



# IIG Bank (Malta) Ltd

Level 20, Portomaso Business Tower, St. Julians STJ 4011, Malta.  
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## ACCOUNT OPENING FORM – INDIVIDUALS

Date: \_\_\_\_\_

|   |                                     |  |  |
|---|-------------------------------------|--|--|
| Dear Sirs,  |                                     |  |  |
| I, the undersigned, request and authorise IIG Bank (Malta) Ltd ('the <b>Bank</b> ') to open an account or accounts denominated in <input type="checkbox"/> USD / <input type="checkbox"/> EUR / <input type="checkbox"/> GBP / <input type="checkbox"/> |                                     |  |  |
| <input type="checkbox"/> _____ (specify as required), as may from time to time be requested in writing, in the name of:   |                                     |  |  |
| <b>Full Name</b>  |                                     |  |  |
| <b>Title</b>  | <b>Surname</b>                      | <b>First Name</b>                        | <b>Middle Name(s)</b>  |
| _____   | _____                               | _____                                    | _____ (the 'Customer'),  |
| With the following additional details:  |                                     |  |  |
| Permanent Residential Address   |                                     |  |  |
| Town / City   |                                     | Country                                  | Post Code  |
| Tel. No. (Home)   |                                     | Tel. No. (Work)                          | Mobile No.   |
| Fax No.   |                                     | Email                                    |  |
| Correspondence / Mailing Address (if different from above)  |                                     |  |  |
| Town / City   |                                     | Country                                  | Post Code  |
| Date of Birth   |                                     | Town / City & Country of Birth           |  |
| Passport / ID Card / Driving Licence / Residence Card No.   |                                     |  | Marital Status   |
| Date of Issue   |                                     | Place of Issue                           | Expiry Date  |
| Nationality   |                                     | Citizenship                              |  |
| <b>Citizenship Declaration (tick as applicable)</b>   |                                     |  |  |
| <input type="checkbox"/> I hereby declare that I <u>do not hold any other citizenship</u> than the one specified above.   |                                     |  |  |
| <input type="checkbox"/> I hereby declare that I <u>hold more than one citizenship</u> as results from the passport information detailed below.   |                                     |  |  |
| Passport No. _____  |                                     | Passport No. _____                       |  |
| Passport Issuing State _____  |                                     | Passport Issuing State _____             |  |
| Issue Date _____  |                                     | Issue Date _____                         |  |
| Expiry Date _____   |                                     | Expiry Date _____                        |  |
| Jurisdiction of residence for tax purposes  |                                     | Tax Identification No.                   |  |
| <b>Occupation</b>   |                                     |  |  |
| <input type="checkbox"/> Employee (Please indicate name of employer) _____  |                                     |  |  |
| <input type="checkbox"/> Self-employed (Please indicate name of business) _____   |                                     |  |  |
| <input type="checkbox"/> Unemployed <input type="checkbox"/> Pensioner <input type="checkbox"/> Homemaker (Please indicate previous occupation if applicable) _____   |                                     |  |  |
| <b>Source of Wealth Declaration*</b>  |                                     |  |  |
| * Your source of wealth includes all your source(s) of income obtained from employment (salaries), capital (interest or profit), assets (e.g. rental income, investments, etc.), business proceeds or any other revenue.                                |                                     |  |  |
| I hereby declare that my source of wealth derives from: (Please tick and complete all that apply)   |                                     |  |  |
| <input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Assets (property, bonds, equities etc.) – Please specify asset type: _____  |                                     |  |  |
| <input type="checkbox"/> Other – Please specify: _____  |                                     |  |  |
| <b>Gross Annual Income</b>  |                                     |  |  |
| Currency  | <input type="checkbox"/> EUR (€)    | <input type="checkbox"/> USD (\$)        | <input type="checkbox"/> GBP (£) <input type="checkbox"/> Other - Please specify: _____                              |
| Amount  | <input type="checkbox"/> 0 – 25,000 | <input type="checkbox"/> 25,001 – 50,000 | <input type="checkbox"/> 50,001 – 75,000 <input type="checkbox"/> 75,001 – 100,000 <input type="checkbox"/> 100,000+ |
| <b>Additional Information</b>   |                                     |  |  |
| Do you regularly transfer funds from / to the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                     |  |  |

**1. SERVICE REQUEST****Type of Product / Service requested from the Bank:**

Deposits                       International Fund Transfers                       Forward Contracts                       Others: \_\_\_\_\_

**2. INSTRUCTIONS TO THE BANK**

The Bank is hereby instructed and authorised to:

- i) honour and comply with any instructions to withdraw / deposit any and all funds on any account or accounts in the Customer's name;
- ii) honour and debit / credit to the Customer's account or accounts all cheques, drafts, orders to pay, bills of exchange and promissory notes expressed to be drawn, signed, accepted, endorsed or made on behalf of the Customer, whether the Customer's account or accounts is or are in credit or in debit or may become overdrawn in consequence of such debit but without prejudice to the Bank's right to refuse to allow any overdraft or an increase of overdraft beyond any specified limit;
- iii) process facility letters granted by the Bank and approved by the Customer as well as the related security documentation in the form of a pledge agreement duly countersigned by the Customer;
- iv) accept general assignments for and on behalf of the Customer;
- v) honour any instructions to deliver, dispose of or deal in any securities, deeds or documents or other property whatsoever from time to time in the Bank's possession for the Customer's account whether by way of security or safe custody or otherwise;
- vi) act on my instructions with regard to the purchase or sale of any foreign currencies or any securities or documents;
- vii) act upon applications or requests to issue any letter of credit, guarantee, indemnity or counter-indemnity and all related applications or requests;
- viii) arrange for the discounting of any bills endorsed by the Customer; and
- ix) generally to act in accordance with the Customer's requests in relation to its account or accounts as may from time to time be opened.

**PROVIDED THAT:**

Any such instruments, requests or instructions mentioned in 2(i) – 2(ix) above be signed by the following Authorised Account Signatory/ies:

**AUTHORISED ACCOUNT SIGNATORIES\*:** (please mark your choice with an X where appropriate)

|                              |                    |   |                                      |
|------------------------------|--------------------|---|--------------------------------------|
| Name of Authorised Signatory | Specimen Signature | <input type="checkbox"/> Sole Signatory<br><input type="checkbox"/> Joint Signatory | <i>Special Instructions (if any)</i> |
| Name of Authorised Signatory | Specimen Signature | <input type="checkbox"/> Sole Signatory<br><input type="checkbox"/> Joint Signatory | <i>Special Instructions (if any)</i> |

\* Where signatories include third parties who are not the Customer, the Bank would require a notarised Power of Attorney to be executed on the Bank's standard form, which shall be made available by the Bank upon request.

\_\_\_\_\_  
**Signature of Customer / Applicant\***

\* Where the Applicant is signing this form on behalf of the Customer, a notarised Power of Attorney granting such powers to the Applicant is to be provided herewith.

### 3. CORRESPONDENCE INSTRUCTIONS

- a. The Bank is authorised to act upon Customer's written requests or instructions received  **by facsimile**  **by email** (*specify as required*).
- b. When requests or instructions may be received by email, the Bank is authorised to act upon written requests or instructions sent or purported to have been sent from one of the email addresses below.

**Accepted email addresses:**

|               |       |               |       |
|---------------|-------|---------------|-------|
| Email Address | _____ | Email Address | _____ |
| Email Address | _____ | Email Address | _____ |
| Email Address | _____ | Email Address | _____ |
| Email Address | _____ | Email Address | _____ |

- c. The Bank is hereby authorised and instructed to send **advices and statements** (*please select one of the below options*):
- By mail**
- By email to the below email addresses mentioned in point (b.) above** (*Accepted email addresses*). Kindly be informed that email services substitute generation of printed advices and / or statements.

Please select the frequency of statements and also indicate on which day you would like to receive the weekly statement, if applicable:

- On Movement       Daily       Monthly       Quarterly       Semi-Annually       Annually
- Weekly – Working Days:     Monday       Tuesday       Wednesday       Thursday       Friday

*Statements exceeding a monthly frequency may attract a charge as per the Bank's Tariff of Charges.*

- d. The Bank is authorised to send any type of communication to any email address/es specified on this account opening form.

### 4. PRINCIPAL BANKERS

The Bank is authorised to obtain a bank reference about the Customer from the following bank and debit the Customer's account with any fee to cover this service:

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Swift Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

### 5. TAX DECLARATION (*Please tick as appropriate*)

**For Maltese residents:**

I hereby declare that I am a Maltese resident and I hereby instruct the Bank to pay any interest to me, at the discretion of the Bank:

- With the deduction of the final withholding tax; or
- Without any deduction of withholding taxes.

**For non-residents:**

I hereby declare that I am not ordinarily resident in Malta and therefore I hereby instruct the Bank to pay any interest to me, at the discretion of the Bank without any deduction of withholding taxes.

## 6. POLITICALLY EXPOSED PERSONS\* (PEP) DECLARATION (Please tick and complete all that apply)

I hereby declare that I am not a Politically Exposed Person, nor am I related to or closely associated with a Politically Exposed Person.

I hereby declare that I am a Politically Exposed Person or I am related to, or closely associated with, a Politically Exposed Person.

Name of the Politically Exposed Person: \_\_\_\_\_

Current / past public position: \_\_\_\_\_

Relation to / association with PEP: \_\_\_\_\_

\*The term 'Politically Exposed Persons' means natural persons who are or have been entrusted with prominent public functions and shall include their family members or persons known to be close associates of such persons, but shall not include middle ranking or more junior officials.

The term 'natural persons who are or have been entrusted with prominent public functions' shall include:

- (a) Heads of State, Heads of Government, Ministers, Deputy or Assistant Ministers, and Parliamentary Secretaries;
- (b) Members of Parliament or similar legislative bodies;
- (c) Members of the governing bodies of political parties;
- (d) Members of superior, supreme and constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
- (e) Members of courts of auditors or of the boards of central banks;
- (f) Ambassadors, *charge d'affaires* and high-ranking officers in the armed forces;
- (g) Members of the administrative, management or supervisory boards of State-owned enterprises;
- (h) Anyone exercising a function equivalent to those set out in paragraphs (a) to (f) within an institution of the European Union or any other international body;
- (i) Directors, deputy directors and members of the board or equivalent function of an international organisation.

The term 'family members' of PEPs shall include:

- (a) the spouse, or a person considered to be equivalent to a spouse;
- (b) the children and their spouses, or persons considered to be equivalent to a spouse; and
- (c) the parents.

The term 'persons known to be close associates', shall include:

- (a) a natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement or any other close business relations with that PEP;
- (b) a natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that PEP.

Where a person has ceased to be entrusted with a prominent public function as stated above for a period of at least 12 months, such person shall no longer be considered as a PEP.

## 7. DECLARATION

The Customer hereby confirms that it has received and read a copy of IIG Bank (Malta) Ltd (the 'Bank') General Terms and Conditions of Business (the 'General Terms') together with the Bank's Privacy Notice (which is annexed to and constitutes an integral part of the General Terms) and it also agrees to be bound by these General Terms as they may be amended from time to time, in its relationship with the Bank. By signing, the Customer also warrants that it has read the contents of the Privacy Notice, and fully understands that the Bank will process its personal data in accordance with that same Privacy Notice.

The Customer also confirms that a copy of the Depositor Compensation Scheme Information Sheet (including Exclusions List) has been provided to it prior to or at the time of signing this application form. The Customer also specifically agrees and confirms that the Bank shall be entitled to disclose information relating to or pertaining to the Applicant in accordance with the General Terms or as otherwise permissible or required by law.

The Customer further declares, confirms and agrees:

- (a) That all the particulars and information given in this application form and in other ancillary documentation are true, correct, complete and up to date in all respects and that no information has been withheld;
- (b) That no criminal proceedings in any jurisdiction are in force or threatened to be enforced against the Customer;
- (c) That the Customer has not undergone any bankruptcy or similar proceedings and that no bankruptcy application or an application for similar proceedings has been made or is threatened to be made in relation to the Customer, in any jurisdiction;

## 7. DECLARATION (cont.)

- (d) That the Customer has not, at any time, defaulted under any loan or other credit facility obtained from any person;
- (e) That the provision of any false or misleading information or the suppression of any material fact will render the Customer's account liable for termination and further action;
- (f) To indemnify the Bank and its successors or assigns, if any representation or declaration made hereunder or in any other ancillary document is incorrect, false, or misleading in any way;
- (g) To forthwith provide the Bank with up-to-date information and documents as may be required by the Bank from time to time in order for the Bank to comply with its anti-money laundering and anti-terrorist financing obligations;
- (h) To forthwith notify the Bank of any changes / updates made to any of the documents being submitted with this application form and to furnish to the Bank a copy of such documents as amended;
- (i) To furnish to the Bank such documents and particulars as may be reasonably requested by the Bank from time to time.

## 8. SIGNATURES

Signature of Customer / Applicant\*: \_\_\_\_\_

Name in Full: \_\_\_\_\_

*\* Where the Applicant is signing this form on behalf of the Customer, a notarised Power of Attorney granting such powers to the Applicant is to be provided herewith.*

**Signatures verified by:** *(Signatories to be verified when application is not completed in the presence of an IIG representative)*

\_\_\_\_\_  
*Signature of Certifier\*\**

\_\_\_\_\_  
*Name of Certifier*

\_\_\_\_\_  
*Stamp of Certifier*

*\*\* A 'Suitable Certifier' may be a legal professional, a notary public, an accountancy professional or a bank official.*

## 9. SUPPORTING DOCUMENTATION CHECK LIST

To open your account either visit our offices, where we will be pleased to complete your account application form, or download and print the application form available on our website and send it to us complete with original signature(s) together with the requisite additional documents required (please see below).

**Where copies of the required documents are being submitted, these should be copies of the originals which have been inspected and verified as such by a suitable certifier.\* Please ensure that the copies are clear and all relevant details are plainly visible and legible. The certifier should authenticate each document by including the following written statement: 'I certify that this document is a true copy of the original document which has been seen and verified by me, the undersigned.' If the document bears a photograph, then the certifier should add the following wording: 'The photo is a true likeness of [insert full name and surname of the document holder].' The certifier must then sign and date each copy (indicating his / her name clearly beneath his / her signature) and clearly indicate his / her profession, designation or capacity and his / her contact details, preferably by affixing his / her professional or company stamp. The certifier should also verify your signature in Section 8 above.**

## 10. LIST OF DOCUMENTATION REQUIRED

- Original or certified true copy of a valid and unexpired Identification Document (i.e. a valid passport / I D Card / residence card / driving licence) of the Customer and any Applicant (where applicable)
- Original or certified true copy of the Verification Document of Residential Address which must be not more than 6 months old (i.e. a utility bill or a bank statement) of the Customer and any Applicant (where applicable)