

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

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

**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**

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

**Remove Signature**

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

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

The Bank is authorised to set-up and grant access to FIMBank Direct to [Name of FIMBank Direct User] \_\_\_\_\_

**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

<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.

**C) Correspondence Instructions**

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

- |                                    |   |                          |                          |
|------------------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> by fax    | <input type="checkbox"/> by fax, authenticated by test key <sup>1</sup>   | <b>Add</b>               | <b>Remove</b>            |
| <input type="checkbox"/> by e-mail | <input type="checkbox"/> by e-mail authenticated by test key <sup>1</sup> | <input type="checkbox"/> | <input type="checkbox"/> |

**Accepted e-mail addresses:****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"/> |

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>

**D) 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 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 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".

<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.

**E) 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.

---

---

---

---

*\* 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: \_\_\_\_\_