



# IIG Bank (Malta) Ltd

Level 20, Portomaso Business Tower, St. Julians STJ 4011, Malta.  
Tel: +356-22484500 Fax: +356-22484525 SWIFT: IIGBMTMT www.iigbank-malta.com

## AMENDMENT FORM – ENTITY

Suitable for Corporate Bodies / Business Organizations / Government Entities / Charities / Clubs / Associations / Foundations

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

Dear Sirs,

Re, \_\_\_\_\_ (the 'Applicant'), Account Opening Form  
dated \_\_\_\_\_ (the 'Account Opening Form').

We refer to the Account Opening Form and hereby confirm that since the date the Account Opening Form has been signed and submitted to IIG Bank (Malta) Ltd (the 'Bank'), certain amendments have become necessary. We therefore hereby request that the Account Opening Form be amended for the sections indicated below.

**(Fill in only where changes are necessary)**  
Official Full Name of Applicant:

Registered Office Address:

Correspondence / Mailing Address:

Applicant's Registration No.:	Tax Registration No. (if applicable):
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Fixed Line Tel. No.:	Mobile No.:
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Fax No.:	Email Contact:
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**Additional Information: (Fill in only where changes are necessary)**

Does the Entity have any U.S. Registration? Yes  No

Is the Entity subject to any U.S. Tax? Yes  No

Does the Entity regularly transfer funds from / to the U.S.? Yes  No

**1. CHANGES IN DIRECTORS / ADMINISTRATORS**  
*Changes in Directors, Partners, Founders, Administrators and any other persons vested with the administration of the entity*

**NEW DIRECTORS / ADMINISTRATORS\*:**

a.	Full Name (Surname, First Name, Middle Names for Individuals / Full Registration Name for Corporates)		Title**
	Position held in entity		Telephone Number / Mobile No.
	Permanent Residential / Registered Address		
	Town / City	Country	Post Code
	Date of Birth / Registration (DD/MM/YYYY)	Town / City & Country of Birth / Country of Registration	Marital Status**
	Nationality**		Citizenship**
	Passport / ID Card / Driving Licence / Residence Card / Registration Number	Date and Place of Issue**	Expiry Date**
	Tax Identification Number***		Jurisdiction of residence for tax purposes***

**1. CHANGES IN DIRECTORS / ADMINISTRATORS (cont.)***Changes in Directors, Partners, Founders, Administrators and any other persons vested with the administration of the entity***NEW DIRECTORS / ADMINISTRATORS\*:**

b.	Full Name ( <i>Surname, First Name, Middle Names for Individuals / Full Registration Name for Corporates</i> )		Title**
	Position held in entity		Telephone Number / Mobile No.
	Permanent Residential / Registered Address		
	Town / City	Country	Post Code
	Date of Birth / Registration ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth / Country of Registration	Marital Status**
	Nationality**		Citizenship**
	Passport / ID Card / Driving Licence / Residence Card / Registration Number	Date and Place of Issue**	Expiry Date**
	Tax Identification Number***		Jurisdiction of residence for tax purposes***

c.	Full Name ( <i>Surname, First Name, Middle Names for Individuals / Full Registration Name for Corporates</i> )		Title**
	Position held in entity		Telephone Number / Mobile No.
	Permanent Residential / Registered Address		
	Town / City	Country	Post Code
	Date of Birth / Registration ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth / Country of Registration	Marital Status**
	Nationality**		Citizenship**
	Passport / ID Card / Driving Licence / Residence Card / Registration Number	Date and Place of Issue**	Expiry Date**
	Tax Identification Number***		Jurisdiction of residence for tax purposes***

d.	Full Name ( <i>Surname, First Name, Middle Names for Individuals / Full Registration Name for Corporates</i> )		Title**
	Position held in entity		Telephone Number / Mobile No.
	Permanent Residential / Registered Address		
	Town / City	Country	Post Code
	Date of Birth / Registration ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth / Country of Registration	Marital Status**
	Nationality**		Citizenship**
	Passport / ID Card / Driving Licence / Residence Card / Registration Number	Date and Place of Issue**	Expiry Date**
	Tax Identification Number***		Jurisdiction of residence for tax purposes***

**1. CHANGES IN DIRECTORS / ADMINISTRATORS (cont.)***Changes in Directors, Partners, Founders, Administrators and any other persons vested with the administration of the entity***RESIGNED DIRECTORS / ADMINISTRATORS:**

a.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
b.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
c.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
d.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number

**\* The information provided herein is to be accompanied by the necessary official documentation, such as an amended Memorandum & Articles of Association / similar constitutive document and / or an updated list of directors / administrators of the Entity. Original or certified true copies of a valid and unexpired Identification Document (i.e. a valid passport / I D Card / residence card / driving licence) and a Residential Address Verification Document (i.e. a utility bill or a bank statement which must be not more than 6 months old) are to be provided for each new director / administrator.**

**\*\* Applicable to individuals**

**\*\*\* Applicable only to individuals considered to be Controlling Persons / Beneficial Owners for CRS / FATCA purposes.**

*(Continue on an additional sheet if necessary)*

**2. CHANGES IN ULTIMATE BENEFICIAL OWNERS**

*Changes in Shareholders / Partners / Beneficiaries and any other natural persons who have an ownership / controlling interest (whether direct or indirect) of at least 10% in the entity*

**NEW ULTIMATE BENEFICIAL OWNERS\*:**

a.	Surname	First Name	Middle Name(s)	Title
Ownership / Controlling Interest Percentage				Telephone Number / Mobile No.
Permanent Residential Address				
Town / City		Country		Post Code
Date of Birth (DD/MM/YYYY)		Town / City & Country of Birth		Marital Status
Passport / ID Card / Driving Licence / Residence Card Number		Date and Place of Issue		Expiry Date
Nationality			Citizenship	
Citizenship Declaration ( <i>Tick as applicable</i> )				
<input type="checkbox"/> I hereby declare that <u>I do not hold any other citizenship</u> than the one specified above.				
<input type="checkbox"/> I hereby declare that <u>I hold more than one citizenship</u> as results from the passport information detailed below.				
Passport No.		Passport No.		
Issue Date		Issue Date		
Expiry Date		Expiry Date		
Passport Issuing State		Passport Issuing State		
Tax Identification Number		Jurisdiction of residence for tax purposes		

b.	Surname	First Name	Middle Name(s)	Title
Ownership / Controlling Interest Percentage				Telephone Number / Mobile No.
Permanent Residential Address				
Town / City		Country		Post Code
Date of Birth (DD/MM/YYYY)		Town / City & Country of Birth		Marital Status
Passport / ID Card / Driving Licence / Residence Card Number		Date and Place of Issue		Expiry Date
Nationality			Citizenship	
Citizenship Declaration ( <i>Tick as applicable</i> )				
<input type="checkbox"/> I hereby declare that <u>I do not hold any other citizenship</u> than the one specified above.				
<input type="checkbox"/> I hereby declare that <u>I hold more than one citizenship</u> as results from the passport information detailed below.				
Passport No.		Passport No.		
Issue Date		Issue Date		
Expiry Date		Expiry Date		
Passport Issuing State		Passport Issuing State		
Tax Identification Number		Jurisdiction of residence for tax purposes		

**2. CHANGES IN ULTIMATE BENEFICIAL OWNERS (cont.)**

Changes in Shareholders / Partners / Beneficiaries and any other natural persons who have an ownership / controlling interest (whether direct or indirect) of at least 10% in the entity

**NEW ULTIMATE BENEFICIAL OWNERS\*:**

c.	Surname		First Name		Middle Name(s)		Title	
	Ownership / Controlling Interest Percentage						Telephone Number / Mobile No.	
	Permanent Residential Address							
	Town / City			Country			Post Code	
	Date of Birth (DD/MM/YYYY)			Town / City & Country of Birth			Marital Status	
	Passport / ID Card / Driving Licence / Residence Card Number			Date and Place of Issue			Expiry Date	
	Nationality				Citizenship			
	Citizenship Declaration (Tick as applicable)							
	<input type="checkbox"/> I hereby declare that I do not hold any other citizenship than the one specified above.							
	<input type="checkbox"/> I hereby declare that I hold more than one citizenship as results from the passport information detailed below.							
	Passport No.				Passport No.			
	Issue Date				Issue Date			
	Expiry Date				Expiry Date			
	Passport Issuing State				Passport Issuing State			
Tax Identification Number				Jurisdiction of residence for tax purposes				

d.	Surname		First Name		Middle Name(s)		Title	
	Ownership / Controlling Interest Percentage						Telephone Number / Mobile No.	
	Permanent Residential Address							
	Town / City			Country			Post Code	
	Date of Birth (DD/MM/YYYY)			Town / City & Country of Birth			Marital Status	
	Passport / ID Card / Driving Licence / Residence Card Number			Date and Place of Issue			Expiry Date	
	Nationality				Citizenship			
	Citizenship Declaration (Tick as applicable)							
	<input type="checkbox"/> I hereby declare that I do not hold any other citizenship than the one specified above.							
	<input type="checkbox"/> I hereby declare that I hold more than one citizenship as results from the passport information detailed below.							
	Passport No.				Passport No.			
	Issue Date				Issue Date			
	Expiry Date				Expiry Date			
	Passport Issuing State				Passport Issuing State			
Tax Identification Number				Jurisdiction of residence for tax purposes				

**2. CHANGES IN ULTIMATE BENEFICIAL OWNERS (cont.)**

*Changes in Shareholders / Partners / Beneficiaries and any other natural persons who have an ownership / controlling interest (whether direct or indirect) of at least 10% in the entity*

**FORMER ULTIMATE BENEFICIAL OWNERS\*:**

a.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
	Percentage Shareholding
b.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
	Percentage Shareholding
c.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
	Percentage Shareholding
d.	Full Name
	Passport / ID Card / Driving Licence / Residence Card / Registration Number
	Percentage Shareholding

**\* The information provided herein is to be accompanied by the necessary official documentation, such as an amended Memorandum & Articles of Association / similar constitutive document and / or updated share register / certificates or updated list of shareholders, together with an updated corporate structure chart showing the ownership and control structure of the Entity (where applicable). Original or certified true copies of a valid and unexpired Identification Document (i.e. a valid passport / I.D. Card / residence card / driving licence) and a Residential Address Verification Document (i.e. a utility bill or a bank statement which must be not more than 6 months old) are to be provided for each new ultimate beneficial owner.**

### 3. INSTRUCTIONS TO THE BANK

Certified extract of a resolution approved and adopted by the Board of Directors / Partners / Administrators (*delete as applicable*) of \_\_\_\_\_  
(the 'Applicant') at a meeting held on the \_\_\_\_\_.

It was unanimously resolved that:

**a) The following be appointed as New Authorised Account Signatories:** (*please mark your choice with an X where appropriate*)

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

**b) The following are removed from the list of Authorised Signatories:**

Name of Authorised Signatory being removed:

\_\_\_\_\_

Name of Authorised Signatory being removed:

\_\_\_\_\_

Name of Authorised Signatory being removed:

\_\_\_\_\_

Name of Authorised Signatory being removed:

\_\_\_\_\_

Name of Authorised Signatory being removed:

\_\_\_\_\_

Name of Authorised Signatory being removed:

\_\_\_\_\_

**Certified true extract:**

\_\_\_\_\_  
**Secretary / Director / Partner of the Entity**

**AUTHORISED SIGNATORIES\****Please add details of all New Signatories added in section 3 above.*

a.	Full Name ( <i>Surname, First Name, Middle Names</i> )		Title
	Permanent Residential Address		Telephone Number / Mobile No.
	Town / City	Country	Post Code
	Date of Birth ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth	Marital Status
	Passport / ID Card / Driving Licence / Residence Card Number	Date and Place of Issue	Expiry Date
	Nationality		Citizenship
	Tax Identification Number**		Jurisdiction of residence for tax purposes**
	b.	Full Name ( <i>Surname, First Name, Middle Names</i> )	
Permanent Residential Address		Telephone Number / Mobile No.	
Town / City		Country	Post Code
Date of Birth ( <i>DD/MM/YYYY</i> )		Town / City & Country of Birth	Marital Status
Passport / ID Card / Driving Licence / Residence Card Number		Date and Place of Issue	Expiry Date
Nationality		Citizenship	
Tax Identification Number**		Jurisdiction of residence for tax purposes**	
c.		Full Name ( <i>Surname, First Name, Middle Names</i> )	
	Permanent Residential Address		Telephone Number / Mobile No.
	Town / City	Country	Post Code
	Date of Birth ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth	Marital Status
	Passport / ID Card / Driving Licence / Residence Card Number	Date and Place of Issue	Expiry Date
	Nationality		Citizenship
	Tax Identification Number**		Jurisdiction of residence for tax purposes**



**AUTHORISED SIGNATORIES\* (cont.)***Please add details of all New Signatories added in section 3 above.*

d.	Full Name ( <i>Surname, First Name, Middle Names</i> )		Title
	Permanent Residential Address		Telephone Number / Mobile No.
	Town / City	Country	Post Code
	Date of Birth ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth	Marital Status
	Passport / ID Card / Driving Licence / Residence Card Number	Date and Place of Issue	Expiry Date
	Nationality	Citizenship	
	Tax Identification Number**	Jurisdiction of residence for tax purposes**	
e.	Full Name ( <i>Surname, First Name, Middle Names</i> )		Title
	Permanent Residential Address		Telephone Number / Mobile No.
	Town / City	Country	Post Code
	Date of Birth ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth	Marital Status
	Passport / ID Card / Driving Licence / Residence Card Number	Date and Place of Issue	Expiry Date
	Nationality	Citizenship	
	Tax Identification Number**	Jurisdiction of residence for tax purposes**	
f.	Full Name ( <i>Surname, First Name, Middle Names</i> )		Title
	Permanent Residential Address		Telephone Number / Mobile No.
	Town / City	Country	Post Code
	Date of Birth ( <i>DD/MM/YYYY</i> )	Town / City & Country of Birth	Marital Status
	Passport / ID Card / Driving Licence / Residence Card Number	Date and Place of Issue	Expiry Date
	Nationality	Citizenship	
	Tax Identification Number**	Jurisdiction of residence for tax purposes**	

\* **Original or certified true copies of a valid and unexpired Identification Document (i.e. a valid passport / ID Card / residence card / driving licence) and a Residential Address Verification Document (i.e. a utility bill or a bank statement which must be not more than 6 months old) are to be provided for each new authorised signatory.**

\*\* **Applicable only to individuals considered to be Controlling Persons / Beneficial Owners for CRS / FATCA purposes.**

(Continue on an additional sheet if necessary)

**4. CORRESPONDENCE INSTRUCTIONS** – Fill in one or more sections (a-e below) only where changes are necessary. Such changes shall supersede any previous instructions given for each respective section.

- a. The Bank is authorised to act upon 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.** Kindly be informed that email services substitute generation of printed advices and / or statements.

Email Address _____	Email Address _____
Email Address _____	Email Address _____
Email Address _____	Email Address _____

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 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.

**5. TAX DECLARATION** (Please tick as appropriate – the below shall supersede any previous instructions given)

**For entities resident in Malta:**

We hereby declare that the Entity is a Maltese resident and we hereby instruct the Bank to pay interest to the Entity, at the discretion of the Bank:

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

**For non-residents:**

We hereby declare that the Entity is not resident in Malta and that the control and management of the Company is not exercised in Malta and therefore we hereby instruct the Bank to pay interest to us, 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 / We hereby declare that **NONE** of the individuals mentioned herein (including but not limited to Directors, Partners, Founders, Administrators, Ultimate Beneficial Owners, Signatories and / or individuals having an ownership / controlling interest in the Entity, as applicable) are Politically Exposed Persons, nor are they related to or closely associated with a Politically Exposed Person.

I / We hereby declare that the herein mentioned \_\_\_\_\_

**IS / ARE** (a) Politically Exposed Person(s), or he / she / they **IS / ARE** related to or closely associated with a Politically Exposed Person.

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

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

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

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

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

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

I / We further declare that **NONE** of the **OTHER** mentioned individuals are Politically Exposed Persons, nor are they related to or closely associated with a Politically Exposed Person.

\* 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 Applicant hereby 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 dissolution, winding up, liquidation or analogous proceedings, whether voluntary or compulsory, have been approved or commenced in respect of the Applicant in any jurisdiction, nor has the Applicant entered into any arrangement with its creditors;
- c. That it has not, at any time, defaulted under any loan or other credit facility obtained from any person;
- d. That the provision of any false or misleading information or the suppression of any material fact will render the Applicant's account liable for termination and further action;
- e. 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;
- f. 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;
- g. 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;
- h. To forthwith inform the Bank in case of any significant changes to the Applicant's ownership and/or legal structure; and
- i. To furnish to the Bank such documents and particulars as may be reasonably requested by the Bank from time to time.

The Applicant understands and acknowledges that the Bank will process its Personal Data in accordance with the Bank's Privacy Notice (which is annexed to, and constitutes an integral part of, the General Terms). By signing, the Applicant 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.

## 8. SIGNATURES

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

### **Legal Representatives for and on behalf of the Entity**

*(If any of the Legal Representatives are signing this form in virtue of a Board Resolution, a certified copy of such Board Resolution is to be provided.)*