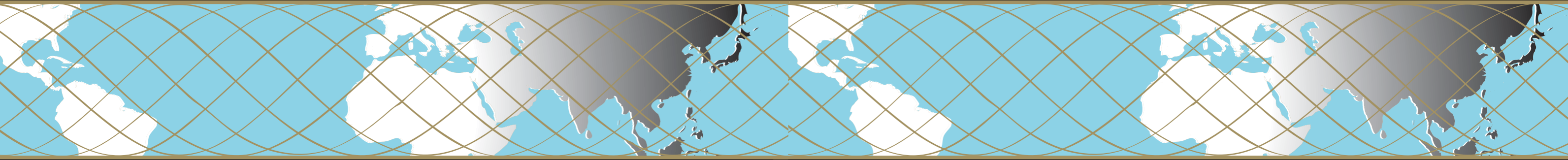


CYPRUS



TRAINING MANUAL

FOR

CORPORATE AND PERSONAL
ACCOUNT OPENING FORMS



FBME BANK LTD

Your success is our currency

CONTENTS

Section	Page
CORPORATE ACCOUNT OPENING FORMS	3
Contents of the Corporate Account Opening Pack	4
Corporate Account Opening Checklist (form 281C)	5
Corporate Account Application Form (form 201C)	6
Section One "Account Applicant Information"	6
Section Two "Business Profile"	8
Section Three "Authorised Signatories"	12
Statement of Beneficial Ownership by Nominee Shareholders (form 223)	14
Corporate Account Enquiries by Telephone Form (form 221C)	14
PERSONAL/JOINT ACCOUNT OPENING FORMS	17
Contents of the Personal/Joint Account Opening Pack	18
Personal/Joint Account Opening Checklist (form 281P)	19
Personal/Joint Account Application Form (form 201P)	20
Section One "Account Applicant Information"	20
Section Two "Account Activity Profile"	22
Section Three "Consent"	22
Personal/Joint Account Enquiries by Telephone Form (form 212P)	24
MINISTRY OF FINANCE FORMS	25
Declaration of Exception from the Deduction of Defence Contribution on Bank Interest Paid or Credited	26
Questionnaire for Ascertaining Whether the Conditions Relating to the Term 'Non-Cyprus Resident' Are Met for the Current Year for Corporate and Personal/Joint Accounts	26
e-BANKING	31
e-Banking New Account User Application Form for Corporate and Personal/Joint Accounts (form 220B)	32



FBME BANK LTD



Confidentiality

Strong Customer Focus

International Accessibility

Collaboration

Multi-lingual Representation

Flexibility in Adapting

Professional Bespoke Services

Swift and Efficient Service



FBME BANK LTD

CORPORATE ACCOUNT OPENING FORMS

Banking that's made-to-measure

It's time to get a tailor-made financial solution.
It's time to visit www.fbme.com

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CONTENTS OF THE CORPORATE ACCOUNT OPENING PACK

Bank Forms:

1. Corporate Account Opening Checklist
2. Corporate Account Application Form*
3. Account Enquiries by Telephone Form*
4. e-Banking New Account User Application Form
5. Corporate Charge Card Application Form
6. Debit Card Application Form

*Denotes that this form is mandatory and must be completed in full in order not to delay the account opening process.

Terms and Conditions to be Retained by the Applicant:

1. Banking General Conditions
2. e-Banking Special Conditions (if applicable)

Additional Forms to be Completed (if applicable):

1. Statement of Beneficial Ownership
2. Declaration of Exception from the Deduction of Defence Contribution on Bank Interest Paid or Credited
3. Questionnaire for Ascertaining Whether the Conditions Relating to the Term 'non-Cyprus Resident' are Met for the Year

Informative Documents:

1. Standard Settlement Instructions
2. Brochure
3. Fees and Tariffs
4. List of Correspondent Banks
5. Record of Accounts Card

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CORPORATE ACCOUNT OPENING CHECKLIST (form 281C)

The Account Opening Checklist is a guide to the documents that need to accompany the Account Opening Application form.

ACCOUNT OPENING CHECKLIST							
FBME BANK LTD <small>CYPRUS BRANCH</small>	CORPORATE ACCOUNT						
THE FOLLOWING DOCUMENTS ARE REQUIRED TO OPEN A CORPORATE ACCOUNT							
<i>Applicants are kindly requested to ensure that all original account opening forms and supporting documentation required to open a Corporate Account are returned fully completed and signed, thus enabling us to process the application without undue delay. Faxed or scanned copies are not acceptable.</i>							
<i>Please note that where originals of supporting documents are not presented, copies thereof must be apostilled or certified as true copies of the original by a notary public, certifying officer, a bank manager, or an eligible third party approved by the bank to introduce business. Documents that are not in English must be accompanied by a certified translation.</i>							
A. Bank standard forms							
<input type="checkbox"/> Application to open an account – Form 201C <input type="checkbox"/> Codeword for account enquiries by telephone – Form 212C <input type="checkbox"/> Statement of beneficial ownership by nominee shareholder(s) – Form 223 (if applicable) <input type="checkbox"/> Non-Cypriot residents declaration for exemption from the deduction of Defence Contribution (if applicable) <input type="checkbox"/> Questionnaire for ascertaining whether the conditions relating to the term 'non-Cyprus resident' are met for the year (if applicable)							
B. Company documents							
<input type="checkbox"/> Memorandum & Articles of Association (or equivalent constitutional document) <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Proof of registered address of company <input type="checkbox"/> Up-to-date official list of Directors from Registrar of Companies (issued within the last 6 months) or copies of resolutions appointing Director(s) <input type="checkbox"/> Official list of registered shareholders and number of shares issued or copy of share certificates/resolutions authorising the issuance of current registered shares							
C. Documentation for Directors, shareholders/nominee shareholders, beneficial owners and account signatories							
<i>Where the above are natural persons, please provide:</i>							
<input type="checkbox"/> Copy of a valid passport or National ID card for each one of the above <input type="checkbox"/> Proof of residential address in country of permanent residence for each Director, shareholder and account signatory - i.e. an original, recent utility bill (less than 6 months old), or a bank/credit card/building society statement or local authority tax bill <i>Please note: National ID cards cannot be used as proof of address P.O.Box or a "care of" address is not accepted For details of other acceptable documents please contact the Bank</i>							
<input type="checkbox"/> Proof of the company's business address, if available <input type="checkbox"/> Please submit a copy of the temporary residence permit with this application, if any company Director or bank account signatory is temporarily resident in Cyprus and is a non-EU national							
<i>Where the above are legal entities, please provide:</i>							
<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Official list of Directors <input type="checkbox"/> Official list of individual shareholders <input type="checkbox"/> Copy of valid passport for each individual Director <input type="checkbox"/> Copy of the temporary residence permit must be provided if any company Director or bank account signatory is temporarily residing in Cyprus and is a non-EU national							
D. Letter of reference							
<input type="checkbox"/> Please provide an introductory reference letter for either the company OR for each Director, beneficial owner and authorised signatory. Acceptable sources of reference are: 1) your bankers, 2) an existing FBME customer, 3) a lawyer or a chartered/certified accountant. In some cases a secondary reference may be requested.							
E. Additional documents if applicable to your company							
<input type="checkbox"/> Original bearer share certificate(s), in cases that bearer share(s) has/have been issued. A receipt will be issued <input type="checkbox"/> Copy of 'Declaration of Trust' between nominee shareholder(s) and ultimate beneficial owner(s) (if applicable) <input type="checkbox"/> A 'Certificate of Good Standing' for the company, if the company has been incorporated for 12 months or more (this can be obtained from the Registrar of Companies in the country of incorporation)							
For further information please contact us:							
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Customer Service Department - Nicosia</td> <td style="width: 20%;">Tel.: +(357) 22888400</td> <td style="width: 40%;">e-mail: newaccounts@fbme.com</td> </tr> <tr> <td>Limassol Sub-Branch</td> <td>Tel.: +(357) 25377811</td> <td>e-mail: limassol@fbme.com</td> </tr> </table>		Customer Service Department - Nicosia	Tel.: +(357) 22888400	e-mail: newaccounts@fbme.com	Limassol Sub-Branch	Tel.: +(357) 25377811	e-mail: limassol@fbme.com
Customer Service Department - Nicosia	Tel.: +(357) 22888400	e-mail: newaccounts@fbme.com					
Limassol Sub-Branch	Tel.: +(357) 25377811	e-mail: limassol@fbme.com					
<small>Form 281C (Rev. 02/10)</small>							

CORPORATE ACCOUNT APPLICATION FORM (form 201C)

Account Applicant Information:

The first section of the corporate account application form mainly contains all the particulars about the account applicant.

Section 4:

- The client's Registered Office address. This is usually found on the Certificate of Registered Address or within the Memorandum of Association.

Section 5:

- The client's Business address – please provide the address where the operational offices and/or staff are physically located.

Section 8:

- Requires the account applicant to choose whether or not to receive paper Statements and Advices.


Section 9:

- Requires the account applicant to provide mailing instructions and provides the option of Holdmail.
- The mailing instructions required in this section can operate independently or in conjunction with the Statement and Advice choice indicated in Section 8.

i.e. An account applicant can choose to request paper Statements and Advices (Section 8) and for them to be sent to a mailing address indicated in Section 8 or to Holdmail. Equally, an account applicant may select in Section 8 not to receive paper Statements and Advices but to choose Holdmail for non-statement and Advice Bank communications and third party communications addressed to the account applicant.

Section 10:

- The Directors are not implied as being signatories and if they are to operate the account they must be specified in this section.

 FBME BANK LTD <small>CYPRUS BRANCH</small>	APPLICATION FORM CORPORATE ACCOUNT														
INTRODUCER: _____															
<p><small>Please complete all sections in ENGLISH BLOCK capitals</small> <small>We (the "Company") hereby request FBME Bank Ltd (the "Bank") to open an account and for this purpose we supply the following information:</small></p>															
ACCOUNT APPLICANT INFORMATION															
1. Full legal name of company: <small>(As it appears on the Certificate of Incorporation or equivalent)</small> _____															
2. Registration number and country of incorporation: Number: _____ Country: _____ Date of incorporation: (dd/mm/yy) (/ /)															
3. Currencies of account required: <small>(Please tick as required)</small> <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Other <small>(Please specify)</small> _____															
4. Registered office address: Number and Street: _____ Town/City: _____ Area/State: _____ Postal code: _____ Country: _____ Telephone no: + () Fax no: + () E-mail: _____															
5. Business address: <small>(Address where offices and/or staff are physically located. Note: P.O. Box not acceptable)</small> Number and Street: _____ Town/City: _____ Area/State: _____ Postal code: _____ Country: _____ Telephone no: + () Fax no: + () E-mail: _____ Website: _____															
6. How long has the company been located at the business address specified in section 5 above? 7. Country of operation: _____															
8. Would you like to receive paper copies of statements and transaction advices/confirmations? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Where required, paper copies will be sent to the address indicated in section 8 below)</small>															
9. Address/contact details for communication including mail: <small>(Please tick one)</small> <input type="checkbox"/> Registered address <input type="checkbox"/> Business address <input type="checkbox"/> Other address <small>(Please specify below)</small> <input type="checkbox"/> Held at Bank for collection <small>(Holdmail)</small> <small>(Holdmail is offered subject to the applicable General Conditions and to the charges described in the Bank's Tariff from time to time)</small> Number and Street: _____ Town/City: _____ Area/State: _____ Postal code: _____ Country: _____ Telephone no: + () Fax no: + () E-mail: _____															
10. Details of Director(s): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Name:</th> <th style="width: 50%; padding: 5px;">Occupation / Profession:</th> </tr> </thead> <tbody> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> <tr><td style="height: 20px;">-----</td><td style="height: 20px;">-----</td></tr> </tbody> </table>		Name:	Occupation / Profession:	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Name:	Occupation / Profession:														
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Form 201C (Rev. 02/10)	1														



Business Profile:

The Business Profile section of the corporate account application form refers entirely to the business activities of the applicant.

The Business Profile form is also a stand-alone form that needs to be completed by the client annually.

Section 12:

- It is important to include specific details of any goods and services that the company offers, sells or provides. Insufficient information will result in the account opening process being delayed.
- A general description of the company's activities is not sufficient. Terms such as 'consulting', 'general trading' and 'imports/exports' are insufficient descriptions.
- For example, instead of 'import and export' it is sufficient to say 'imports wood, manufactures and exports furniture'.
- In cases of holding companies, it is important to provide activities of the group and a description and location of the assets to be held.
- In case of investments, please provide details and location of the investments to be held.

Section 13:

- Secondary business activities may include one-off transactions that are anticipated in the future and that are unrelated to the main business activities of the Company.
- An example may include that the Company plans to invest their profits in real estate.

Section 15:

- The purpose of this section is to assist the Bank in understanding the relationship of the Company with its remitters and beneficiaries stated in the Business Profile and also to justify predicted turnovers for the account, especially in cases where the company is newly formed.
- Please provide us with any connected companies, even if they are not related through shareholding or beneficial ownership.

BUSINESS PROFILE

11. Purpose for which account is required: (Please tick as appropriate) Deposits/savings Commercial payments Card facilities Credit facilities Other (Please specify) _____

12. Specific nature and detailed description of main business activities of the Company: (Please include specific details of any goods and services that you offer/sell/provide. "Consulting", "general trading", "import/export" are insufficient descriptions. In cases of holding companies, please provide activities of the group and description of assets to be held. In case of investments, please provide details of the investments to be held)

13. Secondary business activities and possible future activities:

14. Date trading/operations commenced: (dd/mm/yy) (/ /)

15. Is the Company affiliated/related with other companies or organisations? Yes No
If yes, please specify the name of the Company and the connection:

16. Number of employees: _____

17. Financial data for the recent year: (actual or estimated)
 USD GBP EUR Other (Specify) _____

Annual business turnover:	_____
Annual balance sheet profit:	_____

18. Anticipated annual account turnover and method of deposits – as per your business forecast:
 USD GBP EUR Other (Specify) _____

		Swift payments in:	Cheque deposits:	Cash deposits:	Total amount:
Current year:	20 __				
Following year:	20 __				
3rd year:	20 __				

19. Source(s) of incoming funds: (i.e. from where and whom funds are expected to be received)

	Country of remitter's bank:	Name of remitter:
1.		
2.		
3.		
4.		

20. Outgoing payments: (i.e. to where and whom payments are expected to be made)

	Country of beneficiary's bank:	Name of beneficiary:
1.		
2.		
3.		
4.		

PLEASE NOTE: You may be required to provide details and documentary evidence of transactions. Additionally, cash deposits that exceed Euro 100,000 (or the equivalent in Foreign currencies) in a calendar year will only be accepted with the prior approval of the Bank. You may also be required to provide a copy of the Company's latest audited financial statements and/or latest management accounts, where deemed necessary, for a better understanding of the Company's activities, sources and uses of its funds/assets.

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Business Profile: (continuation)

Section 16:

- Information on employee numbers is required by the Bank in order to assess whether the company is eligible to be categorised as a "Micro-Enterprise" for the purposes of the Law Regulating Payment Services and Other Related Matters No. 128 (I) of 2009 enacted by the Republic of Cyprus.

Section 17:

- Information on annual turnover is required by the Bank in order to assess whether the company is eligible to be categorised as a "Micro-Enterprise" for the purposes of the Law Regulating Payment Services and Other Related Matters No. 128 (I) of 2009 enacted by the Republic of Cyprus. Where audited figures are not available please provide estimates.
- Information on balance sheet profit is required by the Bank in order to assess whether the company is eligible to be categorised as a "Micro-Enterprise" for the purposes of the Law Regulating Payment Services and Other Related Matters No. 128 (I) of 2009 enacted by the Republic of Cyprus. Where audited figures are not available please provide estimates.

Section 18:

- The anticipated annual turnover is always requested for a three year period at least. Insufficient information may delay the account opening process.

BUSINESS PROFILE

11. Purpose for which account is required: (Please tick as appropriate) Deposits/savings Commercial payments Card facilities
 Credit facilities Other (Please specify) _____

12. Specific nature and detailed description of main business activities of the Company:
(Please include specific details of any goods and services that you offer/sell/provide. "Consulting", "general trading", "import/export" are insufficient descriptions. In cases of holding companies, please provide activities of the group and description of assets to be held. In case of investments, please provide details of the investments to be held)

13. Secondary business activities and possible future activities:

14. Date trading/operations commenced: (dd/mm/yy) (/ /)

15. Is the Company affiliated/related with other companies or organisations? Yes No
 If yes, please specify the name of the Company and the connection:

16. Number of employees: _____

17. Financial data for the recent year: (actual or estimated)
 USD GBP EUR Other (Specify) _____

Annual business turnover:	
Annual balance sheet profit:	

18. Anticipated annual account turnover and method of deposits – as per your business forecast:
 USD GBP EUR Other (Specify) _____

		Swift payments in:	Cheque deposits:	Cash deposits:	Total amount:
Current year:	20 __				
Following year:	20 __				
3rd year:	20 __				

19. Source(s) of incoming funds: (i.e. from where and whom funds are expected to be received)

	Country of remitter's bank:	Name of remitter:
1.		
2.		
3.		
4.		

20. Outgoing payments: (i.e. to where and whom payments are expected to be made)

	Country of beneficiary's bank:	Name of beneficiary:
1.		
2.		
3.		
4.		

PLEASE NOTE: You may be required to provide details and documentary evidence of transactions. Additionally, cash deposits that exceed Euro 100,000 (or the equivalent in Foreign currencies) in a calendar year will only be accepted with the prior approval of the Bank. You may also be required to provide a copy of the Company's latest audited financial statements and/or latest management accounts, where deemed necessary, for a better understanding of the Company's activities, sources and uses of its funds/assets.

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STATEMENT OF BENEFICIAL OWNERSHIP BY NOMINEE SHAREHOLDERS (form 223)

This form is to be completed when there are nominee shareholders of a Company in order to ascertain the beneficial shareholders.

If this is applicable to the client, the client is obliged to accompany their application with a Declaration of Trust.

CORPORATE ACCOUNT ENQUIRIES BY TELEPHONE FORM (form 212C)

ENQUIRIES BY TELEPHONE FORM					
CORPORATE ACCOUNT					
FBME BANK LTD <small>CYPRUS BRANCH</small>					
<p><i>This form is to be completed by the Authorised Signatory(ies) to facilitate telephone enquiries. To ensure your data's security, please submit this form in a sealed envelope and return it with your documentation. If you choose not to follow this procedure you will be assuming all risks involved in connection with any communications of the codeword to the Bank and the Bank shall have no responsibility in respect thereof.</i></p>					
<p>1. Full legal name of Company:</p> <p>_____</p>					
<p>2. Account number:</p> <p>_____</p>					
<p>3. Codeword to be used for telephone identification:</p> <p>_____</p> <p><small>The above codeword is provided by us in order to provide an additional level of security and does not negate or prejudice the General Conditions and any other applicable terms governing our relationship with the Bank. Any future codewords we provide shall supersede any previous codewords.</small></p>					
<p>4. Signed by Authorised Signatory(ies) of the Account:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Date: (dd/mm/yy) (/ /)</p> </td> <td style="vertical-align: top;"> <p>Date: (dd/mm/yy) (/ /)</p> </td> </tr> </table>		<p>Name: _____</p> <p>Signature: _____</p>	<p>Name: _____</p> <p>Signature: _____</p>	<p>Date: (dd/mm/yy) (/ /)</p>	<p>Date: (dd/mm/yy) (/ /)</p>
<p>Name: _____</p> <p>Signature: _____</p>	<p>Name: _____</p> <p>Signature: _____</p>				
<p>Date: (dd/mm/yy) (/ /)</p>	<p>Date: (dd/mm/yy) (/ /)</p>				
<p><small>BANK USE ONLY: CIF Form 212C (Rev. 06/08)</small></p>					

By completing this form any information relating to the account may be released to the nominated person over the telephone.

- This form is to be completed and signed by the Authorised Signatory(ies) of the account in order to release information to the nominated person about the account over the telephone.
- Due to the fact that this form includes a secret codeword an envelope will be included in the account opening pack. The Bank recommends that the client seal their completed form securely in the envelope and return it with their documentation.
- If this procedure is not followed then the client will be assuming all risks involved in connection with any communication of the codeword to the Bank and the Bank shall have no responsibility in respect thereof.

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FBME BANK LTD		STATEMENT OF BENEFICIAL OWNERSHIP					
CYPRUS BRANCH		BY NOMINEE SHAREHOLDERS					
		<p>Dated: (dd/mm/yy) (/ /)</p>					
<p>Re: _____ (the "Company")</p>							
<p>Customer number: _____</p>							
<p><i>In connection with the Company's application to open a bank account with FBME Bank Ltd (the "Bank"), you confirm that the following natural persons are the ultimate beneficial owners of the Company and to the best of your knowledge and belief these persons are not directly or indirectly involved in any criminal conduct or any money laundering activity.</i></p>							
Name:		Number of shares:					
_____		_____					
_____		_____					
_____		_____					
<p><i>You declare that you are the appointed nominee shareholders of the Company, holding the shares by virtue of a Declaration of Trust dated (dd/mm/yy) (/ /), a copy of which is attached.</i></p> <p><i>You undertake to advise the Bank immediately of any change in the shareholding or beneficial ownership of the Company and to provide the Bank in writing with such details relating thereto as the Bank may require.</i></p> <p><i>The Bank is obliged by law to know and be able to identify its client and the beneficial owner of the Company. This information will be kept confidential at all times, subject to applicable laws and regulations.</i></p>							
<p>Nominee Shareholder(s):</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">1</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">2</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">3</p> </td> <td style="vertical-align: top;"> <p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">4</p> </td> </tr> </table>				<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">1</p>	<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">2</p>	<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">3</p>	<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">4</p>
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<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">3</p>	<p>Name: _____</p> <p>Signature: _____</p> <p style="text-align: right;">4</p>						
<p>Confirmed by an eligible third party approved by the bank:</p> <p><i>We certify that having performed all necessary due diligence checks the information supplied above by the nominees is correct and that the ultimate beneficial owners declared above are not acting as nominees, trustees or in a fiduciary capacity for any other person(s).</i></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Name: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Signature: _____</p> </td> </tr> </table>				<p>Name: _____</p>	<p>Signature: _____</p>		
<p>Name: _____</p>	<p>Signature: _____</p>						
<p><small>Form 223 (Rev. 02/10)</small></p>							



FBME BANK LTD



FBME BANK LTD

Just like a tree, our strengths stem from our roots.
We believe that a great bank is one that makes its clients
feel special and we endeavour to foster that feeling.

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PERSONAL/JOINT ACCOUNT OPENING FORMS

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Your success is our currency



CONTENTS OF THE PERSONAL/JOINT ACCOUNT OPENING PACK

Bank Forms:

1. Personal/Joint Account Opening Checklist
2. Personal/Joint Account Application Form*
3. Account Enquiries by Telephone Form*
4. e-Banking New Account User Application Form
5. Personal Charge Card Application Form
6. Debit Card Application Form

*Denotes that this form is mandatory and must be completed in full in order not to delay the account opening process.

Terms and Conditions to be Retained by the Applicant:

1. Banking General Conditions
2. e-Banking Special Conditions (if applicable)

Additional forms to be Completed (if applicable):

1. Declaration of Exception from the Deduction of Defence Contribution on Bank Interest Paid or Credited
2. Questionnaire for Ascertaining Whether the Conditions Relating to the Term 'Non-Cyprus Resident' are Met for the Year

Informative Documents:

1. Standard Settlement Instructions
2. Brochure
3. Fees and Tariffs
4. List of Correspondent Banks
5. Record of Accounts Card

CY (Rev. 02/10)

CY (Rev. 02/10)



PERSONAL/JOINT ACCOUNT OPENING CHECKLIST (form 281P)

The Account Opening Checklist is a guide to the documents that need to accompany the Account Opening Application form.

ACCOUNT OPENING CHECKLIST	
FBME BANK LTD CYPRUS BRANCH	PERSONAL / JOINT ACCOUNT
THE FOLLOWING DOCUMENTS ARE REQUIRED TO OPEN A PERSONAL/JOINT ACCOUNT	
<i>Applicants are kindly requested to ensure that all original account opening forms and supporting documentation required to open a Personal/Joint Account are returned fully completed and signed, thus enabling us to process the application without undue delay. Faxed or scanned copies are not acceptable.</i>	
<i>Please note that where originals of supporting documents are not presented, copies thereof must be apostilled or certified as true copies of the original by a notary public, certifying officer, a bank manager, or an eligible third party approved by the bank to introduce business. Documents that are not in English must be accompanied by a certified translation.</i>	
A. Bank standard forms	
<input type="checkbox"/> Application to open an account – Form 201P <input type="checkbox"/> Codeword for account enquiries by telephone – Form 212P <input type="checkbox"/> Non-Cypriot residents declaration for exemption from the deduction of Defence Contribution (if applicable) <input type="checkbox"/> Questionnaire for ascertaining whether the conditions relating to the term 'non-Cyprus resident' are met for the year (if applicable)	
B. Supporting Documentation for each applicant	
<input type="checkbox"/> Copy of a valid passport or National ID card for each applicant <input type="checkbox"/> Proof of residential address in country of permanent residence for each director, shareholder and account signatory – i.e. an original, recent utility bill (less than 6 months old) or a bank/credit card/building society statement or local authority tax bill <i>Please note: National ID cards cannot be used as proof of address P.O.Box or a "care of" address is not accepted For details of other acceptable documents please contact the Bank</i>	
<input type="checkbox"/> Please submit a copy of the temporary residence permit with this application if any applicants are temporarily resident in Cyprus and are non-EU nationals	
C. Letter of reference	
<input type="checkbox"/> Please provide an introductory reference letter for each applicant <i>Acceptable sources of reference are: 1) your bankers, 2) an existing FBME customer, 3) a lawyer or a chartered/certified accountant. In some cases a secondary reference may be requested.</i>	
For further information please contact us:	
Customer Service Department - Nicosia Limassol Sub-Branch	Tel.: +(357) 22888400 Tel.: +(357) 25377811 e-mail: newaccounts@fbme.com e-mail: limassol@fbme.com
Form 281P (Rev. 02/10)	



PERSONAL/JOINT ACCOUNT APPLICATION FORM (form 201P)

Account Applicant Information:

The first section of the personal/joint account application form contains all the particulars about the account applicant(s).

We have provided a separate page for each applicant to make the form more user-friendly.

Sections 6, 7, 9 and 15:

- The client is required to provide us with three addresses and the address of their temporary residence if applicable.

Section 8:

- Requires the account applicant to choose whether or not to receive paper Statements and Advices.

Section 9:

- Requires the account applicant to provide mailing instructions and provides the option Holdmail.
- The mailing instructions required in this section can operate independantly or in conjunction with the Statement and Advice choice indicated in Section 8.

i.e. An account applicant can choose to request paper Statements and Advices (Section 8) and for them to be sent to a mailing address indicated in Section 9 or to Holdmail. Equally, an account applicant may select in Section 8 not to receive paper Statements and Advices but to choose Holdmail for non-statement and Advice Bank communications and third party communications addressed to the account applicant.

Section 18:

- In the case of a joint account, it is requested that the client provides the Bank with instructions regarding the authority to operate the account.

APPLICATION FORM PERSONAL/JOINT ACCOUNT FBME BANK LTD CYPRUS BRANCH INTRODUCER: Please complete all sections in ENGLISH BLOCK capitals I/We hereby request FBME Bank Ltd (the "Bank") to open an account and for this purpose I/we supply the following information: ACCOUNT APPLICANT INFORMATION - FIRST APPLICANT 1. Surname / family name: 2. Forenames: 3. Title: (e.g. Mr., Mrs., etc) 4. Date of birth: (dd/mm/yy) 5. Currencies of account required: (Please tick as required) 6. Address of permanent residence: 7. Address of temporary residence: (if applicable) 8. Would you like to receive paper copies of statements and transaction advices/confirmations? 9. Address/contact details for communication including mail: 10. Nationality: 11. Passport details: 12. Occupation/Profession: 13. Employment status: 14. Gross salary or yearly business turnover: 15. Employer's contact details: 16. Date you joined this employer or started in business: 17. Specimen signature of 1st Applicant: 18. Signing authority in case of joint account: Form 201P (Rev. 06/08) 1



Account Activity Profile:

Sections 33-37:

- This section of the personal/joint account application form refers entirely to the account activity profile of the account applicant.

Consent:

- By signing the application form the account holder(s) indicate that they have read and understood the Bank's General Conditions which now form a separate booklet.
- In the case of joint accounts, the application form must always be signed by both applicants.



ACCOUNT ACTIVITY PROFILE

33. Purpose for which account is required: (Please tick as appropriate)

- Deposits/savings
 Salary payments
 Card facilities
 Credit facilities
 Commissions/bonuses
 Other (Please specify)

34. Source of funds, including for self-employed individuals (e.g. salaries, inheritance, dividend payments, savings already held with other banks). Please provide specific details:

35. Anticipated annual account turnover and method of deposits:

- USD
 GBP
 EUR
 Other (Specify)

		Swift payments in:	Cheque deposits:	Cash deposits:	Total amount:
Current year:	20 __				
Following year:	20 __				
3rd year:	20 __				

36. Source(s) of incoming funds: (i.e. from where and whom funds are expected to be received)

	Country of remitter's bank:		Name of remitter:
1.		1.	
2.		2.	
3.		3.	
4.		4.	

37. Outgoing payments: (i.e. to where and whom payments are expected to be made)

	Country of beneficiary's bank:		Name of beneficiary:
1.		1.	
2.		2.	
3.		3.	
4.		4.	

PLEASE NOTE:

You may be required to provide details and documentary evidence of transactions. Additionally, cash deposits that exceed Euro 100,000 (or the equivalent in foreign currencies) in a calendar year will only be accepted with the prior approval of the Bank.

PERSONAL\JOINT ACCOUNT ENQUIRIES BY TELEPHONE FORM (form 212P)

By completing this form any information relating to the account may be released to the nominated person over the telephone.

- This form is to be completed and signed by the account applicant(s) of the account in order to release information to the nominated person about the account over the telephone.
- Due to the fact that this form includes a secret codeword an envelope will be included in the account opening pack. The Bank recommends that the client seal their completed form securely in the envelope and return it with their documentation.
- If this procedure is not followed, then the client will be assuming all risks involved in connection with any communication of the codeword to the Bank and the Bank shall have no responsibility in respect thereof.

**MINISTRY OF FINANCE FORMS
FOR
CORPORATE AND PERSONAL/JOINT
ACCOUNTS**

ENQUIRIES BY TELEPHONE FORM									
FBME BANK LTD CYPRUS BRANCH	PERSONAL/JOINT ACCOUNT								
<p><i>This form is to be completed by the Account applicant(s) to facilitate telephone enquiries. To ensure your data's security please submit this form in a sealed envelope and return it with your documentation. If you choose not to follow this procedure you will be assuming all risks involved in connection with any communications of the codeword to the Bank and the Bank shall have no responsibility in respect thereof.</i></p>									
<p>1. 1st Applicant: Surname / family name: _____ Forenames: _____</p>									
<p>2. 2nd Applicant: Surname / family name: _____ Forenames: _____</p>									
<p>3. Account number: _____</p>									
<p>4. Codeword to be used for telephone identification: _____ <small>The above codeword is provided by me(us) in order to provide an additional level of security and does not negate or prejudice the General Conditions and any other applicable terms governing my(our) relationship with the Bank. Any future codeword I/we provide shall supersede any previous codewords.</small></p>									
<p>5. Signed by the Account applicant(s):</p> <table border="1"> <thead> <tr> <th>1st Applicant:</th> <th>2nd Applicant:</th> </tr> </thead> <tbody> <tr> <td>Name: _____</td> <td>Name: _____</td> </tr> <tr> <td>Signature: _____</td> <td>Signature: _____</td> </tr> <tr> <td>Date: (dd/mm/yy) (/ /)</td> <td>Date: (dd/mm/yy) (/ /)</td> </tr> </tbody> </table>		1 st Applicant:	2 nd Applicant:	Name: _____	Name: _____	Signature: _____	Signature: _____	Date: (dd/mm/yy) (/ /)	Date: (dd/mm/yy) (/ /)
1 st Applicant:	2 nd Applicant:								
Name: _____	Name: _____								
Signature: _____	Signature: _____								
Date: (dd/mm/yy) (/ /)	Date: (dd/mm/yy) (/ /)								
<p>Form 212P (Rev. 06/08)</p>									



MINISTRY OF FINANCE FORMS FOR CORPORATE AND PERSONAL/JOINT ACCOUNTS

- Declaration for Exception from the Deduction of Defence Contribution on Bank Interest Paid or Credited
Questionnaire for Ascertaining whether the Conditions Relating to the Term 'Non-Cyprus Resident' are met for the current year

Declaration for Exception from the Deduction of Defence Contribution on Bank Interest Paid or Credited:

Who completes this form?

- Non-Cyprus residents who are beneficially entitled to interest on bank accounts must use the said Declaration to inform the Bank that they are not residing in Cyprus. This will ensure that special contribution for the defence relating to interest on bank accounts will not be deducted.
Please refer to page 2 of this form for further direction and instructions' on how to complete the form.

Questionnaire for Ascertaining Whether the Conditions Relating to the Term 'Non-Cyprus Resident' Are Met for the Current Year:

Who completes this form?

- This Questionnaire is completed by non-Cyprus residents, both individuals and companies, who/which are beneficially entitled to receive interest on bank accounts and have signed the Declaration in order to be exempt from deduction of special contribution for the defence relating to the said interest.
This Questionnaire, once completed and signed, must be submitted to FBME Bank Ltd by the 31st December on an annual basis in order to ensure that special contribution for the defence will not be deducted from interest.



MINISTRY OF FINANCE - INLAND REVENUE

DECLARATION FOR EXCEPTION FROM THE DEDUCTION OF DEFENCE CONTRIBUTION ON BANK INTEREST PAID OR CREDITED (Section 3(2)(b) of the Special Contribution for the Defence of the Republic Law No. 117(1)/2002)

Before completing this Declaration, please read the notes on page 2.

A. ACCOUNT/S DETAILS
1. Name of Bank:
2. Name of Branch: 3. Code
4. Account Number:
5. Full Name of Account Holder/s:
6. Taxpayer/s Identification Code / Passport No. and Issuing Authority / Registration No:

B. DETAILS OF PERSON/S BENEFICIALLY ENTITLED TO THE INTEREST
- If more than two persons are beneficially entitled to the interest, please enter the total number of persons in the box beside and list names and addresses on a separate form.
2. Full Name of 1st Beneficiary:
3. Principal Residential Address of 1st Beneficiary:
4. Full Name of 2nd Beneficiary (if applicable):
5. Principal Residential Address of 2nd Beneficiary:

C. DECLARATION AND UNDERTAKING BY THE ACCOUNT HOLDER/S AND THE PERSON/S BENEFICIALLY ENTITLED TO THE INTEREST
1 - I/We, the person/s beneficially entitled to interest on the above Account, declare that:
(i) I/We was/were not resident/s in Cyprus during the previous tax year and I/we also intend to remain so during the current year.
(ii) I/We undertake the responsibility to fill in and submit to the Bank with which I/we maintain the above-mentioned Account the relevant Questionnaire (Form I.R. 18A Q) 2002, by 31st December of the current year.
2 - I/We, the Account holder/s and the person/s beneficially entitled to interest, hereby declare that:
(i) I/We consent that, in case I/we do not fill in and submit the said Questionnaire on time:
(a) Special Contribution for the Defence will be deducted during the following year, and
(b) Special Contribution for the Defence will be payable during the current year, plus interest.
(ii) I/We consent that, upon the decision to close the above-mentioned Account after 1st January of the current year,
(a) I/We will at once fill in and submit to the Bank the relevant Questionnaire, and
(b) in the event that I/we become Cyprus residents, the Bank will deduct Special Contribution for the Defence on interest relating to the above-mentioned Bank Account, plus interest.
2. Full Name/s:
3. Signature/s: Holder Beneficiary
4. Company's Seal (if applicable)
The Director or the Secretary must sign on behalf of a Company.
5. Date:

IT IS A CRIMINAL OFFENCE TO SUBMIT AN INCORRECT OR FALSE DECLARATION

KEEP A COPY OF THIS DECLARATION FOR YOUR RECORDS

13.1A - (Form I.R.18A) 2002



QUESTIONNAIRE FOR ASCERTAINING WHETHER THE CONDITIONS RELATING TO THE TERM "NON CYPRUS RESIDENT" ARE MET FOR THE YEAR

- This Questionnaire is completed by **non Cyprus residents** (Individuals and Companies) who /which are beneficially entitled to Interest on Bank A/cs and have signed the Declaration in order to be exempt from deduction of special contribution for the defence relating to the said interest. (Form I.R. 18) 2002
- This Questionnaire once completed and signed, must be submitted to the Bank with which the account/s are maintained, by 31 December of the current year, in order to ensure that special contribution for the defence will not be deducted from interest.
- Otherwise the Bank will deduct special contribution for the defence with respect to the following year and payment will also be demanded for special contribution for the defence for the current year together with interest.

INDIVIDUALS

1. Full name :		
2. Permanent Home Address :		
<i>Tick in the appropriate box</i>		
3. Your permanent home is : Privately owned <input type="checkbox"/>	4. Do you own a private home in Cyprus : Yes <input type="checkbox"/> No <input type="checkbox"/>	
Rented <input type="checkbox"/>		
5. Business Address :		
6. Description of Economic Activity : Name and Address of Employer :		
7. (a) Passport Number :	(b) Expiry Date :	(c) Issuing Authority :
8. When you are in Cyprus you reside in a : <i>Tick in the appropriate box</i>		
Hotel <input type="checkbox"/>	Rented Premises <input type="checkbox"/>	Owned Premises <input type="checkbox"/>
9. Dates of entry in and exit from Cyprus during the reference year :		
Date of entry	Date of exit	Days of stay
.....
.....
.....
Total days of stay :	
10. Signature:		11. Date :

Note : As far as par.s 8 and 9 are concerned the Department of Inland Revenue retains the right to request the submission of supporting evidence relating to the above e.g. hotel payment vouchers, letting contract, a residence title deed, copy of passport pages or air/sea tickets, or boarding passes, which show the dates of entry and exit.

(Form I.R.18A Q) 2002

CY (Rev. 02/10)

CY (Rev. 02/10)

COMPANIES

1. Name :	
2. Taxpayer Identification Code :	
3. Company's Registration No. :	
4. Country in which the Company is registered :	
5. Address at which the Company's Registered Offices are situated :	
6. Address of Tax Administration to which the Company belongs :	
7. Description of main Economic Activity :	
8. Address at which Central Offices are situated :	
9. Country in which Board Meetings are held :	
10. In your opinion is the Company have permanent establishment in Cyprus e.g. there is a fixed business base through which the business activities are carried out partly or exclusively ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
11. Is the Company's management and control exercised in Cyprus? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Names and Addresses of Directors	13. Authorized Representatives of Directors (Names and Addresses if applicable)
14. Signature : <i>The Director or the Secretary must sign on behalf of a Company</i>	
15. Date :	



FBME BANK LTD



**e-BANKING
FOR
CORPORATE AND PERSONAL/JOINT
ACCOUNTS**

**FBME DiRECT provides our clients with the convenience
of 24/7 access from around the world**

www.fbme.com

CY (Rev. 02/10)

CY (Rev. 02/10)

Your success is our currency

CORPORATE AND PERSONAL/JOINT e-BANKING APPLICATION FORM (form 220B)

The e-Banking Special Conditions are now contained in a separate booklet.

Section 2

- The CIF (Customer Information File) is a unique six-digit number allocated to identify the client's relationship with the Bank.

Section 6

- We require three choices of a login ID.
- In the event that the first choice is not accepted the Bank will advise which of the alternative IDs is to be used.
- It is important for the applicant to keep a record of their choices for future reference.

Section 10

- The applicant is required to provide us with a mailing address, even though they may have stipulated this on the account application form.

Section 11

- In this section the applicant is to select which access rights they require. Two options are available, view only or view and transaction input.
- View and transaction input is only available to Authorised Signatories of the account. The transaction input is to be specified in the table provided in Section 11.
- For personal accounts the access right can only be 'Full Access' (refer to the table under 'User Type' – Input and Authorise rights do not apply for personal accounts).

Section 12

- The account rights provides the Authorised Signatory of the account the choice of which Bank or Card accounts to grant the User access to.

Authorised Signatory(ies)


- This form should be signed in accordance with the signing instructions for Account Holder(s)/Authorised Signatories as stipulated on the account application.


Please note:

- In the case of Joint Account Holders, only one User access is permissible. An e-Banking Application form must be completed with one of the applicants' details only.

CY (Rev. 02/10)

CY (Rev. 02/10)


FBME BANK LTD
NEW ACCOUNT USER APPLICATION
e-BANKING FORM



1. Account name: _____

2. CIF number: _____

ACCOUNT USER DETAILS

3. Surname/family name: _____

4. Forenames: _____ 5. Date of birth: (dd/mm/yy) (/ /)

6. Account User login I.D.:* (min 6, max 10 alphanumeric characters)

Choice 1: _____

Choice 2: _____

Choice 3: _____

*Please provide 3 choices of Login I.D. In the case the first choice is not accepted the Bank will advise which alternative Account User Login I.D. is to be used. Please keep a record of your choices for future reference)

7. Telephone identification codeword: _____

(You may be required to quote this security codeword when contacting the Bank by Telephone regarding e-Banking. Please keep this codeword secure and confidential)

8. Account User contact information:

E-mail: _____

Telephone no: + (/) _____

PASSWORD MAILING OPTIONS

9. By post By courier* Contact no. for courier: + (/) _____ Collect at Branch

*Dispatch by courier is offered subject to the charges described in the Bank's Tariff from time to time)

10. Password mailing address:

Number and Street: _____

Town/City: _____ Area/State: _____

Postal code: _____ Country: _____

ACCOUNT USER RIGHTS

11. Access rights:

View only **OR**

View and transaction input

User type: (Select one)	Transaction limit: (USD equivalent)	No. of authorisations required:
<input type="checkbox"/> Input only	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Authorise only*	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	Not applicable
<input type="checkbox"/> Full access*	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	Not applicable

*(Available for Authorised Signatory(ies) only)

12. Account rights:

Account User can access **all** current and future bank/card Accounts linked to the Client's CIF **OR**

Selected Accounts (indicated below)

Currency:	Account / Card number:

I/We agree that I/we have received, read, understood and agree to be bound by the e-Banking Special Conditions to which this application and this service are subject in addition to the Bank's General Conditions and any other applicable terms and conditions in relation to products and services provided to the Account holder by the Bank.

Signed by the Account holder(s)/Authorised Signatory(ies) of the Account:

<p>Name: _____</p> <p>Signature: _____</p> <p>Date: (dd/mm/yy) (/ /)</p>	<p>Name: _____</p> <p>Signature: _____</p> <p>Date: (dd/mm/yy) (/ /)</p>
--	--

In the case of a joint account all Account holders must sign this form (irrespective of whether both Account holders require access). It is not possible for joint Account holders to provide for Account Users of the e-Banking service to act jointly. Only Account holders may be appointed as Account Users. Capitalised terms shall have the meaning given to them in the e-Banking Special Conditions.

Form 220B (Rev 02/10)

