

Date

Branch Code

CIF

Business Name

Account Number

PART 1 - DECLARATION AND CONSENT OF SIGNATORIES

By signing below, each Authorised Signatory authorises and consents to the BRED Bank Vanuatu ("Bank") obtaining personal information about him or her to verify his or her personal details in the application in accordance with the laws of Vanuatu. This authority to operate supersedes all previous authorities given by me/us with exception of any outstanding liability and instruments executed under previous authorities for which I/we remain liable. A new authority varying the Authorised Signatories shall not be effective until the original form of that authority with necessary verifiable identification and approved identification are received by the Bank with which my/our account is held.

- 1) I/We and all Authorised Signatories and subsequent Authorised Signatories shall be bound and agree to the Terms and Conditions as amended from time to time and I/we further agree that the Bank reserves the right to change the terms & condition, interest rates, product features at any given time. It may do so in compliance to current regulatory disclosure requirements. Any change may be communicated either directly with me/us, Bank branches displays, Bank website or Facebook or via media advertisement.
- 2) I/We understand and acknowledge that my/our relationship dealings with the Bank will be subject to the requirements of the local Laws, I/we authorize the Bank to confidentially disclose my/our personal details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements. Similarly, I/we understand and acknowledge that my/our relationship dealings with the Bank will be subject to the requirements of the French and European Laws and as such, I/we authorize the Bank to confidentially disclose my/our personal details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements.
- 3) I/We are aware that my/our account transactional conduct will be expected to be within, or in general agreement with my/our declared entity's financial capacity and in accordance to its ethical and acceptable activity(s).
- 4) I/We further understand and agree that the Bank will monitor my/our transaction activities and may, from time to time, enquire with me/us or other parties on certain aspects of my/our transactions or account conduct as part of its regulatory anti-money laundering on-going monitoring compliance controls. I/We agree to maintain an active account conduct, without which, resulting in an overdrawn status, the Bank may proceed to close the account without further notice.
- 5) I/We acknowledge and agree that Bank reserves the right to open and maintain my/our account.
- 6) I/We agree that I/We declare that the details as shown on this form are complete and correct and will promptly inform the Bank on any changes.

PART 2 - METHOD OF OPERATION (Please choose one of the below options)

The manners in which the authorised signatories are authorised to act on the account are set out in the Terms and Conditions for this account.

- Any of the authorised signatories specified in Part 3 can operate on the above account
- Any two of the authorised signatories specified in Part 3 can operate on the above account
- Others (specify)

PART 3 - PERSONS AUTHORISED TO OPERATE ON THE ACCOUNT

AUTHORISED SIGNATORY 1

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 2

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 3

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 4

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 5

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 6

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

AUTHORISED SIGNATORY 7

Surname

Signature

Given Name

Position

CIF

Country of residence

Nationality

PART 4 - BANK USE ONLY

Stage

Officer Name

Signature

Date

Preparing

Checking &
Authorising