

DECLARATION FOR US FATCA LAW

GENERAL INFORMATION

Client's Account No.
Client's Full Name

SUBJECT: US FATCA LAW

Dear Sirs,

In compliance with the new legislation enacted in the United States of America (USA), known as Law of "FATCA", which aims at applying USA tax laws and regulations to any natural persons residing outside the USA, foreign financial institutions are required to disclose any accounts held by them in the name of any of the following:

- A US citizen
- A Green Card holder
- A person who is a permanent resident of the USA or has resided for a period of at least 183 days based on the calculations specified in the US tax laws and regulations.
- A company registered in the USA

And also any:

- Company registered outside the USA in which any of the aforementioned owns at least 10% of its capital.

In order to enable your institution to execute this act and comply with it, I hereby authorize you, as far as I am concerned, to make the required disclosure to the competent authorities of the USA about all my accounts, ordinary or secret, held in my name at your institution separately or jointly with any person whether:

I am currently or expecting to become an American citizen, a Green Card holder, a permanent resident of the USA, or I have lived in the USA for a period of at least 183 days based on the calculations specified in the US tax laws and regulations and earned or still earn an income originated from the USA.

OR the beneficial owner of any transaction or any account of any type opened in my name, or any person I appointed as agent by power of attorney on any of my accounts is currently or expects to become an American citizen, a Green Card holder, a permanent resident of the USA, or has lived in the USA for a period of at least 183 days based on the calculations specified in the US tax laws and regulations and earned or still earns an income originated from the USA.

I thus relieve your Financial Institution from banking secrecy obligations concerning all the aforesaid and confirm that your Institution shall not bear any liability whatsoever in this respect.

Regards,

FOR ADMINISTRATION USE

Full Name

Name of Authorized Signature

Signature

Stamp & Signature

Date

Date