



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					

Company Information

Date _____

Dear Sirs,

RE: _____ (the "Company"), Banking Mandate dated _____
 (the "Banking Mandate")

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

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

(Fill in where changes are necessary)

Company Name: _____	Company Registration No.: _____
Registered Address: _____ _____ _____	Mailing Address: _____ _____ _____
Land/Fixed Telephone No.: _____	Fax No.: _____
Country Code: _____ Area Code: _____	Country Code: _____ Area Code: _____
Mobile No.: _____	
Country Code: _____ Area Code: _____	
E-mail: _____	Tax Registration No. (if applicable): _____

Changes in Directors

New Directors*

Director 1	Director 2
Name: _____	Name: _____
Surname: _____	Surname: _____
Residence Address: _____ _____ _____	Residence Address: _____ _____ _____
Passport No/ID No/ Driving Licence: _____	Passport No/ID No/ Driving Licence: _____
Date and Place of Birth: _____	Date and Place of Birth: _____
Land/Fixed Telephone No: _____	Land/Fixed Telephone No: _____
Country Code: _____ Area Code: _____	Country Code: _____ Area Code: _____
E-mail: _____	E-mail: _____
Mobile No.: _____	Mobile No.: _____
Country Code: _____ Area Code: _____	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

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- 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*

Initials: _____

Director 3

Name: _____

Surname: _____

Residential Address: _____

Passport No/ID No/ Driving Licence: _____

Date and Place of Birth: _____

Land/Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

E-mail: _____

Mobile 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

Director 4

Name: _____

Surname: _____

Residential Address: _____

Passport No/ID No/ Driving Licence: _____

Date and Place of Birth: _____

Land/Fixed Line Telephone No: _____

Country Code: _____ Area Code: _____

E-mail: _____

Mobile 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

Ceased Directors*

Director 1:

Name: _____

Surname: _____

Passport No/ID No/ Driving Licence: _____

Director 3:

Name: _____

Surname: _____

Passport No/ID No/ Driving Licence: _____

Director 2:

Name: _____

Surname: _____

Passport No/ID No/ Driving Licence: _____

Director 4:

Name: _____

Surname: _____

Passport No/ID No/ Driving Licence: _____

**To be supported by the necessary official documentation*

Initials: _____

Changes in Shareholders

New Shareholders*

Shareholder 1

Name: _____
 Surname: _____
 Residential Address: _____

 Passport No/ID No/ Driving Licence/Reg No: _____
 Date and Place of Birth: _____
 Land/Fixed Line Telephone No: _____
 Country Code: _____ Area Code: _____
 E-mail: _____
 Mobile No: _____
 Country Code: _____ Area Code: _____

Shareholder 2

Name: _____
 Surname: _____
 Residential Address: _____

 Passport No/ID No/ Driving Licence/Reg No: _____
 Date and Place of Birth: _____
 Land/Fixed Line Telephone No: _____
 Country Code: _____ Area Code: _____
 E-mail: _____
 Mobile No: _____
 Country Code: _____ Area Code: _____

Percentage Shareholding: _____
 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

Percentage Shareholding: _____
 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

Shareholder 3

Name: _____
 Surname: _____
 Residential Address: _____

 Passport No/ID No/ Driving Licence/Reg No: _____
 Date and Place of Birth: _____
 Land/Fixed Line Telephone No: _____
 Country Code: _____ Area Code: _____
 E-mail: _____
 Mobile No: _____
 Country Code: _____ Area Code: _____

Shareholder 4

Name: _____
 Surname: _____
 Residential Address: _____

 Passport No/ID No/ Driving Licence/Reg No: _____
 Date and Place of Birth: _____
 Land/Fixed Line Telephone No: _____
 Country Code: _____ Area Code: _____
 E-mail: _____
 Mobile No: _____
 Country Code: _____ Area Code: _____

Percentage Shareholding: _____
 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

Percentage Shareholding: _____
 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

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).

Initials: _____

Ceased Shareholders*

Shareholder 1

Name: _____

Surname: _____

Passport / Registration No: _____

Percentage Shareholding: _____

Shareholder 2

Name: _____

Surname: _____

Passport / Registration No: _____

Percentage Shareholding: _____

**To be supported by the necessary official documentation such as the amended M&A and/or List of share register / certificates*

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

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 <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: _____

Remove Signature

Name of Authorised Account Signatory being removed

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

Signatories Details:

Signatory 1

Name: _____

Surname: _____

Residence 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: _____

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 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: _____

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

Initials: _____

B. FIMBank Direct² Online Banking

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:

Remove Access from FIMBank Direct

Name of FIMBank Direct User being removed:

FIMBank Direct User Details:

User 1

Name: _____

Surname: _____

Residence 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: _____

Residence 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

² 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.

Initials: _____

C. Correspondence Instructions

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

- | | | | |
|------------------------------------|---|--|---|
| <input type="checkbox"/> by fax | <input type="checkbox"/> by fax, authenticated by test key ³ | Add
<input type="checkbox"/> | Remove
<input type="checkbox"/> |
| <input type="checkbox"/> by e-mail | <input type="checkbox"/> by email, authenticated by test key ³ | <input type="checkbox"/> | <input type="checkbox"/> |

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.

Accepted e-mail addresses:	Add	Remove		Add	Remove
E-mail Address 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 4: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 5: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 6: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 7: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 8: _____	<input type="checkbox"/>	<input type="checkbox"/>

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.

Accepted e-mail addresses:	Add	Remove		Add	Remove
E-mail Address 1: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 2: _____	<input type="checkbox"/>	<input type="checkbox"/>
E-mail Address 3: _____	<input type="checkbox"/>	<input type="checkbox"/>	E-mail Address 4: _____	<input type="checkbox"/>	<input type="checkbox"/>

D. Bank Statements⁴

The Bank be hereby authorised and instructed to send advices and statements to the below e-mail addresses.

Accepted e-mail addresses:	Add	Remove		Add	Remove
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"/>

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. The above supersedes any other previous instructions.*

E. Information

The Bank is authorized to send any type of communication to the e-mail addresses mentioned in sections C1, C2 and D.

³ The test keys offer a secure means of authenticating payment instructions to the Bank. For more information please contact your Account Officer.

⁴ E-mail service is offered free of charge and substitutes generation of printed advices and/or statements.

Initials: _____

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:

- 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 the Company is not ordinarily resident in Malta and that the control and management of the Company is not exercised 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*

PEP Declaration

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*

.....

Date: _____

Name in Full: _____ Signature: _____

Legal Representative for and on behalf of the Company