

**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

FOR BANK USE ONLY

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Tel: (+356) 21 322100
 SWIFT: FIMBMTM3
 E-mail: info@fimbank.com

Company Information

Date: _____

RE: _____ (the "Company")

By these presents, we the undersigned request and authorize FIMBANK plc ("the Bank") to open an account denominated in ☐ USD / ☐ EUR / ☐ GBP / ☐ CHF / ☐ _____ [specify as required] as may from time to time be requested in writing in the name of the Company, which is a company registered and existing under the laws of _____

Company Registration No.: _____

Registered Address: _____

Mailing Address: _____

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): _____

The Bank is hereby instructed and authorized to carry out all such banking transactions as we may request the Bank to do in our 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 we hereby expressly agree, acknowledge receipt of, and recognize as applicable to our business relationship in virtue of this statement.

We expressly agree to the application of the laws of Malta to our relationship and we hereby agree that all and any disputes between us and the Bank shall be subject to the exclusive jurisdiction of the Courts of Malta.

In pursuance of this request we are herewith attaching the following in the English language or if not with a certified translation:

- 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 _____

Initials: _____



Nature of Business

Company Profile

Activities of the Company _____

Geographical Activity

Countries dealing with _____

Countries interested in _____

Service Request

Financial Products Interested In

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

Average Amount Transacted Monthly: _____

Initials: _____



Directors Details*

Director 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

Director 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

Director 5

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

*To be supported by the necessary official documentation

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

Director 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

Director 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

Director 6

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

Initials: _____

Shareholders' Details*

Shareholding Structure of the Company

Shareholder 1

Name: _____

Residential Address: _____

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: _____

Residential Address: _____

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: _____

Residential Address: _____

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: _____

Residential Address: _____

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
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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: _____

Instructions to the Bank

The Board of Directors of _____ (the "Company")
at a meeting of the Board of Directors held on the _____ resolved that:

1. The Company 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 Company and it was resolved that an 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 account or accounts in the Company's name;
 - ii) honour and debit/credit to the Company's 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 Company, whether the Company's 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 Company as well as the related **security documentation** duly countersigned by the Company;
 - iv) accept **general assignments** for and on behalf of the Company;
 - 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 Company's 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 Company; and,
 - ix) generally to act in accordance with the Company's requests in relation to its account or accounts as may from time to time be opened.

Provided That

A) Authorised Account Signatories*

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

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:
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:

*To be supported by a Board Resolution of the Company

Signatories Details:

Signatory 1

Name: _____

Surname: _____

Residential 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: _____

Residential 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: _____

Residential 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: _____

Residential 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

B. FIMBank Direct² 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:

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.

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:

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 by email

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:

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.

Accepted e-mail addresses:

E-mail Address 1: _____

E-mail Address 2: _____

E-mail Address 3: _____

E-mail Address 4: _____

D. Bank Statements

The bank be hereby authorised and instructed to send advices and statements to the below e-mail addresses. This is offered free of charge and substitutes the generation of printed advices and/or statements.

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. 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.

F. Bank References

That the Bank authorised to obtain bank references on the Foundation and debit my/our account with any fee to cover this service from the following bank details:

Name of Bank: _____ Account No.: _____
Address: _____ Swift Code: _____
_____ Contact Person: _____

G. 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