

Corporate deposit application form

Bradford & Bingley
International

for companies registered in the Isle of Man, Channel Islands, UK or Ireland

All sections of the form relevant to your client must be completed in order for us to open the account. Please use BLOCK CAPITALS ticking boxes where appropriate. An incomplete form or lack of supporting documentation will lead to a delay in the opening of the account.

Please note: Do not send funds with this application form. We are unable to process funds until we have accepted your application.

1. Account details

I/We apply to open a (type of account)

In the account name of

With an opening balance of

£/US\$/€

Please refer to our account literature for details of minimum opening amounts

The account will be opened by

Cheque (this option is not available for Money Market accounts or accounts not denominated in Sterling)

Transfer from an existing BBI account numbered:

Electronic funds transfer from (name of bank and branch)

on this date

Please pay interest*

Annually

Monthly

*Please refer to the account terms for details

Interest payment instruction

Leave to accumulate in the account

or transfer interest to BBI account no.

Pay to another account name/ref

Account number

Sort Code

IBAN number

CHAPS or SWIFT code

Full name and address of bank

2. Compulsory information

To enable us to meet our company policies and standards we need to be sure we know your current financial circumstances and therefore we must ask the following questions. Failure to answer may result in the refusal of your application.

A. Reason for opening the account: what will the account be used for?

B. Frequency: how often will the account be used?

Weekly Monthly Quarterly Annually

C. Sum of the deposits and withdrawals expected through the account each year

Under 10,000 10,000 - 25,000 25,000 - 50,000 50,000 - 100,000 100,000 - 250,000 +

D. Please provide an estimate of the number of transactions on this account over a year*

1 - 5 6 - 15 16 - 25 26 or more *Excludes interest payments

E. With the exception of the Trustees, Settlor(s), beneficiary(s) countries of residence, do you expect to receive or make payments to/from the following destinations? (Please tick as applicable).

Isle of Man Channel Islands UK EU countries North America
 Africa Middle East Far East Australasia N/A

F. If you are not an Isle of Man Company, why have you chosen to operate an offshore account?

G. Please provide specific information and supporting documentation about how and when wealth was generated e.g. if savings, over how many years was the money saved and from what sources? If the money is from an inheritance, from whom was it inherited? If from the sale of a property or business which property or business was sold?

H. Please provide us with any additional information regarding possible future debit/credit transactions as this may prevent the need to contact you for further information.

3. Company details

| | | | | | | | | |
|--|--------------------------------------|--|---|---|--------------------------------|--------------------------------|--------------------------|----------------------|
| Company name and/or Trading name (if applicable) | <input type="text"/> | | | <input type="text"/> | | | | |
| Country of registration | <input type="checkbox"/> Isle of Man | <input type="checkbox"/> Channel Islands | <input type="checkbox"/> UK | <input type="checkbox"/> Ireland | | | | |
| Business type | <input type="checkbox"/> Investment | <input type="checkbox"/> Trading | <input type="checkbox"/> Other (please specify) | <input type="text"/> | | | | |
| Date of incorporation | <input type="text" value="D"/> | <input type="text" value="D"/> | <input type="text" value="M"/> | <input type="text" value="M"/> | <input type="text" value="Y"/> | <input type="text" value="Y"/> | Company registration no. | <input type="text"/> |
| Tax residence | <input type="text"/> | | | (If different to country of registration) | | | | |
| Business address and postcode (we will send all correspondence here unless otherwise instructed) | <input type="text"/> | | | | | | <input type="text"/> | |
| Telephone number (inc. area code) | <input type="text"/> | | Fax number (inc. area code) | <input type="text"/> | | | | |
| Website address | <input type="text"/> | | Email address | <input type="text"/> | | | | |
| Registered Office address (if different to business address) | <input type="text"/> | | | | | | <input type="text"/> | |
| Nature of business (main business activity & geographical sphere) | <input type="text"/> | | | | | | <input type="text"/> | |
| Is the Company Regulated? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | |
| Name of Regulator (if appropriate) | <input type="text"/> | | License Number | <input type="text"/> | | | | |

4. Account operation - please tell us who you would like to operate the account

| | | | | | |
|---|--------------------------|---|--------------------------|-------------------|--------------------------|
| I/We agree that BBI is authorised to accept verbal telephone instructions for operating the account from any person(s) listed below | <input type="checkbox"/> | OR see the attached mandate (please tick if applicable) | <input type="checkbox"/> | | |
| I/We agree that BBI is authorised to accept written instructions for operating the account using the combination of signatures as set out below | <input type="checkbox"/> | OR see the attached mandate (please tick if applicable) | <input type="checkbox"/> | | |
| Any of our signatures | <input type="checkbox"/> | All of our signatures | <input type="checkbox"/> | Other combination | <input type="checkbox"/> |
| If 'Other' please state from names below | <input type="text"/> | | | | |
| Name and position | <input type="text"/> | Signature | <input type="text"/> | | |
| | <input type="text"/> | | | | |
| Name and position | <input type="text"/> | Signature | <input type="text"/> | | |
| | <input type="text"/> | | | | |
| Name and position | <input type="text"/> | Signature | <input type="text"/> | | |
| | <input type="text"/> | | | | |
| Name and position | <input type="text"/> | Signature | <input type="text"/> | | |
| | <input type="text"/> | | | | |

Please note:

If you wish to change the operating instruction on this account you must inform us in writing in accordance with the mandate for this account.

5. Personal details of the account holder(s) - Directors/Signatories

Any Director/Signatory who will be operating the account must be listed in Section 5 of this application form or on a Signatory Mandate List. If there are more than four Directors/Signatory, please provide a copy of the latest Company Registry Notification.

| | 1st Director/Signatory | 2nd Director/Signatory |
|---|---|---|
| Are you a | <input type="checkbox"/> Director <input type="checkbox"/> Signatory | <input type="checkbox"/> Director <input type="checkbox"/> Signatory |
| | If a shareholder (>25% shareholding) please state the percentage of shares held <input type="text"/> % | If a shareholder (>25% shareholding) please state the percentage of shares held <input type="text"/> % |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First name(s) | <input type="text"/> | <input type="text"/> |
| Surname(s) | <input type="text"/> | <input type="text"/> |
| Maiden name or any other name(s) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| Place of birth | <input type="text"/> | <input type="text"/> |
| Dual nationality (if applicable) | <input type="text"/> | <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Passport number(s) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Passport country(s) of issue | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Full permanent residential address including postcode (N.B. a PO Box or c/o address is not acceptable as a residential address) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | How many years/months at this address? <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y | How many years/months at this address? <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y |
| Correspondence address (if different from residential address) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Country of tax residence | <input type="text"/> | <input type="text"/> |
| Tax identification no. | <input type="text"/> | <input type="text"/> |
| Home phone number (including area code) | <input type="text"/> | <input type="text"/> |
| Home fax number (including area code) | <input type="text"/> | <input type="text"/> |
| Mobile phone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

5. Continued...

Any Director/Signatory who will be operating the account must be listed in Section 5 of this application form or on a Signatory Mandate List. If there are more than four Directors/Signatories, please provide a copy of the latest Company Registry Notification.

| | 3rd Director/Signatory | 4th Director/Signatory |
|---|---|---|
| Are you a | <input type="checkbox"/> Director <input type="checkbox"/> Signatory | <input type="checkbox"/> Director <input type="checkbox"/> Signatory |
| | If a shareholder (>25% shareholding) please state the percentage of shares held <input type="text"/> % | If a shareholder (>25% shareholding) please state the percentage of shares held <input type="text"/> % |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="text"/> Other |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| First name(s) | <input type="text"/> | <input type="text"/> |
| Surname(s) | <input type="text"/> | <input type="text"/> |
| Maiden name or any other name(s) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| Place of birth | <input type="text"/> | <input type="text"/> |
| Dual nationality (if applicable) | <input type="text"/> | <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Passport number(s) | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Passport country(s) of issue | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| Full permanent residential address including postcode (N.B. a PO Box or c/o address is not acceptable as a residential address) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| | How many years/months at this address? <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y | How many years/months at this address? <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y |
| Correspondence address (if different from residential address) | <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> |
| Country of tax residence | <input type="text"/> | <input type="text"/> |
| Tax identification no. | <input type="text"/> | <input type="text"/> |
| Home phone number (including area code) | <input type="text"/> | <input type="text"/> |
| Home fax number (including area code) | <input type="text"/> | <input type="text"/> |
| Mobile phone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

6. Personal details of the Beneficial owners/Shareholders (if different to directors)

If there are more than four beneficial owners/Shareholders please provide name and address details of those holding an interest of 25% or more.

Are you a?

Beneficial owner Shareholder

Percentage of shares you hold

%

Title

Mr Mrs Ms
 Miss Other

Gender

Male Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Place of birth

Dual nationality (if applicable)

Nationality

Passport number(s)

Passport country(s) of issue

Full permanent residential address including postcode (N.B. a PO Box or c/o address is not acceptable as a residential address)

How many years/months at this address?

Correspondence address (if different from residential address)

Country of tax residence

Tax identification no.

Home phone number (including area code)

Home fax number (including area code)

Mobile phone number

Email address

2nd Beneficial owner/Shareholder

Beneficial owner Shareholder

%

Mr Mrs Ms
 Miss Other

Male Female

How many years/months at this address?

6. Continued...

If there are more than four beneficial owners/Shareholders please provide name and address details of those holding an interest of 25% or more.

3rd Beneficial owner/Shareholder

Are you a?

Beneficial owner Shareholder

Percentage of shares you hold

%

Title

Mr Mrs Ms
 Miss Other

Gender

Male Female

First name(s)

Surname(s)

Maiden name or any other name(s)

Date of birth

Place of birth

Dual nationality (if applicable)

Nationality

Passport number(s)

Passport country(s) of issue

Full permanent residential address including postcode (N.B. a PO Box or c/o address is not acceptable as a residential address)

How many years/months at this address?

Correspondence address (if different from residential address)

Country of tax residence

Tax identification no.

Home phone number (including area code)

Home fax number (including area code)

Mobile phone number

Email address

4th Beneficial owner/Shareholder

Beneficial owner Shareholder

%

Mr Mrs Ms

Miss Other

Male Female

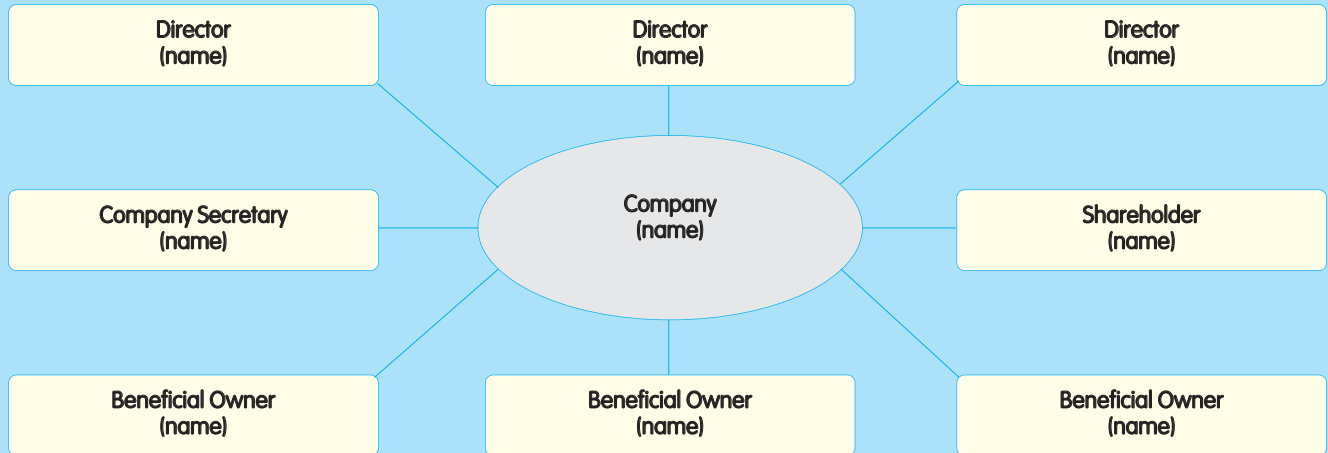
How many years/months at this address?

7. Structure Chart

A structure chart depicting the ultimate beneficial owner(s) and the relationship with their representatives must be provided.

If a structure chart cannot be attached, please use the space below to outline one.

Example of a trust chart



For a company structure, please provide a chart showing the company and any shareholders with a 25% (or higher) holding.

10. Checklists

a. Checklist for Company documentation

Please use this checklist to make sure you are sending the correct documents required to open an account. An incomplete form or lack of supporting documentation may prevent us from opening your account. If you are unsure about any of the requirements for opening a company account then please contact us.

- Complete the application form in full and ensure that the Declaration has been signed.
- Collate the relevant documentation listed below relating to the account.
 - Signed section 9, authorising the opening of the account.
 - List of authorised signatories (where applicable).
 - A certified copy of the Certificate of Incorporation.
 - Evidence of the identity of at least two account signatories and, where different, two directors. Of these one must be an executive director. Evidence must be in the form of originally certified copies of a passport and recent utility bill/bank statement, dated within the last 3 months and in accordance with the guidelines overleaf.
 - Evidence of the identity of each of the beneficial owners/shareholders. (i.e. any individual who ultimately owns or controls the customer, or on whose behalf a transaction or activity is being conducted. For legal persons not listed on a recognised stock exchange, this includes (but is not restricted to) any individual who ultimately owns or controls (whether directly or indirectly) more than 25% of the shares of voting rights in the legal person. For all legal persons this includes any individual who otherwise exercises control over the management of the legal person e.g. persons with less than 25% of the shares or voting rights but who nevertheless hold a controlling interest.) Evidence must be in the form of originally certified copies of a passport and recent utility bill/bank statement, dated within the last 3 months and in accordance with the guidelines overleaf. If the company has numerous shareholders, please contact us for additional guidance.
 - A copy of the Company's most up to date report and accounts.
 - Copies of any Power of Attorney or authorities affecting the operation of the account.
 - Original** or clearly legible **photocopy** of the source of wealth. Please see the 'Documents you will need to provide' guide in section 11C for details of what is acceptable as proof of wealth. Source of wealth is distinct from source of funds and describes the origins of a Company's financial standing or total net worth i.e. those activities which have generated a Company's funds and property.

b. Check list for named individuals

Please use this checklist to make sure you are sending the correct documents required to provide evidence of the identity of at least two account signatories and, where different, two directors.

- Fully completed application form. Please ensure that all sections are completed.
- Correctly certified proof of I.D. for each party. Please see the 'Documents you need to provide' guide in section 11A for details of who is eligible to certify your documents.
- Original or certified copy of permanent residential address (in English and no more than 3 months old). Please see the 'Documents you will need to provide' guide in section 11B for details of what is acceptable as proof of address.

Important Notes

1. Once BBI has reviewed your application, we may ask for further information or supporting documentation.
2. No funds will be accepted until after you have received confirmation from us that your account is open.
3. Please retain our Terms and Conditions for your records.

If you need any help completing this application form please contact us on: +44 (0) 1624 695000, 9am to 5pm (Isle of Man time), Monday to Friday. Alternatively, you can email your query to us at: enquiries@bbi.co.im

11. Documents you will need to provide - continued

SECTION D - details of certifier - this section must be completed and returned with your identification documents

| | | | |
|---|-------------------------------|---------------------------------|---------------------------------|
| Full name | <input type="text"/> | | |
| Gender | <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="text"/> Profession |
| Title or position | <input type="text"/> | | |
| Professional body & qualifications (where applicable) | <input type="text"/> | | |
| Name & address of certifier's employer | <input type="text"/> | | |
| Employer's telephone number | <input type="text"/> | Fax no. | <input type="text"/> |
| Email address | <input type="text"/> | | |
| Website address | <input type="text"/> | | |

SECTION E - certifier's check-list

The certified photocopy of the applicant's passport should include:

1. Clearly legible photograph of the applicant
2. Date and place of birth clearly shown
3. Passport must be valid (not out of date)
4. Passport holder's signature
5. Nationality of the passport holder.

The certified photocopy of the applicant's proof of residential address should include:

1. Name and address of applicant
2. Date of the document, which should not be more than 3 months old.

Please note: where the proof of address is issued in a language other than English it must be supported by a full English translation, which should also be certified.



I certify that I have seen the original document and this copy is a complete and accurate copy of the original. Where the document contains a photograph, the photograph contained in the document certified bears a true likeness to the person requesting this certification.

Signed: Elisabeth V Perroni June 2009
 Elisabeth V Perroni
 Managing Director
 The City Bank
 299 Central Boulevard
 Perth Western Australia 6000
 Tel 0091 5 963901

ELISABETH V. PERRONI
 THE CITY BANK
 PERTH
 WESTERN AUSTRALIA

Examples of required certification wording showing certifier's signature and stamp

01 June 2009

I certify that I have seen the original document and this copy is a complete and accurate copy of the original. Where the document contains a photograph, the photograph contained in the document certified bears a true likeness to the person requesting this certification.

Signed

Elisabeth V. Perroni

ELISABETH V.PERRONI
 Managing Director
 The City Bank, 299 Central Boulevard, Perth, Western Australia 6000
 Tel 00 91 5 963901.

ELISABETH V. PERRONI
 THE CITY BANK
 PERTH
 WESTERN AUSTRALIA