



FBME BANK LTD

NICOSIA, CYPRUS

Company Name: _____

Country of Incorporation: _____ **Reg. No.** _____

With reference to the above company's application to open a corporate account with FBME Bank Ltd, we hereby confirm that, in accordance with the Bank's policy of unacceptable business activities for account opening purposes, the company *is not* and *will not* be involved with any of the following business activities:

1.
 - (a) Trading of Pharmaceutical products (on-line or otherwise).
 - (b) Wholesale trade of mobile telephones and/or electronic computer components.
 - (c) Wholesale trade of cigarettes and other tobacco products.
 - (d) On-line gaming and related activities.
 - (e) Dating agencies.
 - (f) Promotion of Adult content websites and related industry.
 - (g) Trade of weapons and military arms.
2. Businesses that offer and provide to their customers financial services such as insurance brokerage, investment services in securities, electronic money transfer systems or other regulated activities, whereby a proper license has not been obtained from the competent authorities where the business is carried out.
3. Businesses that intend to use the account as a general or pooled "client accounts" acting as professional intermediaries that hold funds on behalf of clients.
4. Businesses that offer alternative payment systems, e.g. e-gold, e-cash, etc.
5. Businesses that intend to raise funds or capital from the public or promote multi-level marketing programs.
6. Businesses that intend to use the account for the purpose of offering unlicensed clearing services / third party settlements for investments and securities, etc.

(Director/Signatory)

(Director/Signatory)

Date: _____



INTRODUCER:

Please complete all sections in **ENGLISH BLOCK capitals**

We (the "Company") hereby request FBME Bank Ltd (the "Bank") to open an account and for this purpose we supply the following information:

ACCOUNT APPLICANT INFORMATION

1. Full legal name of company: (As it appears on the Certificate of Incorporation or equivalent)

2. Registration number and country of incorporation:

Number: _____ Country: _____

Date of incorporation: (dd/mm/yy) (/ /)

3. Currencies of account required: (Please tick as required) USD GBP EUR Other (Please specify)

4. Registered office address:

Number and Street: _____

Town/City: _____ Area/State: _____

Postal code: _____ Country: _____

Telephone no: + () _____ Fax no: + () _____

E-mail: _____

5. Business address: (Address where offices and/or staff are physically located. Note: P.O. Box not acceptable)

Number and Street: _____

Town/City: _____ Area/State: _____

Postal code: _____ Country: _____

Telephone no: + () _____ Fax no: + () _____

E-mail: _____

Website: _____

6. Country of operation:

7. Would you like to receive paper copies of statements and transaction advices/confirmations? Yes No

(Where required, paper copies will be sent to the address indicated in section 8 below)

8. Address/contact details for communication including mail: (Please tick one)

Registered address Business address Other address (Please specify below) Held at Bank for collection (Holdmail)

(Holdmail is offered subject to the applicable General Conditions and to the charges described in the Bank's Tariff from time to time)

Number and Street: _____

Town/City: _____ Area/State: _____

Postal code: _____ Country: _____

Telephone no: + () _____ Fax no: + () _____

E-mail: _____

9. How long has the company been located at the business address specified in section 5 above?

10. Details of Director(s):

Name:	Occupation / Profession:
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----

BUSINESS PROFILE

11. Purpose for which account is required: *(Please tick as appropriate)* Deposits/savings Commercial payments Card facilities
 Credit facilities Other *(Please specify)*

12. Specific nature and detailed description of main business activities of the Company:
(Please include specific details of any goods and services that you offer/sell/provide. "Consulting", "general trading", "import/export" are insufficient descriptions. In cases of holding companies, please provide activities of the group and description of assets to be held. In case of investments, please provide details of the investments to be held)

13. Secondary business activities and possible future activities:

14. Number of employees: _____ **15. Date trading/operations commenced:** *(dd/mm/yy)* (/ /)

16. Is the Company affiliated/related with other companies or organisations? Yes No

If yes, please specify the name of the Company and the connection:

17. Anticipated annual account turnover and method of deposits – as per your business forecast:

USD GBP EUR Other *(Specify)*

		Swift payments in:	Cheque deposits:	Cash deposits:	Total amount:
Current year:	20 __				
Following year:	20 __				
3rd year:	20 __				

18. Source(s) of incoming funds: *(i.e. from where and whom funds are expected to be received)*

	Country of remitter's bank:		Name of remitter:
1.		1.	
2.		2.	
3.		3.	
4.		4.	

19. Outgoing payments: *(i.e. to where and whom payments are expected to be made)*

	Country of beneficiary's bank:		Name of beneficiary:
1.		1.	
2.		2.	
3.		3.	
4.		4.	

PLEASE NOTE:

You may be required to provide details and documentary evidence of transactions. Additionally, cash deposits that exceed Euro 100,000 (or the equivalent in foreign currencies) in a calendar year will only be accepted with the prior approval by the Bank.

AUTHORISED SIGNATORIES

20. The persons named below are the persons authorised with full power and authority to act on the Company's behalf in all account-related matters with the Bank. *(Please include details of Directors/Secretary if they are authorised to operate the account)*

Authority to operate the account: *(Please tick one box only)*

- Any one of the following
 Any two of the following
 All of the following
 Specify any other combination:

Title:	Full names:	Capacity: <i>(e.g. Director, Secretary, or Authorised Signatory)</i>	Occupation/ Profession:

Alternatively, you may provide the Bank with a list of the Company's Authorised Signatories in which case please tick here and confirm the date of this list: *(dd/mm/yy)* (/ /)

Specimen signatures of all Authorised Signatories:

Name:	Name:
Signature:	Signature:
1	2
Name:	Name:
Signature:	Signature:
3	4

RESOLUTIONS

In accordance with any constitutional requirements of the Company for the passing of corporate resolutions in order for the Company and its representatives to act validly it is hereby certified that valid corporate resolutions as detailed below have been duly adopted and continue in full force and effect:

- 1. That the Company opens one or more accounts at FBME Bank Ltd (the "Bank", which expression shall include any subsidiary company of the Bank) and that all documents required to open such account(s) may be provided to the Bank and where appropriate and necessary approved, agreed and signed on behalf of the Company by any Director or other person designated as so authorised.*
- 2. That the Bank be and is hereby authorised to act on all valid and lawful banking instructions given to it in conformity with the applicable Account General Conditions and Special Conditions including, but not limited to, borrowing, withdrawal of cash, accepting bills of exchange, pledging any asset by way of security, entering into any deposit or loan arrangement and trading foreign exchange.*
- 3. The person authorised to be the Supervisor of the Company's e-Banking facility with the Bank may on behalf of the Company agree to the Bank's applicable Internet Special Conditions (as set out in the Bank's General Conditions) in force at the relevant time and may appoint operators of that facility in accordance with such Internet Special Conditions (as set out in the Bank's General Conditions).*
- 4. That the Authorised Signatories identified above (or any subsequent Authorised Signatories list provided to the Bank) have full power and authority to represent and bind the Company in its dealing with the Bank and that except as otherwise provided by any agreement to the contrary the Bank shall have no liability for acting or omitting to act in accordance with any instruction, direction, request and/or order given by the Authorised Signatories upon which the Bank will be acting in good faith.*
- 5. That all resolutions communicated to the Bank shall remain in full force and affect until the Bank receives notice in writing revoking, amending or superseding it.*

CONSENT

We understand that acceptance of this application is at the Bank's sole discretion and the Bank need not provide any reason for rejecting it.

We confirm that the instructions and information given in these account opening documents, including any documents in support of the account opening documents, are true and complete and we undertake to immediately inform the Bank in writing of any such change (including in the Company's shareholding (whether registered or bearer) and beneficial ownership or capital base).

We confirm that we have received, read, understood and agree to be bound by the General Conditions to which this application and the Account are subject and any other applicable terms and conditions in relation to other products and services provided to the Company by the Bank.

We confirm that we have read and understood the data protection and privacy statement of the Bank contained in the Bank's General Conditions and we authorise the Bank to use personal data supplied by us for the provision of the Bank's services for the purpose of verifying our identities for the prevention of money laundering and fraud and we confirm that the processing by the Bank of such information will not place the Bank in breach of any applicable law.

Signed by Director(s) of the Company acting for and on behalf of the Company:

Name:	Name:
Signature:	Signature:
Date: (dd/mm/yy) (/ /)	Date: (dd/mm/yy) (/ /)

BANK USE ONLY:

CIF:

KBI CODE:



FBME BANK LTD

CYPRUS BRANCH

ENQUIRIES BY TELEPHONE FORM

CORPORATE ACCOUNT

This form is to be completed by the Authorised Signatory(ies) to facilitate telephone enquiries. To ensure your data's security, please submit this form in a sealed envelope and return it with your documentation. If you choose not to follow this procedure you will be assuming all risks involved in connection with any communications of the codeword to the Bank and the Bank shall have no responsibility in respect thereof.

1. Full legal name of Company:

.....
.....

2. Account number:

.....

3. Codeword to be used for telephone identification:

.....

The above codeword is provided by us in order to provide an additional level of security and does not negate or prejudice the General Conditions and any other applicable terms governing our relationship with the Bank. Any future codewords we provide shall supersede any previous codewords.

4. Signed by Authorised Signatory(ies) of the Account:

Name:	Name:
Signature:	Signature:
Date: (dd/mm/yy) (/ /)	Date: (dd/mm/yy) (/ /)

BANK USE ONLY:

CIF:

Form 212C (Rev. 06/08)



For joint Accounts a separate application is required for each Account holder who requires e-Banking access

1. Account name: _____

2. CIF number: _____

ACCOUNT USER DETAILS

3. Surname/family name: _____

4. Forenames: _____ 5. Date of birth: (dd/mm/yy) (, / , /) _____

6. Account User login I.D.:* (min 6, max 10 alphanumeric characters)

Choice 1: _____

Choice 2: _____

Choice 3: _____

*(Please provide 3 choices of Login I.D. In the case the first choice is not accepted the Bank will advise which alternative Account User Login I.D. is to be used. Please keep a record of your choices for future reference)

7. Telephone identification codeword: _____
(You may be required to quote this security codeword when contacting the Bank by Telephone regarding e-Banking. Please keep this codeword secure and confidential)

8. Account User contact information:

E-mail: _____

Telephone no: + () _____

PASSWORD MAILING OPTIONS

9. By post By courier* Contact no. for courier: + () _____ Collect at Branch

*(Dispatch by courier is offered subject to the charges described in the Bank's Tariff from time to time)

10. Password mailing address:

Number and Street: _____

Town/City: _____ Area/State: _____

Postal code: _____ Country: _____

ACCOUNT USER RIGHTS

11. Access rights:

View only **OR**

View and transaction input

User type: (Select one)	Transaction limit: (USD equivalent)	No. of authorisations required:
<input type="checkbox"/> Input only	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> Authorise only*	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	Not applicable
<input type="checkbox"/> Full access*	No limit <input type="checkbox"/> Specified limit <input type="checkbox"/> (specify) _____	Not applicable

*(Available for Authorised Signatory(ies) only)

12. Account rights:

Account User can access **all** current and future bank/card Accounts linked to the Client's CIF **OR**

Selected Accounts (indicated below)

Currency:	Account / Card number:

I/We agree that I/we have received, read, understood and agree to be bound by the e-Banking Special Conditions to which this application and this service are subject in addition to the Bank's General Conditions and any other applicable terms and conditions in relation to products and services provided to the Account holder by the Bank.

Signed by the Account holder(s)/Authorised Signatory(ies) of the Account:

Name: Signature: Date: (dd/mm/yy) (/ /)	Name: Signature: Date: (dd/mm/yy) (/ /)
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In the case of a joint account all Account holders must sign this form (irrespective of whether both Account holders require access). It is not possible for joint Account holders to provide for Account Users of the e-Banking service to act jointly. Only Account holders may be appointed as Account Users.

Capitalised terms shall have the meaning given to them in the e-Banking Special Conditions.



Dated: (dd/mm/yy) (, / , / ,)

Re: _____ (the "Company")

Customer number: _____

In connection with the Company's application to open a bank account with FBME Bank Ltd (the "Bank"), you confirm that the following natural persons are the ultimate beneficial owners of the Company and to the best of your knowledge and belief these persons are not directly or indirectly involved in any criminal conduct or any money laundering activity.

Name:	Number of shares:

You declare that you are the appointed nominee shareholders of the Company, holding the shares by virtue of a Declaration of Trust dated (dd/mm/yy) (, / , / ,), a copy of which is attached.

You undertake to advise the Bank immediately of any change in the shareholding or beneficial ownership of the Company and to provide the Bank in writing with such details relating thereto as the Bank may require.

*The Bank is obliged by law to know and be able to identify its client and the beneficial owner of the Company. **This information will be kept confidential at all times, subject to applicable laws and regulations.***

Nominee Shareholder(s):

<p>Name:</p> <p>Signature:</p> <p style="text-align: right;">1</p>	<p>Name:</p> <p>Signature:</p> <p style="text-align: right;">2</p>
<p>Name:</p> <p>Signature:</p> <p style="text-align: right;">3</p>	<p>Name:</p> <p>Signature:</p> <p style="text-align: right;">4</p>

Introducer(s):

We certify that having performed all necessary due diligence checks the information supplied above by the nominees is correct and that the ultimate beneficial owners declared above are not acting as nominees, trustees or in a fiduciary capacity for any other person(s).

Signature:

DECLARATION FOR EXCEPTION FROM THE DEDUCTION OF DEFENCE CONTRIBUTION ON BANK INTEREST PAID OR CREDITED

(Section 3(2)(b) of the Special Contribution for the Defence of the Republic Law No. 117(1)/2002)

Before completing this Declaration, please read the notes on page 2.

A. ACCOUNT/S DETAILS	
1. Name of Bank:	
2. Name of Branch:	3. Code
4. Account Number:	
5. Full Name of Account Holder/s:	
6. Taxpayer/s Identification Code / Passport No. and Issuing Authority / Registration No:	

B. DETAILS OF PERSON/S BENEFICIALLY ENTITLED TO THE INTEREST	
- If more than two persons are beneficially entitled to the interest, please enter the total number of persons in the box beside and list names and addresses on a separate form.	
1.	<input type="text"/>
2. Full Name of 1 st Beneficiary:	
3. Principal Residential Address of 1 st Beneficiary:	
4. Full Name of 2 nd Beneficiary (if applicable):	
5. Principal Residential Address of 2 nd Beneficiary:	

C. DECLARATION AND UNDERTAKING BY THE ACCOUNT HOLDER/S AND THE PERSON/S BENEFICIALLY ENTITLED TO THE INTEREST	
<p>1 - I/We, the person/s beneficially entitled to interest on the above Account, declare that :</p> <p>(i) I/We was/were not resident/s in Cyprus during the previous tax year and I/we also intend to remain so during the current year.</p> <p>(ii) I/We undertake the responsibility to fill in and submit to the Bank with which I/we maintain the above-mentioned Account the relevant Questionnaire (Form I.R. 18A Q) 2002, by 31st December of the current year.</p> <p>2 - I/We, the Account holder/s and the person/s beneficially entitled to interest, hereby declare that :</p> <p>(i) I/We consent that, in case I/we do not fill in and submit the said Questionnaire on time :</p> <p>(a) Special Contribution for the Defence will be deducted during the following year, and</p> <p>(b) Special Contribution for the Defence will be payable during the current year, plus interest.</p> <p>(ii) I/We consent that, upon the decision to close the above-mentioned Account after 1st January of the current year,</p> <p>(a) I/We will at once fill in and submit to the Bank the relevant Questionnaire, and</p> <p>(b) in the event that I/we become Cyprus residents, the Bank will deduct Special Contribution for the Defence on interest relating to the above-mentioned Bank Account, plus interest.</p>	
2. Full Name/s :	
<p>3. Signature/s:</p> <p>Holder Beneficiary</p> <p><i>The Director or the Secretary must sign on behalf of a Company.</i></p>	4. Company's Seal (if applicable)
5. Date :	

IT IS A CRIMINAL OFFENCE TO SUBMIT AN INCORRECT OR FALSE DECLARATION

KEEP A COPY OF THIS DECLARATION FOR YOUR RECORDS

NOTES

1. Who and for what reason is responsible for the completion of this Declaration

In accordance with the Special Contribution for the Defence of the Republic Law N. 117(1) of 2002, Banking Organisations are obliged to deduct special contribution for the defence at the rate of 10% from interest paid or credited to accounts maintained by Cyprus residents. Non-Cyprus residents who are beneficially entitled to interest on bank accounts must use the said Declaration to inform the Bank that they are not resident in Cyprus, so that special contribution for the defence relating to interest on bank accounts, will not be deducted.

2. Where to submit the Declaration

This Declaration, once completed and signed by the Account Holder and the person beneficially entitled to the interest, must be submitted to the Bank with which the Account is maintained.

The Bank undertakes to permit the Commissioner or his/her authorised representative to examine the present Declaration, the relevant Questionnaire (Form I.R.18AQ) 2002 and any accompanying documents, at its premises or upon the Commissioner's request, to submit to the Commissioner the aforementioned or a true copy of them.

3. Who are considered to be Cyprus residents

Cyprus residents are considered to be :

- (a) Individuals who reside in Cyprus for one or more periods which exceed in total 183 days during a tax year, and
- (b) Legal Persons whose control and management are exercised in Cyprus

4. The Processing of Personal Data (Protection of Individuals) Law of 2001

The Department of Inland Revenue maintains a Registry with which the personal data of Cyprus tax payers is filed, for the purpose of implementing Tax Legislation.

A publication was put through the Media relating to the operation of the Registry, in accordance with the Processing of Personal Data (Protection of Individuals) Law of 2001.

According to the above, the Department may use the data contained in the Declaration in order to :

- Check the accuracy of information
- Prevent or detect crime
- Protect public funds

QUESTIONNAIRE FOR ASCERTAINING WHETHER THE CONDITIONS RELATING TO THE TERM "NON CYPRUS RESIDENT" ARE MET FOR THE YEAR

- This Questionnaire is completed by **non Cyprus residents** (Individuals and Companies) who /which are beneficially entitled to Interest on Bank A/cs and have signed the Declaration in order to be exempt from deduction of special contribution for the defence relating to the said interest. (Form I.R. 18) 2002
- This Questionnaire once completed and signed, must be submitted to the Bank with which the account/s is are maintained, by 31 December of the current year, in order to ensure that special contribution for the defence will not be deducted from interest.
- Otherwise the Bank will deduct special contribution for the defence with respect to the following year and payment will also be demanded for special contribution for the defence for the current year together with interest.

INDIVIDUALS

1. Full name :		
2. Permanent Home Address :		
<i>Tick in the appropriate box</i>		
3. Your permanent home is : Privately owned <input type="checkbox"/>		4. Do you own a private home in Cyprus :
Rented <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Business Address :		
6. Description of Economic Activity : Name and Address of Employer :		
7. (a) Passport Number :	(b) Expiry Date :	(c) Issuing Authority :
8. When you are in Cyprus you reside in a : <i>Tick in the appropriate box</i>		
Hotel <input type="checkbox"/>	Rented Premises <input type="checkbox"/>	Owned Premises <input type="checkbox"/>
9. Dates of entry in and exit from Cyprus during the reference year :		
Date of entry	Date of exit	Days of stay
.....
.....
.....	<u>.....</u>
Total days of stay :		<u>.....</u>
10. Signature:		11. Date :

- *Note : As far as par.s 8 and 9 are concerned the Department of Inland Revenue retains the right to request the submission of supporting evidence relating to the above e.g. hotel payment vouchers, letting contract, a residence title deed, copy of passport pages or air/sea tickets, or boarding passes, which show the dates of entry and exit.*

QUESTIONNAIRE FOR ASCERTAINING WHETHER THE CONDITIONS RELATING TO THE TERM "NON CYPRUS RESIDENT" ARE MET FOR THE YEAR

- This Questionnaire is completed by **non Cyprus residents** (Individuals and Companies) who /which are beneficially entitled to Interest on Bank A/cs and have signed the Declaration in order to be exempt from deduction of special contribution for the defence relating to the said interest. (Form I.R. 18) 2002
- This Questionnaire once completed and signed, must be submitted to the Bank with which the account/s is are maintained, by 31 December of the current year, in order to ensure that special contribution for the defence will not be deducted from interest.
- Otherwise the Bank will deduct special contribution for the defence with respect to the following year and payment will also be demanded for special contribution for the defence for the current year together with interest.

INDIVIDUALS

1. Full name :		
2. Permanent Home Address :		
<i>Tick in the appropriate box</i>		
3. Your permanent home is : Privately owned <input type="checkbox"/>		4. Do you own a private home in Cyprus :
Rented <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Business Address :		
6. Description of Economic Activity : Name and Address of Employer :		
7. (a) Passport Number :	(b) Expiry Date :	(c) Issuing Authority :
8. When you are in Cyprus you reside in a : <i>Tick in the appropriate box</i>		
Hotel <input type="checkbox"/>	Rented Premises <input type="checkbox"/>	Owned Premises <input type="checkbox"/>
9. Dates of entry in and exit from Cyprus during the reference year :		
Date of entry	Date of exit	Days of stay
.....
.....
.....	<u>.....</u>
Total days of stay :		<u>.....</u>
10. Signature:		11. Date :

- *Note : As far as par.s 8 and 9 are concerned the Department of Inland Revenue retains the right to request the submission of supporting evidence relating to the above e.g. hotel payment vouchers, letting contract, a residence title deed, copy of passport pages or air/sea tickets, or boarding passes, which show the dates of entry and exit.*

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- This Questionnaire once completed and signed, must be submitted to the Bank with which the account/s is are maintained, by 31 December of the current year, in order to ensure that special contribution for the defence will not be deducted from interest.
- Otherwise the Bank will deduct special contribution for the defence with respect to the following year and payment will also be demanded for special contribution for the defence for the current year together with interest.

INDIVIDUALS

1. Full name :		
2. Permanent Home Address :		
<i>Tick in the appropriate box</i>		
3. Your permanent home is : Privately owned <input type="checkbox"/>		4. Do you own a private home in Cyprus :
Rented <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Business Address :		
6. Description of Economic Activity : Name and Address of Employer :		
7. (a) Passport Number :	(b) Expiry Date :	(c) Issuing Authority :
8. When you are in Cyprus you reside in a : <i>Tick in the appropriate box</i>		
Hotel <input type="checkbox"/>	Rented Premises <input type="checkbox"/>	Owned Premises <input type="checkbox"/>
9. Dates of entry in and exit from Cyprus during the reference year :		
Date of entry	Date of exit	Days of stay
.....
.....
.....	<u>.....</u>
Total days of stay :		<u>.....</u>
10. Signature:		11. Date :

- *Note : As far as par.s 8 and 9 are concerned the Department of Inland Revenue retains the right to request the submission of supporting evidence relating to the above e.g. hotel payment vouchers, letting contract, a residence title deed, copy of passport pages or air/sea tickets, or boarding passes, which show the dates of entry and exit.*

QUESTIONNAIRE FOR ASCERTAINING WHETHER THE CONDITIONS RELATING TO THE TERM "NON CYPRUS RESIDENT" ARE MET FOR THE YEAR

- This Questionnaire is completed by **non Cyprus residents** (Individuals and Companies) who /which are beneficially entitled to Interest on Bank A/cs and have signed the Declaration in order to be exempt from deduction of special contribution for the defence relating to the said interest. (Form I.R. 18) 2002
- This Questionnaire once completed and signed, must be submitted to the Bank with which the account/s is are maintained, by 31 December of the current year, in order to ensure that special contribution for the defence will not be deducted from interest.
- Otherwise the Bank will deduct special contribution for the defence with respect to the following year and payment will also be demanded for special contribution for the defence for the current year together with interest.

INDIVIDUALS

1. Full name :		
2. Permanent Home Address :		
<i>Tick in the appropriate box</i>		
3. Your permanent home is : Privately owned <input type="checkbox"/>		4. Do you own a private home in Cyprus :
Rented <input type="checkbox"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Business Address :		
6. Description of Economic Activity : Name and Address of Employer :		
7. (a) Passport Number :	(b) Expiry Date :	(c) Issuing Authority :
8. When you are in Cyprus you reside in a : <i>Tick in the appropriate box</i>		
Hotel <input type="checkbox"/>	Rented Premises <input type="checkbox"/>	Owned Premises <input type="checkbox"/>
9. Dates of entry in and exit from Cyprus during the reference year :		
Date of entry	Date of exit	Days of stay
.....
.....
.....	<u>.....</u>
Total days of stay :		<u>.....</u>
10. Signature:		11. Date :

- *Note : As far as par.s 8 and 9 are concerned the Department of Inland Revenue retains the right to request the submission of supporting evidence relating to the above e.g. hotel payment vouchers, letting contract, a residence title deed, copy of passport pages or air/sea tickets, or boarding passes, which show the dates of entry and exit.*

COMPANIES

1. Name :	
2. Taxpayer Identification Code :	
3. Company's Registration No. :	
4. Country in which the Company is registered :	
5. Address at which the Company's Registered Offices are situated :	
6. Address of Tax Administration to which the Company belongs :	
7. Description of main Economic Activity :	
8. Address at which Central Offices are situated :	
9. Country in which Board Meetings are held :	
10. In your opinion is the Company have permanent establishment in Cyprus e.g. there is a fixed business base through which the business activities are carried out partly or exclusively ? <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
11. Is the Company's management and control exercised in Cyprus? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12. Names and Addresses of Directors	13. Authorized Representatives of Directors (Names and Addresses if applicable)
14. Signature : <i>The Director or the Secretary must sign on behalf of a Company</i>	
15. Date :	

Corporate Charge Card Application Form



I HEREBY REQUEST FBME CARD SERVICES LTD (FBMECS) TO PROVIDE ME WITH A FBME CORPORATE Charge CARD AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY.

Name of the Company against whose Corporate Card Account this Card is to be charged:

(Hereinafter referred to as "the Company")

Are you an existing FBMECS Cardholder?

Yes No

Please tick as required

Visa Gold
Monthly Limit US\$/GB£/€ 5000 Plus

MasterCard Gold
Monthly Limit US\$/GB£/€ 5000 Plus

MasterCard Standard
Monthly Limit US\$/GB£/€ 1000 Plus

Currency (Must be the same currency as the current account)

US\$ **GB£** **€**

Indicate Title ✓

Mr.		Mrs.		Miss		Other (specify)	
-----	--	------	--	------	--	-----------------	--

Information to be completed (ALL FIELDS ARE MANDATORY):

First Name	Middle Name	Last Name

Name to Appear on Card (Examples: MR J SMITH; ANNA JONES)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Tel.: No.	Place and Country of Birth	Date of Birth

Nationality	ID No./ Passport No.	ID / Passport Issue Date	ID / Passport Expiry Date

Residential Address (We cannot accept addresses with P.O. Box numbers)

Street:	No:
City/Town:	Post Code:
	Country:

Mailing Address (We cannot accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:	No:
City/Town:	Post Code:
	Country:

E-mail Address

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Monthly Limit Requested

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Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

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To be completed by the Company

Application by the Company for a Corporate Card to be issued on its account to the above named Applicant

Corporate Name to appear on Card? Yes No

The Company hereby submits this application for issuance of a Corporate Card to the above named Applicant with the credit limit therein applied for and agree to be bound by the Terms and Conditions for Corporate Cards and the Terms and conditions for Cardholders as set out and attached on this application. The Issuers acceptance of this application by the issue of a Card to the Applicant shall constitute a contract between the Issuer and the Company incorporating the Terms and Conditions. The Company hereby authorises FBME Bank Ltd to place 200% of monthly credit limit applicable from time to time, plus Issuance Fees and Charges chargeable to, the Corporate Charge Card on the Margin Account as security by debiting Account No:

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and to debit the above mentioned account and/or any other account of the Company with FBME Bank Ltd, value 15th of each month for the total amount charged to the Card issued pursuant to this Application for the previous month or on such other date as payment may be due under the Terms and Conditions.

All information given in this application is accurate, true and complete.

Executed by the duly authorised signator(y)(ies) below for and on behalf of the Company

Authorized Signature (1)	Date	Authorized Signature (2)	Date

I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood, and accept the Terms and Conditions for Corporate Cards and the Terms and Conditions for Cardholders related to the issue and use of the Corporate Charge Card. I enclose photocopy of my ID card or passport. The issue of a Card to me will constitute your acceptance of this Application and will constitute a contract between us incorporating the attached Terms and Conditions

SIGNATURE OF APPLICANT

DATE

Corporate Charge Card Application Form



I HEREBY REQUEST FBME CARD SERVICES LTD (FBMECS) TO PROVIDE ME WITH A FBME CORPORATE Charge CARD AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY.

Name of the Company against whose Corporate Card Account this Card is to be charged:

(Hereinafter referred to as "the Company")

Are you an existing FBMECS Cardholder?

Yes No

Please tick as required

Visa Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Standard
Monthly Limit US\$/GB£/€ 1000 Plus

Currency (Must be the same currency as the current account)

US\$ **GB£** **€**

Indicate Title ✓

Mr.		Mrs.		Miss		Other (specify)	
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Information to be completed (ALL FIELDS ARE MANDATORY):

First Name	Middle Name	Last Name

Name to Appear on Card (Examples: MR J SMITH; ANNA JONES)

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Tel.: No.	Place and Country of Birth	Date of Birth					

Nationality	ID No./ Passport No.	ID / Passport Issue Date	ID / Passport Expiry Date				

Residential Address (We cannot accept addresses with P.O. Box numbers)

Street:	No:
City/Town:	Post Code:
	Country:

Mailing Address (We cannot accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:	No:
City/Town:	Post Code:
	Country:

E-mail Address

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Monthly Limit Requested

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Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

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To be completed by the Company

Application by the Company for a Corporate Card to be issued on its account to the above named Applicant

Corporate Name to appear on Card? Yes No

The Company hereby submits this application for issuance of a Corporate Card to the above named Applicant with the credit limit therein applied for and agree to be bound by the Terms and Conditions for Corporate Cards and the Terms and conditions for Cardholders as set out and attached on this application. The Issuers acceptance of this application by the issue of a Card to the Applicant shall constitute a contract between the Issuer and the Company incorporating the Terms and Conditions. The Company hereby authorises FBME Bank Ltd to place 200% of monthly credit limit applicable from time to time, plus Issuance Fees and Charges chargeable to, the Corporate Charge Card on the Margin Account as security by debiting Account No:

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and to debit the above mentioned account and/or any other account of the Company with FBME Bank Ltd, value 15th of each month for the total amount charged to the Card issued pursuant to this Application for the previous month or on such other date as payment may be due under the Terms and Conditions.

All information given in this application is accurate, true and complete.

Executed by the duly authorised signator(y)(ies) below for and on behalf of the Company

Authorized Signature (1)	Date	Authorized Signature (2)	Date
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I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood, and accept the Terms and Conditions for Corporate Cards and the Terms and Conditions for Cardholders related to the issue and use of the Corporate Charge Card. I enclose photocopy of my ID card or passport.

The issue of a Card to me will constitute your acceptance of this Application and will constitute a contract between us incorporating the attached Terms and Conditions

SIGNATURE OF APPLICANT

DATE

Corporate Charge Card Application Form



I HEREBY REQUEST FBME CARD SERVICES LTD (FBMECS) TO PROVIDE ME WITH A FBME CORPORATE Charge CARD AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY.

Name of the Company against whose Corporate Card Account this Card is to be charged:

(Hereinafter referred to as "the Company")

Are you an existing FBMECS Cardholder?

Yes No

Please tick as required

Visa Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Standard
Monthly Limit US\$/GB£/€ 1000 Plus

Currency (Must be the same currency as the current account)

US\$ **GB£** **€**

Indicate Title ✓

Mr.		Mrs.		Miss		Other (specify)	
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Information to be completed (ALL FIELDS ARE MANDATORY):

First Name	Middle Name	Last Name

Name to Appear on Card (Examples: MR J SMITH; ANNA JONES)

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Tel.: No.	Place and Country of Birth	Date of Birth					

Nationality	ID No./ Passport No.	ID / Passport Issue Date	ID / Passport Expiry Date										

Residential Address (We cannot accept addresses with P.O. Box numbers)

Street:	No:
City/Town:	Post Code:
	Country:

Mailing Address (We cannot accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:	No:
City/Town:	Post Code:
	Country:

E-mail Address

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Monthly Limit Requested

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Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

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To be completed by the Company

Application by the Company for a Corporate Card to be issued on its account to the above named Applicant

Corporate Name to appear on Card? Yes No

The Company hereby submits this application for issuance of a Corporate Card to the above named Applicant with the credit limit therein applied for and agree to be bound by the Terms and Conditions for Corporate Cards and the Terms and conditions for Cardholders as set out and attached on this application. The Issuers acceptance of this application by the issue of a Card to the Applicant shall constitute a contract between the Issuer and the Company incorporating the Terms and Conditions. The Company hereby authorises FBME Bank Ltd to place 200% of monthly credit limit applicable from time to time, plus Issuance Fees and Charges chargeable to, the Corporate Charge Card on the Margin Account as security by debiting Account No:

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and to debit the above mentioned account and/or any other account of the Company with FBME Bank Ltd, value 15th of each month for the total amount charged to the Card issued pursuant to this Application for the previous month or on such other date as payment may be due under the Terms and Conditions.

All information given in this application is accurate, true and complete.

Executed by the duly authorised signator(y)(ies) below for and on behalf of the Company

Authorized Signature (1)	Date	Authorized Signature (2)	Date
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I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood, and accept the Terms and Conditions for Corporate Cards and the Terms and Conditions for Cardholders related to the issue and use of the Corporate Charge Card. I enclose photocopy of my ID card or passport.

The issue of a Card to me will constitute your acceptance of this Application and will constitute a contract between us incorporating the attached Terms and Conditions

SIGNATURE OF APPLICANT

DATE

Corporate Charge Card Application Form



I HEREBY REQUEST FBME CARD SERVICES LTD (FBMECS) TO PROVIDE ME WITH A FBME CORPORATE Charge CARD AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY.

Name of the Company against whose Corporate Card Account this Card is to be charged:

(Hereinafter referred to as "the Company")

Are you an existing FBMECS Cardholder?

Yes No

Please tick as required

Visa Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Gold
Monthly Limit US\$/GB£/€5000 Plus

MasterCard Standard
Monthly Limit US\$/GB£/€ 1000 Plus

Currency (Must be the same currency as the current account)

US\$ **GB£** **€**

Indicate Title ✓

Mr.		Mrs.		Miss		Other (specify)	
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Information to be completed (ALL FIELDS ARE MANDATORY):

First Name	Middle Name	Last Name

Name to Appear on Card (Examples: MR J SMITH; ANNA JONES)

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Tel.: No.	Place and Country of Birth	Date of Birth					

Nationality	ID No./ Passport No.	ID / Passport Issue Date	ID / Passport Expiry Date										

Residential Address (We cannot accept addresses with P.O. Box numbers)

Street:	No:
City/Town:	Post Code:
	Country:

Mailing Address (We cannot accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:	No:
City/Town:	Post Code:
	Country:

E-mail Address

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Monthly Limit Requested

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Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

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To be completed by the Company

Application by the Company for a Corporate Card to be issued on its account to the above named Applicant

Corporate Name to appear on Card? Yes No

The Company hereby submits this application for issuance of a Corporate Card to the above named Applicant with the credit limit therein applied for and agree to be bound by the Terms and Conditions for Corporate Cards and the Terms and conditions for Cardholders as set out and attached on this application. The Issuers acceptance of this application by the issue of a Card to the Applicant shall constitute a contract between the Issuer and the Company incorporating the Terms and Conditions. The Company hereby authorises FBME Bank Ltd to place 200% of monthly credit limit applicable from time to time, plus Issuance Fees and Charges chargeable to, the Corporate Charge Card on the Margin Account as security by debiting Account No:

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and to debit the above mentioned account and/or any other account of the Company with FBME Bank Ltd, value 15th of each month for the total amount charged to the Card issued pursuant to this Application for the previous month or on such other date as payment may be due under the Terms and Conditions.

All information given in this application is accurate, true and complete.

Executed by the duly authorised signator(y)(ies) below for and on behalf of the Company

Authorized Signature (1)	Date	Authorized Signature (2)	Date
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I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood, and accept the Terms and Conditions for Corporate Cards and the Terms and Conditions for Cardholders related to the issue and use of the Corporate Charge Card. I enclose photocopy of my ID card or passport.

The issue of a Card to me will constitute your acceptance of this Application and will constitute a contract between us incorporating the attached Terms and Conditions

SIGNATURE OF APPLICANT

DATE

Debit Card Application Form



I HEREBY REQUEST FBME BANK LIMITED (FBME) TO PROVIDE ME WITH A FBME *Debit Card* AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY

Are you existing FBME Cardholder? Yes No

Please tick as required GlobalCARD KeyCARD

Personal Card Corporate Card

Currency (Must be the same currency as the current account) US \$ GB£ €

Information to be completed (ALL FIELDS ARE MANDATORY):

Section 1

Indicate Title ✓

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (specify)	<input type="text"/>
-----	--------------------------	------	--------------------------	------	--------------------------	-----------------	----------------------

First Name

Middle Name

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Personal name to appear on Card (only necessary if Corporate Name will also appear) / Examples: MR J SMITH; ANNA JONES

<input type="text"/>

Tel.: No.

Place and Country of Birth

Date of Birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Nationality

ID No./ Passport No.

ID / Passport Issue Date

ID / Passport Expiry Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Residential Address (We can not accept addresses with P.O. Box numbers)

Street:		No:
City/Town:	Post Code:	Country:

Mailing Address (We can not accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:		No:
City/Town:	Post Code:	Country:

E-mail Address

<input type="text"/>

Corporate Name to appear on Card (Applicable if personal name selected) : Yes No

Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

Section 2

I, the authorized signatory, hereby authorize the bank to debit my/our Account No: with the amount of plus the related Issuance Fees and Charges.

Authorised Signatory 1:..... Date:

Authorised Signatory 2:..... Date:

Section 3

I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood and accept the terms and conditions related to the provision of and the use of the FBME *Debit Card*. I enclose photocopy of my photo ID card or passport.

Signature of Applicant (1) :..... Date:

6	7	6	3	8	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Debit Card Application Form



I HEREBY REQUEST FBME BANK LIMITED (FBME) TO PROVIDE ME WITH A FBME *Debit Card* AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY

Are you existing FBME Cardholder? Yes No

Please tick as required GlobalCARD KeyCARD

Personal Card Corporate Card

Currency (Must be the same currency as the current account) US \$ GB£ €

Information to be completed (ALL FIELDS ARE MANDATORY):

Section 1

Indicate Title ✓ Mr. Mrs. Miss Other (specify) _____

First Name _____ Middle Name _____ Last Name _____

Personal name to appear on Card (only necessary if Corporate Name will also appear) / Examples: MR J SMITH; ANNA JONES

Tel.: No. _____ Place and Country of Birth _____ Date of Birth _____

Nationality _____ ID No./ Passport No. _____ ID / Passport Issue Date _____ ID / Passport Expiry Date _____

Residential Address (We can not accept addresses with P.O. Box numbers)

Street: _____ No: _____
 City/Town: _____ Post Code: _____ Country: _____

Mailing Address (We can not accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street: _____ No: _____
 City/Town: _____ Post Code: _____ Country: _____

E-mail Address

Corporate Name to appear on Card (Applicable if personal name selected) : Yes No

Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries) _____

Section 2

I, the authorized signatory, hereby authorize the bank to debit my/our Account No: _____ with the amount of _____ plus the related Issuance Fees and Charges.

Authorised Signatory 1:..... Date:

Authorised Signatory 2:..... Date:

Section 3

I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood and accept the terms and conditions related to the provision of and the use of the FBME *Debit Card*. I enclose photocopy of my photo ID card or passport.

Signature of Applicant (1) :..... Date:

6 7 6 3 8 1 _____

Debit Card Application Form



I HEREBY REQUEST FBME BANK LIMITED (FBME) TO PROVIDE ME WITH A FBME *Debit Card* AS INDICATED BELOW FOR WHICH I SUPPLY THE FOLLOWING INFORMATION.

Note: A SEPARATE APPLICATION FORM SHOULD BE SUBMITTED FOR EACH CARD TYPE AND CURRENCY

Are you existing FBME Cardholder? Yes No

Please tick as required GlobalCARD KeyCARD

Personal Card Corporate Card

Currency (Must be the same currency as the current account) US \$ GB£ €

Information to be completed (ALL FIELDS ARE MANDATORY):

Section 1

Indicate Title ✓

Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (specify)	<input type="text"/>
-----	--------------------------	------	--------------------------	------	--------------------------	-----------------	----------------------

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal name to appear on Card (only necessary if Corporate Name will also appear) / Examples: MR J SMITH; ANNA JONES

<input type="text"/>

Tel.: No.	Place and Country of Birth	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Nationality	ID No./ Passport No.	ID / Passport Issue Date	ID / Passport Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address (We can not accept addresses with P.O. Box numbers)

Street:	No:
City/Town:	Post Code:
	Country:

Mailing Address (We can not accept addresses with P.O. Box numbers)

(All card related correspondence i.e. cards, card statements will be sent to this address unless indicated otherwise)

Street:	No:
City/Town:	Post Code:
	Country:

E-mail Address

<input type="text"/>

Corporate Name to appear on Card (Applicable if personal name selected) : Yes No

Is a printed Monthly Statement required: Yes No

Security Password (To be used for all telephone enquiries)

Section 2

I, the authorized signatory, hereby authorize the bank to debit my/our Account No: with the amount of plus the related Issuance Fees and Charges.

Authorised Signatory 1:..... Date:

Authorised Signatory 2:..... Date:

Section 3

I confirm that the information provided in connection with this application is complete and true and also confirm that I have read, understood and accept the terms and conditions related to the provision of and the use of the FBME *Debit Card*. I enclose photocopy of my photo ID card or passport.

Signature of Applicant (1) :..... Date:

6	7	6	3	8	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FBME DEBIT CARD CONDITIONS OF ISSUE & USE

The following terms and Conditions are incorporated into and form part of any agreement by which FBME BANK LTD (FBME) described herein as Bank, agrees to provide a Card to a person applying to become a Cardholder.

1. DEFINITIONS

ATM means an automated teller machine belonging to the Bank or other participating banks or financial institutions, which accept the Card.

APPLICATION FORM means the Bank's form of application for the Card to be completed and signed by an applicant who desires to obtain a card and which when accepted by the Bank will constitute an agreement for the issue of the Card(s) therein specified which shall incorporate and be subject to these Terms and Conditions.

BANK means FBME Bank Ltd.

CARD means a plastic card which is defined in the regulations of MasterCard International.

CARD ACCOUNT means the account opened and maintained by the Bank in a billing currency for entering all Card Transactions made by the Cardholder and for debiting all Charges and crediting any credits actually received in relation to the Card under these Terms and Conditions.

CARDHOLDER means the Principal Cardholder who has been nominated by the Authorized Signatory(ies) of the Bank to receive the Card.

CARD LIMIT means the maximum permitted amount that each Cardholder shall be permitted to charge to his/her Card including Fees and Tariffs.

CARD TRANSACTION means any Withdrawal from an ATM and/or any purchase of goods or any other facilities and benefits obtained by use of the Card and/or the Card number and/or the PIN or in any other manner including without limitation mail, telephone or facsimile or e-mail, internet or other electronically delivered orders or reservations authorized or made by the Cardholder, regardless of whether such be a sales or cash withdrawal.

CASH WITHDRAWAL means any cash obtained by use of the Card from ATM.

CHARGES means all amounts charged to a Card by the Cardholder at any time, including but not limited to the period after cancellation of the Card, and regardless of whether a record of charges is signed by the Cardholder and including his/her application fees, cash withdrawal fees, annual fees and all other items included within Fees and Tariffs as defined herein.

DEBIT BALANCE means the total debit balance outstanding in the Card Account and payable to the Bank according to the Bank's records.

FEES AND TARIFFS shall be the fees chargeable to Card Accounts in accordance with the Bank's published schedule of Fees and Tariffs for the Bank's Cards as current and applicable from time to time.

GlobalCARD means a card issued by the Bank to a Cardholder(s) under the Maestro and Cirrus brands of MCI.

KeyCARD means a card issued by the Bank to a Cardholder(s) under the Cirrus brand of MCI.

MCI means MasterCard International and includes Mastercard Europe and Maestro International

PIN means the personal identification number issued by the Bank to the Cardholder(s).

PRINCIPAL CARD means a card that has been purchased for a fixed amount, such amount being reduced as the card is used and which may be replenished from time to time.

PRINCIPAL CARDHOLDER means a person who is issued with a Card and in whose name the Card Account is maintained by the Bank.

STATEMENT means the statement of Card Account of each Cardholder.

2. APPLICATION FOR A CARD

2.1 Application for a Card is accomplished by the applicant:

- (a) completing and signing an Application Form and submitting it to the Bank;
- (b) transferring to the Bank as directed in the Application Form an amount not being less than the appropriate Application Fee(s) for the Card(s);
- (c) providing such further information relating to the applicant or to the nature or source of the funds transferred or to be transferred to the Bank, as the Bank may require, having regard to its obligations at law and to the regulations and requirements of such supervisory authorities or institutions, to which it may be subject in any relevant jurisdiction.

2.2 Upon the Bank accepting the application it will issue the Card(s) applied for as directed by the applicant.

2.3 Each Cardholder shall be deemed to warrant the accuracy and completeness of the information provided in the Application Form and that, where laws and regulations of any country in which the applicant is resident or from the country where the application is made, imposes or implies any regulations to the application or any terms in these Terms and Conditions then this application shall and these Terms and Conditions shall be subject to such laws or regulations.

3. DELIVERY OF THE CARD AND PIN

3.1 The Card and the PIN may be sent to the Cardholder by courier or return receipt insured post at the sole risk and responsibility of the Cardholder. If sent by post, the Bank shall not in any manner be responsible if the Card/PIN are lost in post or misdelivered and misused. The Card will only be activated upon receipt of acknowledgement.

3.2 The Cardholder must sign the Card immediately on receipt of the Card and must keep it secure at all times. The Cardholder shall not disclose the PIN to any person and shall take all possible care to prevent discovery and/or disclosure of the PIN to any third party.

3.3 The Card is and shall always remain the property of the Bank. Its use may be suspended either temporarily or permanently by the Bank should the Cardholder fail to perform his/her obligations specified herein. Upon request the Card must be returned to the Bank.

4. USE OF THE CARD

4.1 The Card shall be used within the approved Card Limits as established by the Cardholder with the Bank through replenishments to the Card Account made from time to time and during the validity period of the Card to obtain the facilities and benefits made available by the Bank from time to time at its absolute discretion in respect of the use of the Card.

4.2 Where an ATM facility is incorporated in the Card, the Cardholder shall be responsible for all transactions and the Cardholder hereby authorizes the Bank to debit the Card Account with the amount of any cash withdrawal in accordance with the record of the transactions. Such record of transactions shall be conclusive and fully binding on the Cardholder.

4.3 Subject to Condition 12, the Cardholder shall be fully liable to the Bank for all Card Transactions made with the PIN whether with or without the knowledge of the Cardholder.

4.4 The Bank shall have the right at any time, without prior notice and without giving any reason and without liability towards the Cardholder, whether the Credit Limit has been exhausted or not, to withdraw and restrict the right to use the Card or to refuse to authorize any Card Transaction.

4.5 Purchases, ATM withdrawals and Internet transactions, taking place in a currency other than the billing currency will be converted to the billing currency automatically by the EuroCard and MasterCard systems. The exchange rate applied to these transactions by the international associations will be increased by 2 percent by the Bank.

4.6 Use of the Card after its expiration date, or when disputes arise in accordance with Condition 6.7, or after the Cardholder has cancelled his/her Card or elected not to renew the Card in accordance with these Terms and Conditions, constitutes illegal use of the Card.

4.7 The Cardholder will be able to replenish his/her *GlobalCARD*.

4.8 The Cardholder may not use the card for effecting transactions which is or may be unlawful either in the jurisdiction where the transaction takes place or the country from which the cardholder is present at the relevant time.

5. CASH WITHDRAWAL

5.1 The Cardholder may obtain cash in such amount within the Card Limit pre established by the Bank by the following means:

(a) Using the Card at any ATM of the Bank or of any other worldwide bank or financial institution displaying a Cirrus, or MasterCard logo with whom MCI has arrangements for the use of such ATM.

5.2 Cash Withdrawal Fees on each Cash Withdrawal shall be charged and debited to the Card Account at the rate applicable in the Bank's current schedule of Fees and Tariffs.

6. THE CARD ACCOUNT

6.1 During the month, the Bank shall debit the Card account with the amounts of all Card Transactions and Charges and any other liabilities of the Cardholder arising from the use or misuse of the Card.

6.2 The Bank shall be entitled to treat

(a) any sales draft transaction record, credit voucher, cash disbursement record and/or other charge record bearing the imprint or other reproduction of embossed information contained on the Card as duly completed, and binding on the Cardholder

(b) the Bank's record of any Card Transaction as conclusive evidence of a charge properly incurred by the Cardholder to be debited to the Card Account.

6.3 The Cardholder is liable for all charges incurred on the Card. The Bank may draw down the monies due to it in respect of Charges on the Cardholder's Account under any Guarantee on which the Bank is relying as Security.

6.4 The Bank will prepare a monthly Statement of the Card Account showing details of all Card Transactions during the month in question and forward same to the Cardholder at the designated address. The Statement of Card Account shall, in the absence of any written objections within thirty (30) days after the statement date shall be deemed confirmed and correct.

6.5 Transactions posted later than thirty (30) days from the date of the actual transaction due to delays of merchants or banks acquiring such transactions do not in any way exonerate the Cardholder from payment of such transactions.

6.6 The Bank shall not in any way be liable to the Customer:

- (a) For any losses and/or damages.
- (b) For non-acceptance of the Card by a merchant.
- (c) For non-receipt of goods and/or services.

(d) For any losses and/or damages due to or arising from any disruption or failure or defect in any communication system or data processing system or transmission link.

6.7 The Bank shall in no way be responsible for goods or services purchased pursuant to a Card Transaction. No claim by Cardholder against a third party may be the subject of a defence or counterclaim against the Bank and such disputes in no way release the Cardholder from responsibility for all payments to the Bank.

6.8 The Bank shall not be responsible for any delay or loss in post of the Statement of Card Account.

7. PAYMENT

7.1 If the Cardholder's charges exceed the Card Limit, the Cardholder shall forthwith upon demand by the Bank, pay to the Bank the full sum by which the Card Limit is exceeded, failing which the whole amount outstanding in the Card Account shall become immediately due and payable. The Bank may withdraw or cancel the Card and may utilize the security of the cardholders to pay the exceeded card over limit usage and/or may debit any other account maintained by the Cardholder with the Bank.

8. REPLENISHMENT

8.1 Cardholder may replenish the Card in accordance with his/her requirements subject to the minimum replenishment requirements as set out in accordance with the Fees & Tariffs. Fixed fee will be deducted from the Cardholder's Card Account for each replenishment regardless of the amount of the replenishment.

8.2 In the event of the Cardholder replenishing a Card Account the Cardholder shall provide to the Bank on request the like information as is provided in Condition 2(1)(c).

9. LOSS OF CARD/DISCLOSURE OF PIN

9.1 If the Card is lost or stolen, if the PIN or card number is disclosed to any other party, the Cardholder must immediately notify such loss to the Bank and to the Police of the country where such loss or theft or disclosure occurred. Outside normal office hours, loss or theft of the Card or disclosure of the PIN must be notified to the Customer Service Center with contact information. If such notification is given by telephone, the Cardholder shall also give written confirmation within seven (7) days to the Bank. The Cardholder will however be liable in respect of all Card Transactions until written notice has been received by the Bank that a Card has been lost or stolen and/or that the PIN has become known to a third party.

9.2 The Cardholder will give the Bank all the information in the Cardholder's possession as to the circumstances of the loss or theft of the Card or disclosure of the PIN and take all steps deemed necessary by the Bank to assist the recovery of the Card. The Bank may provide the police or any other authority with any information it considers relevant.

9.3 The Cardholder shall remain fully liable for payment of all Card Transactions effected through the use of the Card by any person whether with or without the knowledge of the Cardholder and irrespective of whether the transactions were authorized by the Cardholder or not.

9.4 In the event that the lost Card is recovered by the Cardholder, he shall not use the Card and shall return the Card cut in half immediately to the Bank. The Cardholder shall not use the PIN after reporting the disclosure thereof to the Bank.

9.5 The Bank may in its absolute discretion issue a replacement Card for any lost or stolen Card or a new PIN on these Terms and Conditions. The Bank will charge the Cardholder a replacement fee in accordance with the Fees & Tariffs for replacing a lost/stolen Card

10. RENEWAL AND REPLACEMENT

The Bank may, subject to satisfactory maintenance of the Card Account, automatically renew and replace any Card which has expired or has been lost on payment of renewal or replacement fees prescribed by the Bank from time to time. The Bank will deliver the renewed or replaced Card at least one week before the expiry of the present Card to the address notified by the Cardholder to the Bank.

11. CANCELLATION

11.1 If the Cardholder wishes to cancel his/her Card this must be notified to the Bank in writing and the Card returned to the Bank cut in the middle.

11.2 Notification of cancellation must be given by the Cardholder to the Bank at least one month before expiry of the Card. After the Card has been renewed the Annual Fee becomes non-refundable.

12. REFUND

The Card Account will only be credited with refund in respect of any Card Transaction if the Bank receives a refund voucher or other refund verification acceptable to it.

13. WITHDRAWAL/TERMINATION

13.1 The Bank reserves the right at any time to withdraw the Card at its absolute discretion and/or cancel or terminate or suspend the use of the Card entirely or in respect of specific facilities, or refuse to renew or replace any Card with or without prior notice.

13.2 The Principal Cardholder may at any time by written notice to the Bank terminate the Card Account. Such termination will only be effective upon the return to and receipt by the Bank of all Cards issued for the Card Account. All use of the Card prior to the receipt of termination notice by the Bank will be fully binding on the Cardholder.

13.3 The use of the Card will be terminated by the Bank upon death, bankruptcy or insolvency of the Cardholder.

13.4 The Cardholder must return the Card(s) to the Bank or its authorized Agent immediately upon termination of this Agreement.

13.5 Upon termination of the Agreement either by the Bank or the Cardholder, the entire amount outstanding in the Card Account, together with any outstanding amount incurred by the use of the Card but not debited to the Card Account and all finance charges and late payment charges shall become immediately due and payable to the Bank.

14. VARIATION OF THESE CONDITIONS

14.1 The Bank may from time to time vary these terms and conditions including the Fees and Tariffs by notice in writing or by publication by such means as the Bank may select. Such variations shall apply from the effective date specified by the Bank and shall be binding on the Cardholder.

14.2 If the Cardholder keeps or uses the Card after the effective date of variation, it will be deemed to constitute acceptance of the variations.

14.3 If the Cardholder does not accept the variations, he must terminate this Agreement by giving prior written notice to the Bank and return the Card(s) cut in half to the Bank prior to the effective date and settle all his outstanding liabilities.

15. NOTICES

15.1 Any notice, demand or any other communication under this Agreement may be sent by ordinary post to the last known address of the Cardholder and shall be deemed to have been received by the Cardholder seven (7) days after the date of posting.

15.2 The Cardholder must promptly notify the Bank in writing of any change in his/her address or employment and the Bank will regard as valid the last and most recent address provided by the Cardholder.

15.3 Any instruction sent by the Cardholder to the Bank by facsimile shall be considered valid and the Bank may act upon such instruction. The Bank may use copies of facsimile transmissions as evidence in any Court of Law.

16. EXCLUSION OF LIABILITY

16.1 The Bank shall not in any way be liable to the Customer:

(a) for any loss or damage if the Card is not honored or accepted by a merchant, or any other bank or financial institution, or any ATM for whatever reason.

(b) For any loss or damage due to or arising from any disruption or failure or defect in any ATM or machine or communication system or data processing system or transmission link or anything outside the control of the Bank.

16.2 The Bank shall in no way be responsible for goods or services purchased by the Cardholder by use of the Card. Subject as stated in Condition 6.7 no claim by a Cardholder against a third party may be the subject of a defense or counterclaim against the Bank.

16.3 The Cardholder is required to pay all taxes as required by applicable law for use of the Card. The Bank assumes that all funds used by the Cardholder to activate the Card including subsequent replenishment of the Card are after tax income and the Cardholder will hold the Bank harmless and fully indemnified against any and all legal issues that arise between tax authorities and the Cardholder.

17. GENERAL

17.1 Card transaction vouchers (or sales vouchers) signed by the Cardholder will not be provided. Only in case of a dispute the photocopy or microfiche copy will be provided as documentary proof of debit, provided the Cardholder makes a written request within thirty days from the date of the Statement of Card Account and pays a fee. Copies of a signed voucher will not be provided at all for any purpose if the transaction date is over forty-five (45) days.

17.2 The Cardholder agrees that the Bank may at any time disclose and furnish any information as it deems fit concerning the Cardholder including but not limited to the account of the Cardholder under this Agreement to the Bank's associates, branches, agents, assignees or other parties in connection with the administration of the Card and to enable the Bank to enforce the Cardholder's obligations under this Agreement.

17.3 No failure to exercise and no delay in exercising on the part of the Bank of any rights, power or privilege under this Agreement shall operate as a waiver thereof, nor shall any single or partial exercise of any right, power or privilege preclude the exercise of any other right, power or privilege. The rights and remedies provided herein are cumulative and not exclusive of any rights and remedies provided by law.

18. GOVERNING LAW

These Terms and Conditions shall be governed by and construed in accordance with the laws of England & Wales, except where and to the extent specifically stated otherwise. The Cardholder hereby submits to the non exclusive jurisdiction of the courts of the United Kingdom.

19. USE OF PERSONAL DATA

The Cardholder agrees to the handling of personal data in accordance with any applicable law.

20. MCI REGULATIONS

These Terms and Conditions are deemed to incorporate and are subject to the Rules and Regulations of MCI insofar as they are applicable.

BANKER'S CONFIRMATION REQUEST

FBME Ref :

Part One (To be completed by you)

Banking Details
Please complete Part One of this Banker's Confirmation Request Form IN BLOCK CAPITALS, using BLACK INK, and return with your Application Form.

Name of present banker : _____
Address of present banker : _____
Contact Name (if applicable) _____
Tel : _____ Fax : _____ Sort Code : _____

Dear Sir: Your customer Account No :

In accordance with your customer's consent, as detailed below, we would be grateful for your assistance as follows :

Verification of Identity
We request your verification of the identity of your customer, as recommended by the Guidance Notes relating to the prevention of Money Laundering issued in this country.

Title Male Female Surname _____ First Name(s) _____
Date of birth Nationality _____
Residential address _____



Customer Consent
*I authorise FBME Bank Ltd to request confirmation of the details above and a banker's reference.
This form authorises my existing bankers to debit the above account with the cost of this enquiry.*

Full Name Signature Date

Part Two (To be completed by your Bankers)

Verification Request Response
*Banker – Please complete Part Two of the Verification and Reference Request Response and return it to FBME Bank Ltd at the address shown below.
Please place an "X" in the boxes, as appropriate.*

We confirm that the name, residential address, date of birth and sample signature match those in our record, or
 The name and sample signature match those in our records, but the residential address*, date of birth* does not (*please delete as appropriate), or
 The name, residential address, date of birth and a sample signature do not match those in our records.

What is the length of your relationship with this customer? years

Reference Request Response
We should be obliged if you would advise us, without responsibility on yourselves, whether you consider your above-named client to be good for the purpose of opening and/or operating a bank account.

We consider our customer to be good for the purposes of opening and maintaining a bank account at your bank, or
 We are not able to provide a reference as requested by our customer, or
 Our reference for this customer is attached.

For and on behalf of Bank

Signed _____
Name _____
Position _____
Date _____

Bank Stamp

Banker – Please complete the relevant sections of this form. Once completed, please return – within seven days of receipt – to :

FBME Bank Ltd
90 Arch. Makarios III Avenue
P.O. Box 25566
CY-1391 Nicosia
Cyprus



FBME Bank Ltd, 90 Arch. Makarios III Avenue, P.O. Box 25566, CY-1391 Nicosia, Cyprus

Tel : +357 22 888 444

Fax: +357 22 888 555

SWIFT : FBMECY2N

e-mail: customer.service@fbme.com