



## FIMBANK

FIMBank p.l.c.  
Mercury Tower , The Exchange Financial & Business Centre  
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FOR BANK USE ONLY					

## Customers' Information

Date \_\_\_\_\_

Dear Sirs,

RE: \_\_\_\_\_ (insert Account Designation), Banking Mandate dated \_\_\_\_\_ (the "Banking Mandate")

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)

### A

Name: \_\_\_\_\_ Passport No/ID No/ Driving Licence: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Date and place of issue: \_\_\_\_\_  
Country: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_ Tax Residence (country): \_\_\_\_\_  
Land/Fixed Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Country Code.: \_\_\_\_\_ Area code: \_\_\_\_\_ Trade / Profession: \_\_\_\_\_  
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

### B

Name: \_\_\_\_\_ Passport No/ID No/ Driving Licence: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Date and place of issue: \_\_\_\_\_  
Country: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Date and place of birth: \_\_\_\_\_ Tax Residence (country): \_\_\_\_\_  
Land/Fixed Telephone No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Country Code.: \_\_\_\_\_ Area code: \_\_\_\_\_ Trade / Profession: \_\_\_\_\_  
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

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

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

Please note that the use of this Form shall be limited to a change in the details of the Customers. In the event that there is a change in the identity of any of the joint account holders the closure of the account will be required.

**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**

<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:
<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:

\*Where the 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.

**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 is authorised to act upon written requests or instructions received from the authorised signatory/ies in the following forms:

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

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

<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) 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:(*)  | <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:(*)  | <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 statment.

In case where the Bank is authorized to act upon requests or instructions received from the Authorised Signatory/ies 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".

**E) Withholding Tax****i) For Maltese residents\*:**

We hereby declare that we are Maltese residents and we hereby instruct the Bank to pay any interest to us, 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 we are not ordinarily resident 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

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*

A. Signature: \_\_\_\_\_

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

B. Signature: \_\_\_\_\_

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

C. Signature: \_\_\_\_\_

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

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