REF: 03/06/101 B

## Account Opening Form Please DELETE as appropriate

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PART	A						<u></u>			(for b	pank us	ie)					
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Mr/Mrs/N	liss/Ms																
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Profession	on/Occupation/Nature	of Busin	ess														
Employe	r's Name & Address																
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Introduce	ed by (name & addres	s)															
Introduce	er's Signature									(Verified	by)						<b></b>
Referen	ce 1																
Referen	ce 2																
How ofte	en do you require a sta	tement?															
Special in	nstructions regarding ope	eration of	the A/c. E.g.	Either or survivo	or, Joii	ntly et	tc										
I/We request you to open an Account as specified above. I/We agree to provide any documents required by you and to abide by the current rules for the conduct of such accounts.																	
	ee to inform you of any o	-															
I/We confirm to the best of knowledge and belief the information given is correct. I/We authorise the bank to make such enquiries and to take up references as it may consider necessary in regard to opening of such accounts. I/We agree to be liable for any overdraft or debt due to Nouvobanq which Nouvobanq may permit on this account or any other account in my/our name.																	
Signature	s(s)																
Date																	

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Required for CALL DEPOSIT ACCOUNT	PART B			TERM DEPOSIT ACCOUNT
AGREEMENT FOR RENEWAL OF TERM DEPOSIT ACCOUNTS(S)  It is hereby agreed that any deposit or deposits placed in mylour name shall in the absence of any intructions to the contrary be automatically renewed or the same period as that of the maturing deposit. The interest to be given on automatically renewed deposits is the rate ruing at the time for deposits naturity date of its desire to terminate or change any terms and/or conditions of the account.  It is agreed and understood that I we have no right to call for repsyment of a deposit prior to the original or any renewed maturity date but that in the event and any agreement to repsy finds at an earlier date you shall have the right to apply a penal rate on the deposit or to call for forfeiture of any or all of the interest due since the date of the last deposit or renewal of that deposit. Any instructions to withdraw a deposit or to vary the period from that of the maturing deposit will be conveyed to you in writing to arrive three clear working days prior to the date of maturity.  Signature(s)  Werflied	TO MONTHONING			
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Date		nterest on, and to char	ge a commission for, the keeping of th	nis account. Interest is payable half yearly each
Date				
Date				
Date				
			Signature(s)	
	Date			

(all joint account holders must sign)

Signature(s)
Verified .....

PA	ART D		JOINT ACCOUN
:O:	NOUVOBANQ		
		BRANCH	
		JOINT MANDATE	
nered ccou	on signed as per the instruction ant or on any other account in c	quest you to honour cheques or orders (including cheques or or some some some some some some some some	to you which you may permit on th death of any one of us the signature
		Signature(s)	*
ate .			
	ture(s)		
		(all joint account holders must sign)	
		NOUVOBANQ USE ONLY	
		Check list - Initial when complete/obtained	
		Signature card made out	
		Cheque personalisation plate made	
		Form 2 or 230 despatched	
		Mandates obtained .	

Manager's Signature

Title

## SIGNATURE CARD



Account No:				NOUVOBANQ  Seychelles International  Mercantile Banking Corporation Ltd			
		· ·					
Signing Instructions:							
*							
Special Instructions:		FOR BANK USE	<b>Ξ</b> :				
		P/A FORM NUMBER	DATED	INITIAL	DATE CANCELLED	INITIAL	
				-			
Specimen Signatures:							
(PLEASE SIGN CLEARLY INSIDE EACH BOX ONE SIGNATURE)	JRE PER BOX)						
1	2	1	3				
Name	Name		Name	-			
Title	Title		Title				
4	5		6				
	7						
Name	Name		Name	-			

Title

Title