

Account Opening Application: Corporation



I/We require the following account and/or services:-

DEMAND DEPOSIT OPERATING ACCOUNT:

USD GBP CAD EURO

CLASSIC SAVINGS ACCOUNT:

USD GBP CAD EURO

GOLD BOND CERTIFICATE OF DEPOSIT:

USD GBP CAD EURO

**PIN CODE/PASSWORD (Telephone Account(s) Enquiry)
(Please complete when mailing original application)**

(Four to six characters: letters, numbers or combination of both)

I/We, the authorized signatory (ies) of this account have received, read, understood and accepted the Terms and Conditions of the Customer Agreement in the "Leading The Way In International Banking" Brochure. I/We agree to be bound thereby, and acknowledge that same may be amended by you from time to time.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Name of Corporation ("the Company"): _____

Physical Address: of Company: _____

Jurisdiction of Incorporation: _____

ACCOUNT CONTACT DETAILS

Mailing Address (if different from above): _____

Tel: _____ Fax: _____

E-mail: _____

Web-site: _____

Beneficial Owner(s) of Corporation: _____

Beneficial Owner #1—Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Beneficial Owner #2 - Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Beneficial Owner #3 - Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Authorised Signatory #1—Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Authorised Signatory #2 - Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

Authorised Signatory #3 - Surname and First Names:

Residential Address: _____

Tel: _____ Fax: _____

E-mail: _____

Occupation: _____

Passport Number _____ Expiration Date _____

Country of Residence _____ Date of Birth _____

Are you a U.S. National? Yes No

If yes, please provide a copy of your U.S. Passport or Green Card as appropriate

Tax Identification/Social Security Number _____

Please list **ALL** countries of Citizenship (if different from above)
(Please provide copies of related Passport(s) or other form of Citizenship). If none, please state.

***Make additional copies of this page if Authorised Signatories are more than three (3) persons.**

RESOLUTION OF BOARD OF DIRECTORS TO CONDUCT BANKING BUSINESS (Appointment of Banker's Mandate)

At a meeting of the Board of Directors of _____

whose registered office is at _____

held the _____ day of _____

20_____.

It was **RESOLVED**:

That GLOBAL BANK OF COMMERCE LTD. be appointed/continue as the Bankers of the Company.

That regarding the Company's account(s) the said Bank are hereby authorised and requested:-

1. To honour and comply with all cheques drafts bills of exchange promissory notes acceptances negotiable instruments and orders expressed to be drawn accepted made or given on behalf of this Company at any time or times whether the banking account or accounts of this Company are overdrawn or any overdraft is increased by any payment thereof or in relation thereto or are in credit or otherwise but without prejudice to the Bank's right to refuse to allow any overdraft or increase of overdraft.
2. In the event of the said account becoming overdrawn at any time we hereby agree that you shall be entitled to charge compound interest on the sum by which the said account is overdrawn calculated on daffy balances with monthly rate and that the rate of interest charged from time to time shall be at your sole discretion. You shall not be bound to notify us in advance of any change in the rate of interest but on receipt of a written request from us you shall be obliged to specify the rate of interest being charged at the time of such request.
3. To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by the Bank on behalf of the Company; to hold the Company liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions.

Provided any such cheques, drafts, bills of exchange, promissory notes, acceptances negotiable instruments orders, instructions agreements and indemnities are signed by the persons holding the undermentioned offices for the time being.* **(Specify signing Authority - singly, jointly or otherwise) - tick as appropriate**

Singly **Jointly** **Otherwise**

(Specify Name of Person and Position)

(Specify Name of Person and Position)

(Specify Name of Person and Position)

4. To treat all cheques, drafts, bills of exchange, promissory notes, acceptances negotiable instruments and orders, as being endorsed on behalf of the Company and to discount or otherwise deal with them provided such endorsements purport to be signed by*

(Specify Name of Person and Position)

(Specify Name of Person and Position)

(Specify Name of Person and Position)

5. To cancel all existing mandates (if any) in force at the date hereof with regard to the Company's said Account(s) which Mandates are hereby terminated.

Provided that all authorities, instructions, instruments and transaction authenticated in accordance with any existing Mandate and purporting to have been given, made issued or entered into prior to receipt by GLOBAL BANK OF COMMERCE, LTD. of notice of this resolution shall have effect as between the company and as though this resolution had never been passed.

That a list of the names and specimen signatures of the persons at present authorised to sign under this resolution be furnished to the Bank.

That the foregoing mandate and list of names remain in force until receipt by the said Bank of a duly certified copy of a resolution rescinding or amending the same.

We hereby certify the above to be a true copy from the Minutes.

Signed by:

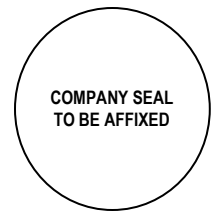
Chairman/Director _____

Corporate Secretary/Director _____

Date: _____

THE POSITION OCCUPIED BY EACH SIGNATORY, (I.E. DIRECTOR, SECRETARY, ETC.), SHOULD BE STATED AFTER THEIR NAME BEFORE EACH SPECIMEN OF SIGNATURE.

Turn to next page. (Please print clearly - Use Black Ball Point Pen for signature and sign inside and away from the edges of the box)



Name of Signatory #1
Signature #1

Position held

Name of Signatory #2
Signature #2

Position held

Name of Signatory #3
Signature #3

Position held

FOR BANK USE ONLY:

ACCOUNT NUMBER (To be assigned by the Bank): _____

Account Type/Currency: _____

Date Account Opened: _____

Relationship Officer: _____