |
| <input type="checkbox"/> Forward Contracts                   |   |  |
|  |   |  |
| <input type="checkbox"/> <b>Factoring</b>                    |   |  |
| <input type="checkbox"/> <b>Forfaiting</b>                   |   |  |
| <input type="checkbox"/> <b>Others</b>                       |   |  |
| <input type="checkbox"/> _____                               | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                               | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                     |

Average Amount Transacted Monthly: \_\_\_\_\_

Directors Details\*

Company A Details Continued

Director 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

Director 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

Director 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

\*To be supported by the necessary official documentation

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

Director 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

Director 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

Director 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

Shareholders' Details\*

Shareholding Structure of the Company

Shareholder 1

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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 entity<sup>1</sup>, 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)

<sup>1</sup> 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).

### 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

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>International Trade Services</b> | <input type="checkbox"/> Bonds and Guarantees         | <input type="checkbox"/> Assignment of Receivables |
| <input type="checkbox"/> Letters of Credit                   | <input type="checkbox"/> Collateral Finance           | <input type="checkbox"/> Documentary Collections   |
| <input type="checkbox"/> Commodity Finance                   |   |  |
| <input type="checkbox"/> Pre-Demolition Ship Finance         |   |  |
|  |   |  |
| <input type="checkbox"/> <b>Corporate Banking</b>            |   |  |
| <input type="checkbox"/> Deposits                            | <input type="checkbox"/> International Fund Transfers |  |
| <input type="checkbox"/> Forward Contracts                   | <input type="checkbox"/> Credit Cards                 |  |
|  |   |  |
| <input type="checkbox"/> <b>Factoring</b>                    |   |  |
| <input type="checkbox"/> <b>Forfaiting</b>                   |   |  |
| <input type="checkbox"/> <b>Others</b>                       |   |  |
| <input type="checkbox"/> _____                               | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                     |
| <input type="checkbox"/> _____                               | <input type="checkbox"/> _____                        | <input type="checkbox"/> _____                     |

Average Amount Transacted Monthly: \_\_\_\_\_

Directors Details\*

Company B Details Continued

Director 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

Director 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

Director 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

\*To be supported by the necessary official documentation

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

Director 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

Director 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

Director 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

Shareholders' Details\*

Shareholding Structure of the Company

Shareholder 1

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Country: \_\_\_\_\_

Passport No/ ID No/ Driving Licence / Registration No.: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Percentage Shareholding: \_\_\_\_\_

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 entity<sup>1</sup>, 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)

<sup>1</sup> 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 \_\_\_\_\_ Company A,  
 at a meeting of the Board of Directors held on the \_\_\_\_\_ and the  
 the Board of Directors of \_\_\_\_\_ Company B,  
 at a meeting of the Board of Directors held on the \_\_\_\_\_  
 (both Company A and Company B above jointly and severally referred to as the "Customers) resolved that:

1. The Customers 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 Customers and it was resolved that a joint 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 joint account or accounts in the Customers' name;
  - ii) honour and debit/credit to the Customers' joint 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 Customers, whether the Customers' joint 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 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 behalf of the Customers;
  - 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 Customers' joint 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 Customers; and,
  - ix) generally to act in accordance with the Customers' requests in relation to their joint account or accounts as may from time to time be opened.

## Provided That

### A) Authorised joint Account Signatories\*

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

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

*\*To be supported by a Board Resolution of the Company*

**B. FIMBank Direct<sup>2</sup> Online Banking**

The Bank is authorised to set-up and grant, to all Authorised Account Signatories under section B , access to FIMBank Direct.

The Bank is authorised to set-up and grant access to FIMBank Direct to [Name of FIMBank Direct User] _____ , and provide the Company with the following:		
<input type="checkbox"/> Viewing Rights; or <input type="checkbox"/> Maker Rights; or <input type="checkbox"/> Signatory Rights.	<input type="checkbox"/> Limitations:	<input type="checkbox"/> Special Instructions:
The Bank is authorised to set-up and grant access to FIMBank Direct to [Name of FIMBank Direct User] _____ , and provide the Company with the following:		
<input type="checkbox"/> Viewing Rights; or <input type="checkbox"/> Maker Rights; or <input type="checkbox"/> Signatory Rights.	<input type="checkbox"/> Limitations:	<input type="checkbox"/> Special Instructions:
The Bank is authorised to set-up and grant access to FIMBank Direct to [Name of FIMBank Direct User] _____ , and provide the Company with the following:		
<input type="checkbox"/> Viewing Rights; or <input type="checkbox"/> Maker Rights; or <input type="checkbox"/> Signatory Rights.	<input type="checkbox"/> Limitations:	<input type="checkbox"/> Special Instructions:
The Bank is authorised to set-up and grant access to FIMBank Direct to [Name of FIMBank Direct User] _____ , and provide the Company with the following:		
<input type="checkbox"/> Viewing Rights; or <input type="checkbox"/> Maker Rights; or <input type="checkbox"/> Signatory Rights.	<input type="checkbox"/> Limitations:	<input type="checkbox"/> Special Instructions:

<sup>2</sup> FIMBank Direct is a secure digital banking platform with a variety of services catering for both personal and corporate banking customers. This platform is an integrated solution which is secure, versatile and easily accessible.

# Banking Mandate by Companies - Joint Account

## User 1

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## User 2

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## User 3

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## User 4

Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

## C. Correspondence Instructions

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

- by e-mail  by e-mail authenticated by test key<sup>2</sup>

**C1.** 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.<sup>3</sup>

### 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: \_\_\_\_\_

**C2.** 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.<sup>3</sup>

### Accepted e-mail addresses:

- E-mail Address 1: \_\_\_\_\_  
 E-mail Address 2: \_\_\_\_\_  
 E-mail Address 3: \_\_\_\_\_  
 E-mail Address 4: \_\_\_\_\_

## D. Bank Statements<sup>3</sup>

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**

- On Movement  
 Daily  Monthly  Quarterly  Semi-Annually  Annually  
 Weekly: (\*)  Monday  Tuesday  Wednesday  Thursday  Friday

- On Movement  
 Daily  Monthly  Quarterly  Semi-Annually  Annually  
 Weekly: (\*)  Monday  Tuesday  Wednesday  Thursday  Friday

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

## E. Information

The Bank is authorized to send any type of communication to the e-mail addresses mentioned in sections B1, B2 and C.

<sup>2</sup> The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

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

## F. Bank References Company A

That the Bank authorised to obtain bank references on Company A and debit our joint account with any fee to cover this service from the following bank details:

Name of Bank:Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## G. Bank References Company B

That the Bank authorised to obtain bank references on Company B and debit our joint account with any fee to cover this service from the following bank details:

Name of Bank:Account No.: \_\_\_\_\_

Address: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

## H. Withholding Tax

### i) For Maltese residents\*:

The Customers hereby declare that the Company is a Maltese resident and the Customers 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\*:

The Customers 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:

the Customers 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*

The Customers 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:

Signature:

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

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

Legal Representative for and on behalf of the Company A. \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Representative for and on behalf of the Company B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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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