

ACCOUNT OPENING FORM

- Domestic Company
 Global Business / International Company / Investment Fund
 Parastatal Body
 Club / Association
 Société / Partnership
 Others *(please specify)* _____

FOR OFFICE USE ONLY	CIF NO.
ACCOUNT NUMBER/S	

CUSTOMER INFORMATION

(Please fill in where applicable)

Customer Name _____

Registration N° _____ BRN: _____ Registration Date _____

US Corporation/US owned foreign entity Yes No Country of Incorporation / Registration _____

License N° (if applicable) _____ License Date _____

Trading Name (if applicable) _____
 (Please provide registration certificate)

Nature of Business _____

Registered Address _____

Mailing Address (If different*) _____

Tel. No. _____ Fax No. _____

Tax Number (Non-Resident) _____

Email Address _____

ACCOUNT DETAILS

Type of Account	Current Account	Investment Account	Others
Currency (Please Specify)			

Cheque Book Order (For Current Account in MUR only): _____ book(s) of 50 leaves

Debit Card

Cardholder name to appear on card (max. 23 characters):

Monthly spend limit (card and debiting account must be in same currency):(MUR/USD/EUR) _____

Cardholder mobile number _____

Statement Delivery Post E-Statement E-mail address _____
(two addresses maximum)

Value-added services*

- Credit Card (MUR/USD/EUR) Global Custody Forex Dealing

**(Separate application forms to be filled)*

BUSINESS PROFILE

Business Profile				
Description of the business activities (Attach separate Business Plan if necessary)				
Countries of operation / targeted market				
Purpose of opening account				
Source of Funds (in relation to the business activities e.g. - personal savings, shareholders, investors, funds already in business, loan and will it be coming from a personal account, another existing corporate account of the UBO/Shareholder, loan from the bank etc....)				
Estimated Annual Total Deposit / Turnover (total incoming funds on the account excluding capital invested + funds which the business will generate+ loans etc.) Please specify currency	Year -	Year -	Year -	
Estimated Annual Total Cash Transaction (i.e. in physical notes) Please specify currency	Deposits		Withdrawals	
Estimated number & value of transactions <input type="checkbox"/> MONTHLY / <input type="checkbox"/> YEARLY	Inflows		Outflows	
	Numbers	Value	Numbers	Value
Usual trading partners (Names of parties from/to whom fund will flow in & out)				
Shareholding (Attach Structure Chart - until ultimate beneficial owners)	Names		Ownership %	
Name of Beneficial Owner/s and or Ultimate Beneficial Owner/s				

CONTACT DETAILS	FIRST CONTACT	SECOND CONTACT
Name		
Job Title		
Tel / Mobile No.		
Fax No.		
Email		

AfrAsia Bank Limited to be informed of any change in Contact Person

PERSONAL DETAILS

In case of a Company: personal details for all individual shareholders, directors, ultimate beneficial owners & signatories (directly or indirectly holding 20% or more of the capital or of the voting rights of the Company) and

In case of a Société/Partnership: all partners owning or controlling 20% or more of the Société / Partnership), directors, ultimate beneficial owners & signatories.

Capacity (Please specify)			
Surname			
Other Names			
Maiden Name (if applicable)			
Passport / NIC Number			
Place & Date of Birth			
Nationality			
Residential Address			
Mailing Address (If different*)			
Email Address	For shareholder / UBO - 20% or more US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation	Taxable under US law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Employer			
Nature of business (if self-employed)			
Phone N°	Fax N°		
Tax Number (Non –resident)			

Capacity (Please specify)			
Surname			
Other Names			
Maiden Name (if applicable)			
Passport / NIC Number			
Place & Date of Birth			
Nationality			
Residential Address			
Mailing Address (If different*)			
Email Address	For shareholder / UBO - 20% or more US Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Occupation	Taxable under US law	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Employer			
Nature of business (if self-employed)			
Phone N°	Fax N°		
Tax Number (Non –resident)			

FAX & EMAIL INDEMNITY FORM

In consideration of the Bank agreeing to accept instructions from me/us (or our authorized representatives) from time to time by facsimile messages and email messages emanating from the fax number(s) and/or email address(es) specified in this form (altogether the “Instructions”) for and in relation to requesting transfer(s) to be done on my/our behalf or any other request with respect to the operation of all or any of my/our account(s) (including but not limited to payment/cash management/trade/credit facilities advised by the Bank to me/us (from time to time) or otherwise dealing with the Bank in any manner, without requiring written confirmation bearing an original signature, prior to acting on the said Instructions, I/we hereby understand, acknowledge and confirm that:

1. The Bank is hereby unconditionally and irrevocably authorised to accept and act upon all or any of the Instructions given or deemed to have been given or purportedly given by me/us.
2. I/We am/are aware of the risks involved in connection with giving instructions through facsimile messages and email messages. I/We hereby fully acknowledge and agree that the Bank shall not be under any duty to (a) identify whether the Instructions have been initiated, sent or communicated in error, fraudulently or otherwise, (b) verify whether such Instructions have originated from me/us or my/our authorised signatories and (c) verify the identity of the person or persons sending the Instructions.
3. The Bank shall not be responsible to ensure the authenticity, validity or source of any Instructions and shall not be liable if any Instructions purportedly coming from me/us are subsequently found to be unauthorised, erroneous or fraudulent. Any transactions processed by the Bank pursuant to the Instructions shall be binding to all intents and purposes upon me/us whether made with or without my/our authority, knowledge or consent. I/We therefore unreservedly accept that the Bank shall bear no responsibility or liability whatsoever in relation thereto.
4. Without prejudice to the generality of the above, the Bank may, in its absolute discretion, refuse to act or delay in acting on any of the Instructions in any circumstances as the Bank may deem appropriate, including without limitation if such Instructions are incomplete or ambiguous, or cannot be carried out due to insufficient funds or otherwise, or for any other reason. All actions pursuant thereof shall be conclusive and binding on me/us.
5. I/We agree that the Bank shall not be liable to me/us or any third party by reason of or on account of the Bank for having acted or refused to act on any Instructions, and I/we unconditionally and irrevocably undertake to keep the Bank indemnified at all times against, and to save the Bank harmless from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against the Bank or suffered or incurred by the Bank and which shall have arisen either directly or indirectly, out of or in connection with the Bank acting, refusing and/or delaying to act, upon the Instructions purporting to emanate from me/us . I further waive any rights that I/we may have now or in the future against the Bank for direct or indirect losses or damages that I/we may suffer as a result of the Bank having acted or refused to act on any Instructions.

This indemnity is in addition to any other indemnity provided to the Bank.

6. I/We agree that payment Instructions given by me/us and executed by the Bank are irrevocable and shall be binding on me/us without confirmation by the Bank. Under certain circumstances, these Instructions will be exclusively refused by the Bank and without it being in any way liable, however, for any refusal it may make against me/us.
7. I/We hereby represents and warrants that this fax indemnity has been duly executed and delivered by my/our duly authorized representative(s) and constitutes a legal, valid and binding obligation on me/us and shall be enforceable in accordance with its terms.

The terms of this Fax and Email indemnity may be terminated by the Bank at any time by written notice or any other communication means effective upon delivery. This Fax and Email indemnity is given by me/us to the Bank and is valid until formal written revocation from me/us, which shall be effective no later than seven business days after delivery of such revocation to the Bank.

The Fax and Email Indemnity shall be governed by the Laws of the Republic of Mauritius and all disputes in relation thereto shall be submitted to the exclusive jurisdiction of the courts of the Republic of Mauritius.

Email address(es): 1. _____ 3. _____
 2. _____ 4. _____

Fax number/s: 1. _____ 3. _____
 2. _____ 4. _____

CALL BACK AUTHORISATION MANDATE

It is acknowledged that the Bank’s standard process for acting upon Instruction(s) (being requests to the Bank to act on instructions, requests and other communications transmitted or to be transmitted by us to the Bank by means of, but not limited to, fax, original transfer, email instructions) received involves calling us back to verify that such Instructions emanate from us (the “Call-Back Process”). I/We hereby nominate the following person(s) for the purposes of the Call-Back Process:

CONTACT DETAILS	FIRST NOMINEE	SECOND NOMINEE
Full Name		
ID Number		
Call Back Tel. Contact Number(s)		

I/We hereby confirm that the persons specified above shall be aware of the instructions given by me/us pursuant to this mandate.

INTERNET BANKING APPLICATION

The table below (as updated by the Customer and accepted by the Bank from to time) lists the persons authorized by the Customer to use the Bank’s internet banking services on its behalf. This table also sets out the functions and rights (View/Initiate/Authorise) held by these persons.

GROUP				
NAME				
USERNAME <small>(Min 6 alpha-numeric characters)</small>				
ACCESS RIGHTS <small>(View / Initiate / Authorise)</small>				
ACC. NO/S.				
MODE OF AUTHORISATION <small>(Single / Dual / None)</small>				
EMAIL				
MOBILE NO. <small>(including country and area codes)</small>				
OTP VIA SMS <small>(Please tick as applicable)</small>				
OTP VIA EMAIL ** <small>(Please tick as applicable)</small>				
EMAIL NOTIFICATION <small>(Please tick where applicable)</small>				

1. PIN

- DO NOT DISCLOSE your password to anyone and DO NOT RECORD it in a way that can be easily copied.
- Note that you will be requested to change your password on your first login. If this is not the case, please notify the Bank immediately.
- Your password is highly confidential. Bank officers will never ask for your password. In no circumstances should you communicate your password to the Bank officers.
- Please notify us immediately if you believe your password has been compromised.
- You are solely responsible for securing and maintaining the confidentiality of your password.

1.1 PIN by Email

The customer hereby authorises the Bank to send the PIN by email to the address mentioned above at the customer’s own risk and peril and the Bank will not be held responsible for any prejudice and/or loss suffered by the customer. The customer undertakes to keep the Bank indemnified at all times against all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against the Bank or suffered or incurred by the Bank and which shall have arisen either directly or indirectly out of or in connection with the Bank accepting to send the PIN Mailer by email. Please DO NOT REPLY or FORWARD the email sent by the bank. PLEASE DELETE this email from your mail box once you have memorized your password.

2. One Time Password (OTP)

The OTP is a unique and time-sensitive password used as added security on Internet Banking Services. The OTP does not replace the password (PIN) that the Customer uses to log on to Internet Banking but provides an additional layer of security. The OTP facility is a service provided by the Bank to its customers to protect the use of Internet banking by the Customer by requiring the Customer to verify his/her/its identity using an OTP. The OTP will be transmitted to the Customer’s contact details held by the Bank for such purpose. The purpose of the OTP facility is to protect the Bank’s customers, by reducing the risks of unauthorised account access, identity theft and fraud.

2.1. One Time Passwords by Email

For customer security reasons, the Bank recommends that OTPs only be transmitted by SMS to the Customer's mobile number held on the Bank's records. If for any reason, the Customer should opt for OTPs to be transmitted to the Customer's e-mail address, whether in addition to, or instead of SMS OTPs, the Customer's attention is drawn to clause **3.1.** below.

2.2. Agreement

The registration, activation or use of the OTP by the Customer will constitute conclusive evidence of the Customer's acceptance of the terms and conditions applicable to the OTP.

2.3. Activation

The Customer will comply with any activation procedures that the Bank may from time to time prescribe in order to use the OTP facility.

2.4. Accuracy of information

The Customer shall promptly update his/her/its contact details, to keep them accurate, and complete, and upon request provide such additional contact details to the Bank as the Bank requires.

2.5. Customer security

A. The Customer agrees and undertakes to act prudently and in good faith when using the OTP facility. The Customer will be solely responsible for maintaining the confidentiality of the OTP and for any transaction involving the use of the OTP facility. The Customer will not disclose to any other person or otherwise permit or enable any other person to obtain any OTP.

B. The Bank will not be liable for any service charge levied by a mobile or internet service provider in connection with the OTP or for any issue associated with the mobile or internet network or service provider.

C. The Customer must immediately notify the Bank of any suspected or actual unauthorised use of the OTP.

D. The Customer agrees that:

- i. The OTP should be kept secret and should not be imparted or communicated to any person whomsoever;
- ii. He/she shall ensure, before accessing the Internet Banking Services, that his internet browser, pc, smart phone, mobile phone, tablet or any other applicable equipment is not equipped with any memorizing facility whatsoever.

E. After the registration and activation of the OTP facility, the Customer will be provided with an OTP when effecting an internet banking transaction. If the Customer is unable to insert the OTP provided by the Bank, within the prescribed period of time, or if the authentication through the OTP facility otherwise fails, the Customer will not be able to effect any transaction.

3. Internet Banking Session Timeout

A. For the purpose of protecting customer information when using Internet Banking Services, the Bank will require the Customer to choose a session timeout duration. If the Customer is idle during a time period greater than this session timeout duration, the Customer will be logged out of the internet banking portal automatically. The session timeout duration is chosen by the Customer. The Customer assumes all risks associated with such selection.

B. The Customer may incur a delay in receiving the OTP or may be unable to receive the OTP which may inter alia be caused by:

- i. issues with mobile or other electronic device (including loss of device);
- ii. issues with mobile or internet network or service provider; or
- iii. change in contact details without having informed the Bank.

3.1. The Customer agrees that the Bank may use, hold, store and/or process, by computer or otherwise, in any location whatsoever, any information given by the Customer in dealings with the Bank, or obtained by the Bank in connection with the OTP and any information relating to the Customer's accounts. The Bank will disclose data only if the Bank has obtained the prior written consent of the Customer, or has a right or duty to disclose such data.

3.2. The Customer agrees that all users subscribed to internet banking who have access to initiate, view or authorise transactions (including, but not limited to, salary payments), will have unrestricted and unlimited access. The Customer agrees that the Bank will have no liability to the Customer whatsoever in connection with such users' access.

3.3. Should the Customer wish to limit any access of any users, the Customer agrees to open a new account and instruct the Bank accordingly.

3.4. The Bank reserves the right to modify or suspend, temporarily or permanently, the OTP, with respect to any of its customers, with or without notice, where the Bank considers it necessary or advisable to do so, including when the Bank suspects breach of security, or when the Bank has reasonable grounds to suspect that the Customer's registration data is inaccurate, incomplete, or when the Bank needs to suspend the OTP facility for maintenance or other reasons. Any transactions conducted using the OTP facility prior to its suspension will remain valid and the Customer will continue to be bound by these terms and conditions in respect of such transactions.

BENEFICIAL OWNER DECLARATION

Please complete the relevant sections below in relation to all relevant accounts and provide any additional information/documents as may be required.

Company Name _____ Country of Incorporation _____

I/We declare that the beneficial owners, i.e. individual(s) who ultimately own(s) or effectively control(s) the company (regardless of shareholding), and the percentage of shares held by the beneficial owners of the Company are as follows.

Name	NIC No. / Passport No	Nationality	% Shares

Note: Please indicate the capacity in which you are signing the form (for example ‘Authorised Signatory’ or ‘Ultimate Beneficial Owner’). If signing under a power of attorney, please also attach a certified copy of the power of attorney. *(Pursuant to section 3 of the Deposit of Powers of Attorney Act 1928, where a power of attorney appointing an attorney or agent has been or is drawn up outside Mauritius, the attorney or agent so appointed shall deposit the power of attorney with a notary in Mauritius before any use is made of it.)*

STAYING CONNECTED

The Bank would like to send you information about products, services and promotions of the Bank and other companies within its group that the Bank believes may be of interest to you. If you agree to being contacted by the Bank, please tick the relevant boxes below:

Yes, I would like to receive information in relation to products, services and promotions of the Bank and other companies within its group that the Bank believes may be of interest to me by:

- Email Post SMS Phone

The Bank would also like to share your information with other companies within its group so that they may send you information about their products, services and promotions. If you agree to your information being shared in this way, please tick the box below:

- I agree to my information being shared with other companies within the Bank’s group so that they may send me information about their products, services and promotions.

You can withdraw your consent at any time by contacting the Data Protection Office of the Bank. For more information on the processing of your personal data in this respect and for contact details of the Data Protection Office of the Bank, please refer to the Privacy Policy of the Bank accessible on the following link; <https://www.afrasiabank.com/en/afrasia-bank/privacy-policy>.

How did you first hear about the AfrAsia brand?

Event	Referral / Introducer	Advert	Online
<input type="checkbox"/> Golf <input type="checkbox"/> Cocktail/Private Event	<input type="checkbox"/> IMC <input type="checkbox"/> Existing Customer	<input type="checkbox"/> Billboard <input type="checkbox"/> TV/Radio Magazine / Newspaper	<input type="checkbox"/> AfrAsia Bank website <input type="checkbox"/> Social Media

Please specify if other from above:

BOARD RESOLUTIONS

We HEREBY CERTIFY THAT the following resolutions were adopted by the Company/Partnership

It was resolved:

- 1. THAT one or several accounts of any type and currency may be opened with AfrAsia Bank Limited. .
- 2. THAT the use of fax and email as a means to give instructions to AfrAsia Bank Limited be approved; and in this connection, [...] be authorised to sign the fax and email indemnity agreement authorising AfrAsia Bank Limited to act upon such instructions.
- 3. THAT the persons listed below be authorised to operate the bank account(s) with AfrAsia Bank Limited and to sign all cheques, negotiable instruments and instructions.

All bank signatories to sign the document

NAME	POSITION	SPECIMEN SIGNATURE OF AUTHORISED SIGNATORIES

4. THAT the number of signatories required for the purposes of the foregoing transactions with AfrAsia Bank Limited be:

- Any one of the above Any two of the above All of the above

Specify any other combination _____

CERTIFIED TRUE COPY

Secretary / Director / Partner

DATE _____

ENTITY TAX RESIDENCY SELF-CERTIFICATION FORM

Please complete, where applicable, the relevant sections below in relation to all relevant accounts and provide any additional information/documents as may be required.

CUSTOMER DETAILS

Legal Name			
Country of incorporation or organisation			
Current Residence Address (Town/State and Country)			
Mailing Address (if different to the address shown above)			
Entity Type (choose one)			
<input type="checkbox"/> Financial Institution (FI), <input type="radio"/> Reporting Model 1 FFI <input type="radio"/> Reporting Model 2 FFI <input type="radio"/> Non reporting IGA FFI <input type="radio"/> Nonparticipating FFI choose one type:			
<input type="radio"/> Participating FFI If yes, Provide GIIN _____ • _____ • _____ (obtained for FATCA purposes)			
<input type="checkbox"/> Passive NFE (For CRS Purposes)/ Passive NFFE (For FATCA Purposes) If yes, Provide name of Controlling Person(s) _____			
<input type="checkbox"/> Active NFE (For CRS Purposes)/ Active NFFE (For FATCA Purposes)			
Name of any Controlling Person(s) of the Account Holder – Complete “Controlling Person Tax Residency self-certification form” for each Controlling Person*			
Country of Tax Residence (Entity)	TIN or a Business/company registration code/num	If no TIN available, enter Reason A, B or C	If you have selected Reason B, explain why

Note: Please complete the above table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder’s TIN for each country indicated. If the Account Holder is not tax resident in any jurisdiction (e.g., because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located. If the Account Holder is tax resident in more than three countries please use a separate sheet. If a TIN is unavailable please provide the appropriate reason A, B or C where appropriate:

- Reason A - The country where I am liable to pay tax does not issue TINs to its residents
- Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM

CONTROLLING PERSON DETAILS

Name of Controlling Person	
Current Residence Address	
Mailing Address (if different to the address shown above)	
Date of Birth (dd/mm/yyyy)	
Place of Birth - Town or City of Birth	
Country of Birth	
Legal name of the relevant entity Account Holder(s) of which you are a Controlling Person	

Type of controlling person

- Of a legal person control by ownership control by other means senior managing official
- Of a trust settlor trustee protector
 beneficiary other
- Of a legal arrangement (non-trust) settlor-equivalent trustee-equivalent protector-equivalent
 beneficiary-equivalent other-equivalent

Country of Tax Residence (Controlling Person)	TIN/social security/insurance no./citizen/personal identification/service code/no. or resident registration no.	If no TIN available, enter Reason A, B or C	If you have selected Reason B, explain why

Note: Additional forms to be filled in, should there be more than 1 controlling person, please complete the above table indicating:

(i) where the Controlling Person is tax resident; (ii) the Controlling Person's TIN for each country indicated; and, (iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete the section "Type of Controlling Person". (You can also find out more about whether a country is a Reportable Jurisdiction on the OECD automatic exchange of information portal). If the Controlling Person is tax resident in more than three countries, please use a separate sheet

If a TIN is unavailable please provide the appropriate reason A, B or C:

Reason A - The country where the controlling person is liable to pay tax does not issue TINs to its residents

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the table if you have selected this reason)

Reason C - No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

If you are not the Controlling Person, please indicate the capacity in which you are signing the form, if signing under a power of attorney, please also attach a certified copy of the power of attorney.

CUSTOMER DECLARATION

By signing below,

A. General Declarations

- 1. I/we acknowledge and agree that:
 - a) AfrAsia Bank Limited (the “Bank”) has recommended that I/we seek independent legal and/or professional advice before signing this document;
 - b) I/we have read and understood the terms and conditions set out in this application form, together with the Bank’s General Terms and Conditions (collectively, the “**Terms and Conditions**”), applicable to the opening and operation of the above-mentioned banking products and services and agree to be bound by them; and
 - c) any information provided by me/us under this application form may be shared by the Bank in accordance with the Bank’s General Terms and Conditions and the Privacy Policy of the Bank.
- 2. Subject to the Terms and Conditions, I/We hereby undertake to inform the Bank promptly, and in any event within 30 days in writing if there are any changes in the information provided under this application form (including but not limited to a change in beneficial ownership, directorship, shareholding and authorized signatories).
- 3. I/we represent and warrant that all information contained in this application form and/or provided by me/us in connection with this application form is true, complete and accurate and is not misleading in any respect; and I/we agree to indemnify the Bank against any cost, loss or liability incurred by the Bank as a result of any representation or statement made or deemed to be made by me/us in this application form is or proves to have been incorrect or misleading.
- 4. I/we acknowledge and agree that any money remitted into this account does not directly or indirectly originate from any illicit financial activity and confirms that it has not been, and undertake not to be, involved, directly or indirectly, either individually or jointly with any other person(s), in any money laundering or terrorist financing activities.
- 5. I/we declare that all of its accounts held with the Bank, all of the assets (including cash, securities and other investments) lodged with the Bank in its name, and all related income and profits are and shall be declared to the tax authorities (or any other competent body) of its country of residence and any other relevant jurisdiction.
- 6. I/We hereby authorise the Bank to verify any information provided by me/us under or in connection with this application form and to make such enquiries as it deems necessary.

B. Declarations applicable to the Tax Residency Self-Certification Form

In addition to the above declarations:

- 1. I/We acknowledge that the information contained in this application form including information relating to the Controlling Person and any Reportable Account(s) may be:
 - a) reported by the Bank to the tax authorities of the country in which this account(s) is/are maintained; and
 - b) exchanged by the Bank with tax authorities of another country or countries in which I/we/the Controlling Person may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- 2. I/We certify that I/We am/are the Controlling Person, or am/are authorised to sign for the Controlling Person, of all the account(s) held by the entity Account Holder to which this application form relates.
- 3. I/We hereby consent for the Bank to share information about the entity Account Holder to which this application form relates with domestic and overseas regulators and tax authorities, where necessary to establish its tax liability in any jurisdiction.
- 4. I/We undertake to advise the Bank within 30 days of any change in circumstances and/or information which affects the tax residency status of the individual identified in Part 1 of the Tax Residency Self-Certification Form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification and declaration within 30 days of such change in circumstances.

AUTHORISED SIGNATORIES

Full name _____

Full name _____

Signature _____

Signature _____

Date _____

Date _____