

Customer Information	Date	
Customer Number	New Customer Existing Customer	
Name of Entity		
Taxpayer Identification Number (TIN)		
Type of Entity		
Select Type: Corporation	Sole Proprietor	Partnership
Government		Church
Embassy / Consulate	/ Diplomatic Organizations	Trust
Other Please spec	ify	
Address of Entity (registered address or	principal place of business)	
Correspondence Address of Entity	(if different)	
Email Address		
Nature of Business/Activities		
Tax Certification by Customer		
By signing below, I/we authorize the Tax purposes.	Identification Number (TIN) shown on this documer	nt to be used for tax reporting
Under penalties of perjury, I/we certify that. The number shown on this document		
2. The Entity is: not subject to back	cup withholding	
exempt from back	up withholding	
subject to backup	withholding	



Account Informati	ion							
Account Number		Branch						
Account Type						(e.g. Check	ing, Certificate of D	eposit)
Account Name								
Certificate of Depo If the account describe future Certificate of De	ed above is a Certif							ditionally to a
Services Required	Internet	t banking f	acilities		Che	eck Book	DiskPay	EBiz
Documents provid	led by Custome	r(s)						
Articles of Incorpor	ration				Tru	ıst Deed		
Business License					Par	tnership Agree	ment	
Documents authori open accounts and					Wr	itten constitution	on, rules and by I	aws
Other documents (please specify)							
of the Customer for 3. I/we represent and governing instrumer in all dealings, matter Authorized Signate	notify that it was r nts OR I/we have a ers and transaction	opened wi resolved in authorized ns (includi	th the Bai accordar for the a ng withdr	nk at its nce with uthorized awals) in	branch the Cus d signat n respec	L tomer's articles ories indicated	of incorporation below to act fully	
Authorized Sign Last name	atory 1			Auth Last r		Signatory 2		
Given names				Giver	names			
Office/Title				Office	/Title			
Signature				Signa	ture			
Bank use only Signatory Customer Social Security Num				Signat	J	nly omer Number (SSN)		
					,			
ID check complete/\	verified 🗀			ID che	ck comp	lete/verified		



Authorized Signatories (i.e. all persons authorized to act on the account) (cont.)

Authorized Signatory 3 Last name	Authorized Signatory 4 Last name
Given names	Given names
Office/Title	Office/Title
Signature	Signature
Bank use only Signatory Customer Number	Bank use only Signatory Customer Number
Social Security Number (SSN)	Social Security Number (SSN)
ID check complete/verified	ID check complete/verified
Authorized Signatory 5 Last name	Authorized Signatory 6 Last name
	Authorized Signatory 6 Last name Given names
Last name	Last name
Last name	Last name
Given names	Given names
Given names Office/Title	Given names Office/Title
Given names Office/Title	Given names Office/Title
Given names Office/Title Signature Bank use only	Given names Office/Title Signature Bank use only

- 4. I/we agree to be bound by this authority and the terms and conditions of the agreement and disclosures which govern the account listed in this document as amended and notified by the Bank from time to time.
- 5. This authority is to remain in force and the Bank may rely on this authority in all dealings, matters and transactions between me/us and the Bank in respect of the account, subject to any changes to the authority notified to the Bank in writing by me/us, or until written revocation of the authority by me/us is given to the Bank.
- 6. All previous authorities relating to the matters mentioned above are hereby superseded except as regards to any liabilities not yet determined and instruments drawn or executed thereunder but not yet presented and/or paid.



- 7. In the case of a partnership or joint trustee account, I/we declare that we shall be jointly and severally responsible to the Bank for any liability incurred or to be incurred in respect of or arising from the abovementioned account or any of the documents, acts, matters and things herein mentioned and such liability shall be payable to the Bank on written demand. If any one of us dies, the Bank will treat the balance of the account as owned by the surviving account holder(s), unless the Bank is required or permitted to do otherwise by law. Further this authority shall bind our respective executors, administrators, legal personal representatives and all persons, claiming from or under us as to all documents, acts, matters and things done or executed under this authority before the Bank receives notice revoking this authority.
- 8. In the case of a corporation or other business, I/we declare that:
 - (a) the Customer is currently transacting business, is solvent, and is not in the process of being liquidated or dissolved;
 - (b) until written notice to the contrary is given to the Bank by the Board of Directors or the equivalent governing body of the Customer, the Bank be authorized to take lawful instructions from the authorized signatories of the Customer to open further accounts in any permitted currency in the name of the Customer;
 - (c) that the Bank be authorized to honor and comply with any instructions signed by the authorized signatories and such instructions duly signed by the authorized signatories shall be a sufficient authority and legally bind the Customer in all dealings, matters and transactions with the Bank, and the Customer is legally liable for all such instructions given by the authorized signatories.
 - (d) a copy of this authorization signed by an authorized representative of the Customer with the official seal of the Customer affixed (if applicable), shall as between the Bank and the Customer be conclusive evidence of the instructions and the Customer's acceptance of the terms and conditions set out in this authority.
- 9. All information on this form and any identification document provided with this document is true and correct.
- 10. I/we have read, understood and agree to the matters specified in this declaration.

Where this declaration is signed by two or more people, it is given by each individually.

Authorizing Officers

e=g				
Authorizing Officer 1 Last name	Authorizing Officer 2 Last name			
Given names	Given names			
Office/Title	Office/Title			
Signature	Signature			
Bank use only	Bank use only			
Signatory Customer Number	Signatory Customer Number			
Social Security Number (SSN)	Social Security Number (SSN)			
Tax Identification Number (TIN)	Tax Identification Number (TIN)			
ID check complete/verified	ID check complete/verified			

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Authorizing Officer 3 Last name	Authorizing Officer 4 Last name
Given names	Given names
Office/Title	Office/Title
Signature	Signature
Bank use only Signatory Customer Number	Bank use only Signatory Customer Number
Social Security Number (SSN)	Social Security Number (SSN)
Tax Identification Number (TIN)	Tax Identification Number (TIN)
ID check complete/verified	ID check complete/verified
Authorizing Officer 5 Last name Given names	Authorizing Officer 6 Last name Given names
Office/Title	Office/Title
Signature	Signature
Bank use only Signatory Customer Number	Bank use only Signatory Customer Number
Social Security Number (SSN)	Social Security Number (SSN)
Tax Identification Number (TIN)	Tax Identification Number (TIN)
ID check complete/verified	ID check complete/verified

Form completed by Forwarded to EBS by FBS

Date received Input by Checked by Date

Customer Registration Number (CRN)

Date