

## 1. Customer details

### Legal name of customer (as set out in the constitutional documents)

Business/trading name (if different from above)

Type of business/industry

Jurisdiction of registration/incorporation

Date of registration/incorporation

Registration/incorporation number

Parent company

% Ownership

## 2. Contact details

### Legal address (as set out in the constitutional documents)

Address

City

State/province (if applicable)

Postal/zip code

Country

Telephone number

Facsimile number

Website address

### Business/Operating address (if different from the address above)

Address

City

State/province (if applicable)

Postal/zip code

Country

Telephone number

Facsimile number

Website address

### Mailing address (if different from the Business/Operating Address above)

Address

City

State/province (if applicable)

Postal/zip code

Country

### Contact persons

Name of primary contact person

Telephone number of primary contact person

E-mail address

Name of secondary contact person

Telephone number of secondary contact person

E-mail address

**3. Accounts to be opened**

Currency	Type of Account (current/call)	RBS Branch (in which accounts are to be opened)

**4. Manually initiated funds transfer (MIFT)**

The following persons are authorised person(s) to confirm Manually Initiated Financial Transaction (MIFT) sent to The Royal Bank of Scotland N.V. (the **Bank**) as indicated. MIFT refers to manual instructions received by the Bank via facsimile, tape, electronic file transfers, mail or instructions received through the postal system or delivered via a messenger and/or telex and other similar manual origination means.

Please tick the relevant box(es) to indicate whether the person is authorised to confirm MIFT transactions relating to the Accounts or for trade transactions only. For contact details, please provide direct line telephone number(s) wherever possible.

Name (please underline surname)

Position/Job Title	Email address
Telephone (Direct Line)	Facsimile number
Authorised For <input type="checkbox"/> MIFT Only	<input type="checkbox"/> Trade Transactions Only

Name (please underline surname)

Position/Job Title	Email address
Telephone (Direct Line)	Facsimile number
Authorised For <input type="checkbox"/> MIFT Only	<input type="checkbox"/> Trade Transactions Only

Name (please underline surname)

Position/Job Title	Email address
Telephone (Direct Line)	Facsimile number
Authorised For <input type="checkbox"/> MIFT Only	<input type="checkbox"/> Trade Transactions Only

Name (please underline surname)

Position/Job Title	Email address
Telephone (Direct Line)	Facsimile number
Authorised For <input type="checkbox"/> MIFT Only	<input type="checkbox"/> Trade Transactions Only

Name (please underline surname)

Position/Job Title	Email address
Telephone (Direct Line)	Facsimile number
Authorised For <input type="checkbox"/> MIFT Only	<input type="checkbox"/> Trade Transactions Only

## 5. Cheque Book

Cheque book (Yes/No)

\* Note: Applicable only for resident entity

## 6. Authorised signatories (Specimen signatures)

Each Authorised Signatory listed below is authorised to (i) open, operate and maintain the Account(s) and (ii) give communications in respect of the Account(s).

If there is any change to the authority of the Authorised Signatories, we will provide the Bank with appropriate corporate authorisations and an amended signature card.

The appointment of each Authorised Signatory is in accordance with applicable law and the constitutional documents of the Customer.

Name	Position
Specimen Signature	Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *

Name	Position
Specimen Signature	Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *

Name	Position
Specimen Signature	Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *

<sup>1</sup>S=single authorised to sign, or J=jointly authorised to sign (please specify exactly the joint authority to sign)

Name	Position
_____ Specimen Signature	_____ Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *
_____	_____

Name	Position
_____ Specimen Signature	_____ Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *
_____	_____

Name	Position
_____ Specimen Signature	_____ Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *
_____	_____

Name	Position
_____ Specimen Signature	_____ Manner of Signing(S/J) <sup>1</sup> and Special Instructions, if any *
_____	_____

<sup>1</sup>S=single authorised to sign, or J=jointly authorised to sign (please specify exactly the joint authority to sign)

\* If Authorised Signatory is authorised in respect of all Accounts, please state "ALL". If Authorised ONLY in respect of certain Accounts, please insert the corresponding Account number

**7. Authorisation**

We authorise the Bank to open and maintain the relevant Account(s) listed in section 3 in accordance with the General Part of the Bank's Harmonised Business Conditions and the United Arab Emirates Country Conditions (together, the **Harmonised Business Conditions**). We understand and agree that the Harmonised Business Conditions apply between the Customer and the Bank. We have received a copy of the Harmonised Business Conditions, which we have read and understood, and we agree to be bound by them.

We confirm that neither the Customer nor any of its directors, employees, shareholders or related companies is engaged in any activity in contravention of any applicable money laundering regulation in force in any jurisdiction in which an Account is open or to be opened. We also confirm that neither the entry into nor the performance of the Harmonised Business Conditions will breach any applicable law, the constitutional documents of the Customer or any agreement binding upon the Customer.

All information and documentation that we have supplied in connection with this application is true, complete, up to date and in full force and effect.

**Legal Representatives for and on behalf of the Customer**

Signature Signature Company Stamp (if applicable)

Name	Name	
Position	Position	
Date	Place	Date
		Place

**For Bank Use Only: Verification of Authorised Signatories/Legal Representatives**

Signature Signature

Name	Name
Position	Position
Telephone number	Telephone number
Date	Date
Place	Place

**Client Relationship Manager**

Name	Branch
Position	Country
Telephone number	