Account Opening Booklet
Welcome to EFG Bank AG

Thank you for choosing EFG Bank AG, Hong Kong branch (the "Bank", which expression shall include its permitted successors, assigns, transferees and persons deriving title under any of them). References to "we", "our" or "us" shall be construed accordingly.

To open an account with the Bank, please complete, sign and deliver to the Bank the Account Opening Booklet and provide any other information and documentation that the Bank may request.

By signing this Account Opening Booklet, you accept the terms of this Account Opening Booklet and the General Conditions and Risk Disclosure Statements ("General Conditions") of the Bank as well as such other additional terms and conditions as may be required by the Bank (as applicable and as may be amended, supplemented, restated or novated from time to time) (collectively, the "Agreement"). Upon our confirmation that your application for an account with Bank has been accepted, the terms and conditions of the Agreement shall govern our relationship with you and the services made or to be made available by the Bank to you. All terms and references used in this Account Opening Booklet shall have the same meaning as used in the General Conditions, unless otherwise defined.

Please read the terms and conditions of the Agreement carefully, in particular the Risk Disclosure Statements set out in the General Conditions. The Agreement is binding on you. Please consider taking independent legal or other professional advice before entering into the Agreement with us if you consider appropriate.

The Bank highly values your comments. You may provide comments and opinions on our services through the following channels:

- talk to us in person; or
- e-mail to “A.HKCPL@efgbank.com”; or
- direct call to the Compliance Department at (852) 2298-3283; or
- send us a letter.

The Bank is a licensed bank under the Banking Ordinance (Cap. 155 of the Laws of Hong Kong). The Bank is also a registered institution under the Securities and Futures Ordinance (Cap. 571 of the Laws of Hong Kong) in respect of Type 1 (dealing in securities), Type 4 (advising on securities) and Type 9 (asset management) regulated activities under CE Number AFV863.

We look forward to bringing you our high quality services.
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Section 1  ACCOUNT MANDATE AND CLIENT DECLARATIONS

1. I/We hereby request and authorise the Bank, at its absolute discretion, to open or continue (as the case may be) one or more Accounts or any further Accounts upon my/our Instructions from time to time on the terms of the Agreement.

2. I/We irrevocably agree and confirm that all Services of the Bank to me/us and all my/our Accounts with the Bank from time to time shall be subject to the Agreement, and the Agreement shall be legally binding on me/us. I/We understand that the Bank may at any time and from time to time amend, supplement, restate or novate the Agreement in accordance with the terms of the Agreement, and such amendment, supplement, restatement or novation shall also be legally binding on me/us.

3. Without limiting the Bank's rights under the Agreement:
   a. I/We hereby authorise the Bank to act on any Instructions given by me/us in accordance with the authority set out in the Account Opening Booklet or other Account Mandate (as the same may be amended, supplemented or replaced by me/us from time to time in the manner required by the Bank).
   b. I/We confirm that all the information, documents and representations, provided to the Bank in respect of any Accounts and Services (including for account opening purposes) are truthful, correct and complete, and that the Bank shall be authorised to confirm the same from any sources it may choose. The Bank is entitled to rely fully on such information, documents and representations for all purposes.
   c. I/We undertake to promptly inform the Bank in writing of any change of the information provided to the Bank in the Account Opening Booklet, and immediately upon occurrence of such changes to supply the Bank with certified copies or other form of such documents as the Bank may require for the purpose of opening or maintaining the Account(s) with the Bank.
   d. I/We acknowledge that the Bank reserves the right not to open or maintain any Account or provide any Services to me/us if I/we fail to provide any information or document which the Bank may reasonably require from time to time.

4. I/We hereby confirm that, unless specifically stated in the Account Opening Booklet or otherwise notified to the Bank in writing:
   a. I/We am/are the sole beneficial owner(s) of all assets and funds in the Account(s), free and clear of all liens, encumbrances and charges whatsoever other than those in favour of the Bank;
   b. I/We am/are transacting on my/our own account as principal and am/are not trading on behalf of or as a trustee or nominee for any other person; and
   c. I/We am/are the person(s) ultimately responsible for originating the Instructions in relation to any Transactions and no other person stands to gain commercial or economic benefits from the Transactions and/or to bear their commercial or economic risks.

5. I/We authorise the Bank to send all mail correspondence including but not limited to statements, advices, contract notes, receipts and confirmations to me/us at (in respect Personal / Joint Accounts) the residential address of the Client in (A1) of Section 2A; (in respect of Corporate Accounts) the registered office address of the Client in Section 2B; and (in respect of Trustee Accounts) registered office address of the corporate trustee or the residential address of the first-named individual trustee in Section 2C (as applicable), unless otherwise indicated below or through specific Instructions to the Bank:

Communications from the Bank to the Client by mail shall be sent to the following address(es):

____________________________________________________________________________________
6. I/We authorise the Bank to send to me/us and I/we consent to receive information by email or other electronic messages using the email address(es) stated in Section 2 below or at such other email address(es) that are indicated below or as may be notified to the Bank in writing by me/us from time to time.

Electronic communications from the Bank to the Client shall be sent to the following email address(es):

_____________________________________________________________________________________

7. I/We authorise the Bank to send to me/us and I/we consent to receive information by SMS and other electronic messages using the mobile phone number(s) stated in Section 2 below or at such other mobile phone number(s) that are indicated below or as may be notified to the Bank in writing by me/us from time to time.

Electronic communications from the Bank to the Client shall be sent to the following mobile phone number(s):

_____________________________________________________________________________________

8. I/We authorise the Bank to accept and act on, subject to the Agreement, phone Instructions given or purported to be given by me/us or any of my/our Authorised Person(s), if appointed, in accordance with the relevant authorisation even if the signing conditions require more than one person to sign.

9. I/We authorise the Bank to accept and act on, subject to the Agreement, fax Instructions given or purported to be given by me/us or any of my/our Authorised Person(s), if appointed, in accordance with the relevant authorisation.

10. I/We authorise the Bank to accept and act on, subject to the Agreement, email or other electronic Instructions given or purported to be given by me/us or any of my/our Authorised Person(s), if appointed, in accordance with the relevant authorisation even if the signing conditions require more than one person to sign.

11. I/We acknowledge receipt of a copy of the General Conditions (including the Risk Disclosure Statements in Part F of the General Conditions) which was provided to me/us in a language of my/our choice, that I/we were invited to read the General Conditions (including the Risk Disclosure Statements) as well as this Account Opening Booklet (including the Hong Kong Deposit Protection Scheme - Information Disclosure Notice and the Personal Information Collection Statement), to ask questions and take independent advice if I/we wish.

12. I/We acknowledge receipt of a copy of the Bank's Personal Information Collection Statement. I/We agree that the Bank may disclose and use my/our personal information in accordance with the Bank's Personal Information Collection Statement and the General Conditions, in particular the provisions of Clause 16 of section 1 of Part B of the General Conditions.

13. I/We further agree that the Bank may use my/our personal data in section 7(i) of the Bank's Personal Information Collection Statement to contact me/us about the classes of services, products and subjects listed in section 7(ii) of the Bank's Personal Information Collection Statement. I/We understand that the Bank requires my/our consent to do so. The Bank may also disclose my/our personal data to the parties listed in section 7(iii) of the Bank's Personal Information Collection Statement to enable them to market their products and services to me/us within the classes of services, products and subjects listed in the Bank’s Personal Information Collection Statement. I/We understand that the Bank requires my/our written consent to do so. I/We agree that the Bank and other EFG Bank Group Members may send marketing information to me/us by such means as the Bank may prescribe. I/We understand that the Bank may not receive money or other property in return (except photocopying charges) for providing my/our personal data to the other persons listed in the Bank's Personal Information Collection Statement.

☐ Please tick this if you do not wish your personal data to be used for direct marketing activities stated in paragraph 13 above.
## Section 2 Client Information

### Type of Account:
- [ ] Personal / Joint Account (including Sole Proprietorships / Partnerships) - Please complete Section 2A.
- [ ] Corporate Account - Please complete Section 2B.
- [ ] Trustee Account - Please complete Section 2C.

### Section 2A PERSONAL / JOINT ACCOUNT (INCLUDING SOLE PROPRIETORSHIPS / PARTNERSHIPS)

**ACCOUNT NAME:**

(A) CLIENT DETAILS:

*Please complete the following in respect of each account holder / each sole proprietor / each partner of a partnership.*

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<tr>
<th>(A1)</th>
<th>First Name(s):</th>
<th>Last Name:</th>
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<td>Chinese Name (if applicable):</td>
<td>Passport/HKID No.*:</td>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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<td>Residential Address:</td>
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<td>Fax:</td>
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<td></td>
<td>Permanent Address:</td>
<td>(if different)</td>
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<td>Passport/HKID No.*:</td>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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<td>Nationality:</td>
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<td>Date of Birth:</td>
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<td></td>
<td>Occupation:</td>
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<td></td>
<td>Residential Address:</td>
<td>(Home)</td>
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<td></td>
<td></td>
<td>(Office)</td>
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<td>(Mobile)</td>
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<td>Fax:</td>
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<td></td>
<td>Permanent Address:</td>
<td>(if different)</td>
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<td>Email:</td>
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</tbody>
</table>
(A3) First Name(s): __________________________ Last Name: __________________________
Chinese Name (if applicable): __________________________
Passport/HKID No. *: __________________________ (*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Nationality: __________________________
Date of Birth: __________________________ Occupation: __________________________
Telephone: __________________________
(Home) __________________________
(Office) __________________________
Residential Address: __________________________
(Mobile) __________________________
Fax: __________________________
Permanent Address: __________________________
Email: __________________________
(if different) __________________________

(A4) First Name(s): __________________________ Last Name: __________________________
Chinese Name (if applicable): __________________________
Passport/HKID No. *: __________________________ (*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Nationality: __________________________
Date of Birth: __________________________ Occupation: __________________________
Telephone: __________________________
(Home) __________________________
(Office) __________________________
Residential Address: __________________________
(Mobile) __________________________
Fax: __________________________
Permanent Address: __________________________
Email: __________________________
(if different) __________________________

For sole proprietorships / partnerships, please complete the following.

(A5) Full Name: __________________________ Business Registration No. and Business Commencement Date: __________________________
Business Address: __________________________
Nature of Business: __________________________
Telephone: __________________________ Fax: __________________________ Email: __________________________
(B) AUTHORISED SIGNATORY(IES) (OTHER THAN CLIENT(S)) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF):

(B1) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________
Passport/HKID No.: ___________________________
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________ Telephone: ___________________________
(Home) (Office)
Residential Address: ___________________________
(Mobile)
Fax: ___________________________
Permanent Address: ___________________________
Email: ___________________________
(if different) ___________________________
Transaction Limit (if any): ___________________________

(B2) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________
Passport/HKID No.: ___________________________
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________ Telephone: ___________________________
(Home) (Office)
Residential Address: ___________________________
(Mobile)
Fax: ___________________________
Permanent Address: ___________________________
Email: ___________________________
(if different) ___________________________
Transaction Limit (if any): ___________________________

(B3) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________
Passport/HKID No.: ___________________________
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________ Telephone: ___________________________
(Home) (Office)
Residential Address: ___________________________
(Mobile)
Fax: ___________________________
Permanent Address: ___________________________
Email: ___________________________
(if different) ___________________________
Transaction Limit (if any): ___________________________
**B4**  
**First Name(s):**  
Last Name:  

Chinese Name (if applicable):  
Passport/HKID No.*:  
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")  

Nationality:  

Date of Birth:  
Occupation:  

Residential Address:  
Telephone:  
(Home)  
(Office)  
(Mobile)  
Fax:  

Permanent Address:  
Email:  

Transaction Limit (if any):  

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**C1**  
**First Name(s):**  
Last Name:  

Chinese Name (if applicable):  
Passport/HKID No.*:  
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")  

Nationality:  

Date of Birth:  
Occupation:  

Residential Address:  
Telephone:  
(Home)  
(Office)  
(Mobile)  
Fax:  

Permanent Address:  
Email:  

Transaction Limit (if any):  

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**C2**  
**First Name(s):**  
Last Name:  

Chinese Name (if applicable):  
Passport/HKID No.*:  
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")  

Nationality:  

Date of Birth:  
Occupation:  

Residential Address:  
Telephone:  
(Home)  
(Office)  
(Mobile)  
Fax:  

Permanent Address:  
Email:  

Transaction Limit (if any):
(D) SIGNING CONDITIONS

FOR JOINT ACCOUNT CLIENTS / PARTNERSHIP CLIENTS: (please initial box)

Unless otherwise indicated in the signing conditions below and the Terms of General Authority set out in Schedule 1 hereof (if applicable), the Bank shall be entitled to accept Instructions given by and documents signed by any one Joint Holder / partner (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank), unless and until the Bank receives a written signed notice from the Client to amend the signing conditions and Terms of General Authority (if applicable) and the Bank accepts such amendment.

☐ Any One Signature  ☐ Any Two Signatures
☐ Any _________ (Specify No.) Signatures  ☐ All Signatures
☐ With Chop (if applicable)  ☐ Other Manner (please specify):_____________________

FOR AUTHORISED SIGNATORY(IES) (OTHER THAN CLIENT(S)) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Signatory(ies) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of General Authority set out in Schedule 2 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of General Authority and signing conditions and the Bank accepts such amendment.

☐ Any One Signature  ☐ Any Two Signatures
☐ Any _________ (Specify No.) Signatures  ☐ All Signatures
☐ With Chop (if applicable)  ☐ Other Manner (please specify):_____________________

FOR AUTHORISED REPRESENTATIVE(S) WITH LIMITED AUTHORITY (IN ACCORDANCE WITH THE TERMS OF LIMITED AUTHORITY SET OUT IN SCHEDULE 3 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Representative(s) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of Limited Authority set out in Schedule 3 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of Limited Authority and signing conditions and the Bank accepts such amendment.

☐ Any One Signature  ☐ Any Two Signatures
☐ Any _________ (Specify No.) Signatures  ☐ All Signatures
☐ With Chop (if applicable)  ☐ Other Manner (please specify):_____________________
By signing below, I/we agree and confirm all the matters set out in the Account Mandate and Client Declarations (including whether to receive direct marketing as indicated in paragraph 13 thereof) as well as the Account Opening Booklet:

<table>
<thead>
<tr>
<th>Name of Client / Authorised Signatory / Authorised Representative (A1)</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Client / Authorised Signatory / Authorised Representative (A2)</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Client / Authorised Signatory / Authorised Representative (A3)</td>
<td>Signature</td>
</tr>
<tr>
<td>Name of Client / Authorised Signatory / Authorised Representative (A4)</td>
<td>Signature</td>
</tr>
</tbody>
</table>

Date: ____________________________

Witnessed by:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Designation / Position:</th>
</tr>
</thead>
</table>

Date: ____________________________
PARTNERSHIP CERTIFICATE

of __________________________________________________________________________ (the "Partnership")

Account No: _____________________

WE HEREBY CERTIFY THAT:

A. The following resolutions were agreed on ________________ by each of the partners of the Partnership at a meeting duly held and convened in accordance with the constitutional documents of the Partnership, having confirmed that each partner, Authorised Signatory and Authorised Representative had received and reviewed copies of the Account Opening Booklet (including the Hong Kong Deposit Protection Scheme – Information Disclosure Notice and the Personal Information Collection Statement), General Conditions (including the Risk Disclosure Statements) and all other relevant documentation provided by EFG Bank AG, Hong Kong Branch (the "Bank") and each partner having disclosed all his interests in the subject-matter of the meeting. Unless the context otherwise requires, terms defined herein shall have the same meanings as in the General Conditions of the Bank.

* Delete as appropriate

IT WAS RESOLVED THAT:

1. Account(s) be opened with the Bank and Services be utilised by the Partnership on the terms and conditions specified in the Account Opening Booklet, General Conditions as well as such other additional terms and conditions as may be required by the Bank (as applicable and as may be amended, supplemented, restated or novated from time to time) (collectively, the "Agreement"), and that this Partnership Certificate be duly signed by all partners, or by such other person(s) as the Bank may accept, and duly delivered to the Bank.

2. The granting of the following power(s) of attorney (in the form circulated to all the partners of the Partnership) (collectively, the "Power(s) of Attorney", and each a "Power of Attorney") by the Partnership and their execution (under seal) and delivery by the below-mentioned individual(s) for and on behalf of the Partnership in accordance with the Partnership's constitutional documents be and is hereby approved:

   (1) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (who are Client(s)) (with general authority):

   Name(s) of Authorised Signatory(ies):

   (a) ____________________________________________________________
   (b) ____________________________________________________________
   (c) ____________________________________________________________
   (d) ____________________________________________________________
   (e) ____________________________________________________________
   (f) ____________________________________________________________

   To be executed (under seal) and delivered for and on behalf of the Partnership by any *one / *two / *____ of the following individual(s):

   (a) ____________________________________________________________
   (b) ____________________________________________________________
   (c) ____________________________________________________________
   (d) ____________________________________________________________
   (e) ____________________________________________________________
   (f) ____________________________________________________________

   (2) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (with general authority (except to create any security interest or encumbrance over any assets)):

   Name(s) of Authorised Signatory(ies):

   (a) ____________________________________________________________
   (b) ____________________________________________________________
   (c) ____________________________________________________________
   (d) ____________________________________________________________
   (e) ____________________________________________________________
   (f) ____________________________________________________________

   To be executed (under seal) and delivered for and on behalf of the Partnership by any *one / *two / *____ of the following individual(s):

   (a) ____________________________________________________________
   (b) ____________________________________________________________
   (c) ____________________________________________________________
   (d) ____________________________________________________________
   (e) ____________________________________________________________
   (f) ____________________________________________________________
(3) *Limited Power of Attorney appointing the following individual(s) as Authorised Representative(s) (with limited authority):

Name(s) of Authorised Representative(s):

(a) __________________________________________
(b) __________________________________________
(c) __________________________________________
(d) __________________________________________
(e) __________________________________________
(f) __________________________________________

To be executed (under seal) and delivered for and on behalf of the Partnership by any *one / *two / *____ of the following individual(s):

(a) __________________________________________
(b) __________________________________________
(c) __________________________________________
(d) __________________________________________
(e) __________________________________________
(f) __________________________________________

3. Each partner, Authorised Signatory and Authorised Representative having confirmed that he had read and fully understood the Agreement, the same be approved.

4. The Account Opening Booklet shall be signed for and on behalf of the Partnership by any *one / *two / *____ of the following individual(s):

(1) _________________________________________ (Name)
(2) _________________________________________ (Name)
(3) _________________________________________ (Name)
(4) _________________________________________ (Name )

and the Client, Authorised Representative(s) and Authorised Signatory(ies) named in the Account Opening Booklet be and they are hereby duly authorised, within the limits specified in the Account Opening Booklet and the Power(s) of Attorney, to open any and all Accounts of, to utilise all or any Services made available to, the Partnership (including without limitation, credit facilities whether on a secured or unsecured basis, foreign exchange trading services including on a margin basis, treasury and derivative services, non-discretionary and discretionary investment services), to approve (with or without amendment), sign, (if required, seal) or execute in accordance with the Partnership's constitutional documents and the Power(s) of Attorney all relevant documentation in respect thereof, including without limitation to, any documentation required by the Bank from time to time including documentation relating to any Collateral or any amendments and variations to the Agreement or annexures or supplementals to the Agreement, to give Instructions to the Bank in respect of any and all Accounts and Services, to receive, examine and verify statements of accounts and other documents or instruments and to give and receive good and valid receipts and discharges for all sums received or paid in connection with any of the above, and generally to do all such other acts and things and take all such other steps and exercise such discretion as they may consider expedient or desirable for the purpose of or in connection with all or any of the above matters.

5. The assets of the Partnership held by the Bank from time to time and any other security required by the Bank from time to time shall be held as Collateral in accordance with the terms of the General Conditions to secure all liabilities of the Partnership from time to time to the Bank.

6. These Resolutions and the Power(s) of Attorney shall continue in full force and effect and the Bank shall be entitled to rely upon and act pursuant to the same until such time as the Bank shall have received actual notice that they have been revoked, superseded, amended or varied.

B. All the partners have signed the above Resolutions in accordance with the Partnership's constitutional documents. The above Resolutions and the Power(s) of Attorney have not been revoked, superseded, amended or varied in any manner and are in full force and effect as of the date hereof.

C. The Account Opening Booklet contains a true, complete and correct list of all the partners, Authorised Signatories and Authorised Representatives of the Partnership as at the date hereof.

D. The specimen signatures set out in the Signature Card attached are the authentic signatures of the persons named therein, and the specimen chop (if any) attached to such Signature Card is the duly authorised chop of the Partnership.

E. Attached to the Account Opening Booklet are true and complete copies of the Partnership's constitutional documents as at the date hereof.

F. The representations and warranties set out in the Agreement are true, correct and not misleading in any material particular.

Remark: Client’s own mandate (if any) is not required upon completion of this partnership certificate.
## Section 2B  CORPORATE ACCOUNT

**ACCOUNT NAME:** 
______________________________________________________________________________

### (A) CLIENT DETAILS:

<table>
<thead>
<tr>
<th>Name of Corporation:</th>
<th>Incorporation / Registration No.:</th>
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<tbody>
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<th>Date of Incorporation / Registration:</th>
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<th>Registered Office Address:</th>
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<th>Business Address (if different):</th>
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<table>
<thead>
<tr>
<th>Nature of Business:</th>
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<table>
<thead>
<tr>
<th>Telephone:</th>
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<th>Email:</th>
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</table>

#### Individual Director(s):

<table>
<thead>
<tr>
<th>Name</th>
<th>Residential Address (and Permanent Address if different)</th>
<th>Passport/HKID No.*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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</tbody>
</table>

(1)

(2)

(3)

(4)

#### Corporate Director(s):

<table>
<thead>
<tr>
<th>Name of Corporation</th>
<th>Registered Office Address (and Business Address if different)</th>
<th>Country of Incorporation/ Registration and Incorporation/ Registration No.</th>
<th>Name and Passport/ HKID No. of Director(s)</th>
</tr>
</thead>
</table>

(1)

(2)

#### Secretary:

<table>
<thead>
<tr>
<th>Name</th>
<th>Residential Address (and Permanent Address if different)</th>
<th>Passport/HKID No.*</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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</table>

(1)
(B) AUTHORISED SIGNATORY(IES) (who are Directors) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 1 HEREOF):

<table>
<thead>
<tr>
<th></th>
<th>First Name(s):</th>
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<td>(B1)</td>
<td>Chinese Name (if applicable):</td>
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<td>Nationality:</td>
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<td>Date of Birth:</td>
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<td>Telephone: (Home)</td>
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<td>Telephone: (Home)</td>
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<td>Transaction Limit (if any):</td>
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<td>Email:</td>
<td>Transaction Limit (if any):</td>
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</table>
(C) AUTHORISED SIGNATORY(IES) (who are not Directors) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF):

(C1) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________ Passport/HKID No.*: ___________________________
(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________
(Home) ___________________________
(Office) ___________________________
(Mobile) ___________________________
Fax: ___________________________
Residential Address: ___________________________
Permanent Address: ___________________________ Email: ___________________________
(if different) ___________________________
Transaction Limit (if any): ___________________________

(C2) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________ Passport/HKID No.*: ___________________________
(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________
(Home) ___________________________
(Office) ___________________________
(Mobile) ___________________________
Fax: ___________________________
Residential Address: ___________________________
Permanent Address: ___________________________ Email: ___________________________
(if different) ___________________________
Transaction Limit (if any): ___________________________

(C3) First Name(s): ___________________________ Last Name: ___________________________
Chinese Name (if applicable): ___________________________ Passport/HKID No.*: ___________________________
(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Nationality: ___________________________
Date of Birth: ___________________________ Occupation: ___________________________
Telephone: ___________________________
(Home) ___________________________
(Office) ___________________________
(Mobile) ___________________________
Fax: ___________________________
Residential Address: ___________________________
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(if different) ___________________________
Transaction Limit (if any): ___________________________
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<td>Transaction Limit (if any):</td>
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| (D) AUTHORISED REPRESENTATIVE(S) WITH LIMITED AUTHORITY (IN ACCORDANCE WITH THE TERMS OF LIMITED AUTHORITY SET OUT IN SCHEDULE 3 HEREOF): |

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<td>Transaction Limit (if any):</td>
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</table>
(E) SIGNING CONDITIONS

FOR AUTHORISED SIGNATORY(IES) (who are Directors) (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 1 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Signatory(ies) (who are Directors) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of General Authority set out in Schedule 1 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of General Authority and signing conditions and the Bank accepts such amendment.

- Any One Signature
- Any Two Signatures
- Any (Specify No.) Signatures
- All Signatures
- With Chop (if applicable)
- Other Manner (please specify):

FOR AUTHORISED SIGNATORY(IES) WITH GENERAL AUTHORITY (who are not Directors) (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Signatory(ies) (who are not Directors) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of General Authority set out in Schedule 2 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of General Authority and signing conditions and the Bank accepts such amendment.

- Any One Signature
- Any Two Signatures
- Any (Specify No.) Signatures
- All Signatures
- With Chop (if applicable)
- Other Manner (please specify):

FOR AUTHORISED REPRESENTATIVE(S) WITH LIMITED AUTHORITY (IN ACCORDANCE WITH THE TERMS OF LIMITED AUTHORITY SET OUT IN SCHEDULE 3 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Representative(s) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of Limited Authority set out in Schedule 3 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of Limited Authority and signing conditions and the Bank accepts such amendment.

- Any One Signature
- Any Two Signatures
- Any (Specify No.) Signatures
- All Signatures
- With Chop (if applicable)
- Other Manner (please specify):
By signing below, I/we agree and confirm all the matters set out in the Account Mandate and Client Declarations (including whether to receive direct marketing as indicated in paragraph 13 thereof) as well as the Account Opening Booklet:

Name of *Director / *Authorised Signatory/ *Authorised Representative (A1) ____________________________

Signature

Name of *Director / *Authorised Signatory/ *Authorised Representative (A2) ____________________________

Signature

Name of *Director / *Authorised Signatory/ *Authorised Representative (A3) ____________________________

Signature

Name of *Director / *Authorised Signatory/ *Authorised Representative (A4) ____________________________

Signature

Date: ____________________________

Witnessed by:

Name: ____________________________
Designation / Position: ____________________________

Date: ____________________________
CORPORATE CERTIFICATE

of __________________________________________ (the "Company")

Account No: __________________________

WE HEREBY CERTIFY THAT:

A. The following resolutions were duly passed *at a meeting duly held and convened (during which a quorum was present and acting throughout) / by written resolutions of all the Directors in accordance with the constitutional documents of the Company, having confirmed that each Director, Authorised Signatory and Authorised Representative had received and reviewed copies of the Account Opening Booklet (including the Hong Kong Deposit Protection Scheme – Information Disclosure Notice and the Personal Information Collection Statement), General Conditions (including the Risk Disclosure Statements) and all other relevant documentation provided by EFG Bank AG, Hong Kong Branch (the "Bank") and each Director having disclosed all his interests in the subject-matter of the *meeting / resolutions. Unless the context otherwise requires, terms defined herein shall have the same meanings as in the General Conditions of the Bank.

* Delete as appropriate

IT WAS RESOLVED THAT:

1. Account(s) be opened with the Bank and Services be utilised by the Company on the terms and conditions specified in the Account Opening Booklet, General Conditions as well as such additional terms and conditions as may be required by the Bank (as applicable and as may be amended, supplemented, restated or novated from time to time) (collectively, the "Agreement"), and that this Corporate Certificate be duly signed by any two Directors or one Director and the secretary, or by such other person(s) as the Bank may accept, and duly delivered to the Bank.

2. The granting of the following power(s) of attorney (in the form circulated to the *meeting / all the Directors of the Company) (collectively, the "Power(s) of Attorney", and each a "Power of Attorney") by the Company and their execution (under the Company's common seal) and delivery by the below-mentioned individual(s) for and on behalf of the Company in accordance with the Company's constitutional documents be and is hereby approved:

(1) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (who are Directors) (with general authority):

Name(s) of Authorised Signatory(ies):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________
(e) ____________________________________________
(f) ____________________________________________

To be executed (under the Company's common seal) and delivered for and on behalf of the Company by any *one / *two / *___ of the following individual(s):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________
(e) ____________________________________________
(f) ____________________________________________

(2) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (who are not Directors) (with general authority (except to create any security interest or encumbrance over any assets)):

Name(s) of Authorised Signatory(ies):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________
(e) ____________________________________________
(f) ____________________________________________
To be executed (under the Company's common seal) and delivered for and on behalf of the Company by any *one / *two / *__ of the following individual(s):

(a) _______________________________________
(b) _______________________________________
(c) _______________________________________
(d) _______________________________________
(e) _______________________________________
(f) _______________________________________

(3) *Limited Power of Attorney appointing the following individual(s) as Authorised Representative(s) (with limited authority):

Name(s) of Authorised Representative(s):

(a) _______________________________________
(b) _______________________________________
(c) _______________________________________
(d) _______________________________________
(e) _______________________________________
(f) _______________________________________

To be executed (under the Company's common seal) and delivered for and on behalf of the Company by any *one / *two / *__ of the following individual(s):

(a) _______________________________________
(b) _______________________________________
(c) _______________________________________
(d) _______________________________________
(e) _______________________________________
(f) _______________________________________

3. Each Director, Authorised Signatory and Authorised Representative having confirmed that he had read and fully understood the Agreement, the same be approved.

4. The Account Opening Booklet shall be signed for and on behalf of the Company by any *one / *two / *__ of the following individuals:

(1) _______________________________________ (Name)
(2) _______________________________________ (Name)
(3) _______________________________________ (Name)
(4) _______________________________________ (Name)

and the Client, Authorised Representative(s) and Authorised Signatory(ies) named in the Account Opening Booklet be and they are hereby duly authorised, within the limits specified in the Account Opening Booklet and the Power(s) of Attorney, to open any and all Accounts of, to utilise all or any Services made available to, the Company (including without limitation, credit facilities whether on a secured or unsecured basis, foreign exchange trading services including on a margin basis, treasury and derivative services, non-discretionary and discretionary investment services), to approve (with or without amendment), sign, (if required, seal) or execute in accordance with the Company’s constitutional documents and the Power(s) of Attorney all relevant documentation in respect thereof, including without limitation to, any documentation required by the Bank from time to time including documentation relating to any Collateral or any amendments and variations to the Agreement or annexures or supplementals to the Agreement, to give Instructions to the Bank in respect of any and all Accounts and Services, to receive, examine and verify statements of accounts and other documents or instruments and to give and receive good and valid receipts and discharges for all sums received or paid in connection with any of the above, and generally to do all such other acts and things and take all such other steps and exercise such discretion as they may consider expedient or desirable for the purpose of or in connection with all or any of the above matters.

5. The assets of the Company held by the Bank from time to time and any other security required by the Bank from time to time shall be held as Collateral in accordance with the terms of the General Conditions to secure all liabilities of the Company from time to time to the Bank.

6. These Resolutions and the Power(s) of Attorney shall continue in full force and effect and the Bank shall be entitled to rely upon and act pursuant to the same until such time as the Bank shall have received actual notice that they have been revoked, superseded, amended or varied.

B. All the Directors have signed the above Resolutions in accordance with the Company’s constitutional documents. The above Resolutions and the Power(s) of Attorney have not been revoked, superseded, amended or varied in any manner and are in full force and effect as of the date hereof.

C. The Account Opening Booklet contains a true, complete and correct list of all Directors, Authorised Signatories and Authorised Representatives of the Company as at the date hereof.
D. The specimen signatures set out in the Signature Card attached are the authentic signatures of the persons named therein, and the specimen chop (if any) attached to such Signature Card is the duly authorised chop of the Company.

E. Attached to the Account Opening Booklet are true and complete copies of the Company’s constitutional documents as at the date hereof.

F. The representations and warranties set out in the Agreement are true, correct and not misleading in any material particular.

Remark: Client’s own Board Resolution is not required upon completion of this corporate certificate.

Certified by:

<table>
<thead>
<tr>
<th>Signature</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Position: Director</td>
<td>Position: Director/ Secretary*</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Section 2C TRUSTEE ACCOUNT

ACCOUNT NAME: ___________________________________________________________

__________________________

__________________________

TRUST DETAILS:

Name of Trust: ____________________________ Governing Law: ____________________________

Identification Number (if any) granted by any applicable official bodies (e.g. tax identification number or registered charity or non-profit organisation number): ____________________________

Type of Trust ☐ Revocable ☐ Irrevocable Date Established: ____________________________

*Please select the type of irrevocable structure.

☐ Non-discretionary: a person or certain persons is/are the sole beneficial owner(s) of the assets concerned.

☐ Discretionary: the structure is discretionary for the purpose of appointments of beneficiaries and distribution of assets: in consequence, specific beneficial owner(s) cannot be designated due to the existing legal structure.

CLIENT DETAILS:

(A) Where the Client is a Corporate Trustee:

Name of Corporation: ____________________________ Incorporation / Registration No.: ____________________________

Country of Incorporation / Registration: ____________________________ Date of Incorporation / Registration: ____________________________

Registered Office Address: ____________________________

Business Address (if different): ____________________________

Nature of Business: ____________________________

Telephone: __________________ Fax: __________________ Email: __________________

Individual Director(s): Name Residential Address (and Permanent Address if different) Passport/HKID No.*

(1) ____________________________

(2) ____________________________

(3) ____________________________

(4) ____________________________

(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
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<th>Corporate Director(s):</th>
<th>Name of Corporation</th>
<th>Registered Office Address (and Business Address if different)</th>
<th>Country of Incorporation/ Registration and Incorporation/ Registration No.</th>
<th>Name and Passport/ HKID No. of Director(s)</th>
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**Secretary (if any):**

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<th>Name</th>
<th>Residential Address (and Permanent Address if different)</th>
<th>Passport/ HKID No.*:</th>
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(B) Where the Client(s) is(are) Individual Trustee(s):

(B1) TRUSTEE (1)

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<th>First Name(s):</th>
<th>Last Name:</th>
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<th>Residential Address (Office):</th>
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(B2) TRUSTEE (2)

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(B3) TRUSTEE (3)

<table>
<thead>
<tr>
<th>First Name(s):</th>
<th>Last Name:</th>
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</table>
| Chinese Name (if applicable): | Passport/HKID No.*:  
(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.) |
| Nationality: | |
| Date of Birth: | Occupation: |
| Residential Address: | Telephone:  
(Home)  
(Office)  
(Mobile) |
| Permanent Address:  
(if different) | Fax: |
| Email: | |

(B4) TRUSTEE (4)

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<th>Last Name:</th>
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</table>
| Chinese Name (if applicable): | Passport/HKID No.*:  
(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.) |
| Nationality: | |
| Date of Birth: | Occupation: |
| Residential Address: | Telephone:  
(Home)  
(Office)  
(Mobile) |
| Permanent Address:  
(if different) | Fax: |
| Email: | |

(C) AUTHORISED SIGNATORY(IES) (who are Trustees) (note: details of the Trustees should be provided above) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 1 HEREOF):

<table>
<thead>
<tr>
<th>Name:</th>
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<tbody>
<tr>
<td>(C1)</td>
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<td>(C3)</td>
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<tr>
<td>(C4)</td>
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</table>
(D) AUTHORISED SIGNATORY(IES) (who are not Trustees) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF):

<table>
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<tr>
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<th>First Name(s):</th>
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</table>

Chinese Name (if applicable): ___________________________

Passport/HKID No.*: ___________________________

("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")

Nationality: ___________________________

Date of Birth: ___________________________

Occupation: ___________________________

Telephone: ___________________________

(Home) ___________________________

(Office) ___________________________

(Mobile) ___________________________

Residential Address: ___________________________

Fax: ___________________________

Permanent Address: ___________________________

Email: ___________________________

Transaction Limit (if any): ___________________________

<table>
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Chinese Name (if applicable): ___________________________

Passport/HKID No.*: ___________________________

("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")

Nationality: ___________________________

Date of Birth: ___________________________

Occupation: ___________________________

Telephone: ___________________________

(Home) ___________________________

(Office) ___________________________

(Mobile) ___________________________

Residential Address: ___________________________

Fax: ___________________________

Permanent Address: ___________________________

Email: ___________________________

Transaction Limit (if any): ___________________________

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Chinese Name (if applicable): ___________________________

Passport/HKID No.*: ___________________________

("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")

Nationality: ___________________________

Date of Birth: ___________________________

Occupation: ___________________________

Telephone: ___________________________

(Home) ___________________________

(Office) ___________________________

(Mobile) ___________________________

Residential Address: ___________________________

Fax: ___________________________

Permanent Address: ___________________________

Email: ___________________________

Transaction Limit (if any): ___________________________
<table>
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<td>Nationality:</td>
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<tr>
<td>Date of Birth:</td>
<td>Occupation:</td>
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<tr>
<td>Residential Address:</td>
<td>Telephone:</td>
<td>(Home)</td>
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<td>Permanent Address:</td>
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<td>Transaction Limit (if any):</td>
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<tr>
<th>(E)</th>
<th>AUTHORISED REPRESENTATIVE(S) WITH LIMITED AUTHORITY (IN ACCORDANCE WITH THE TERMS OF LIMITED AUTHORITY SET OUT IN SCHEDULE 3 HEREOF):</th>
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<tbody>
<tr>
<td>(E1)</td>
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<td>Date of Birth:</td>
<td>Occupation:</td>
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<td>Residential Address:</td>
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<td>Transaction Limit (if any):</td>
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</table>

| (E2) | First Name(s): | Last Name: |
| Chinese Name (if applicable): | Passport/HKID No.*: | (*Delete as appropriate - For HK permanent residents, HKID No. must be provided.) |
| Nationality: | | |
| Date of Birth: | Occupation: | |
| Residential Address: | Telephone: | (Home) |
| | | (Office) |
| | Fax: | |
| Permanent Address: | Email: | |
| (if different) | | |
| | Transaction Limit (if any): | |
(E3) First Name(s): ______________________ Last Name: ______________________

Chinese Name (if applicable): ______________________ Passport/HKID No.:
("Delete as appropriate - For HK permanent residents, HKID No. must be provided.")

Nationality: ______________________

Date of Birth: ______________________ Occupation: ______________________

Residential Address: ______________________ Telephone: ______________________
(Home) ______________________ (Office) ______________________ (Mobile)

Fax: ______________________

Permanent Address: ______________________ Email: ______________________
(if different)

Transaction Limit (if any): ______________________

---

(F) SIGNING CONDITIONS

FOR AUTHORISED SIGNATORY(IES) (who are Trustees) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 1 HEREOF): (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Signatory(ies) (who are Trustees) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of General Authority set out in Schedule 1 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of General Authority and signing conditions and the Bank accepts such amendment.

☐ Any One Signature ☐ Any Two Signatures

☐ Any (Specify No.) Signatures ☐ All Signatures

☐ With Chop (if applicable) ☐ Other Manner (please specify): ______________________
FOR AUTHORISED SIGNATORY(IES) (who are not Trustees) WITH GENERAL AUTHORITY (IN ACCORDANCE WITH THE TERMS OF GENERAL AUTHORITY SET OUT IN SCHEDULE 2 HEREOF):  (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Signatory(ies) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of General Authority set out in Schedule 2 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of General Authority and signing conditions and the Bank accepts such amendment.

☐ Any One Signature  ☐ Any Two Signatures

☐ Any (Specify No.) Signatures  ☐ All Signatures

☐ With Chop (if applicable)  ☐ Other Manner (please specify):

FOR AUTHORISED REPRESENTATIVE(S) WITH LIMITED AUTHORITY (IN ACCORDANCE WITH THE TERMS OF LIMITED AUTHORITY SET OUT IN SCHEDULE 3 HEREOF):  (please initial box)

The Bank shall be entitled to accept Instructions given by and documents signed by the Authorised Representative(s) (if any) (whose specimen signatures are provided to the Bank on the Signature Card or in other manner acceptable to the Bank) subject to the Terms of Limited Authority set out in Schedule 3 hereof and the signing conditions below, unless and until the Bank receives a written signed notice from the Client to amend the Terms of Limited Authority and signing conditions and the Bank accepts such amendment.

☐ Any One Signature  ☐ Any Two Signatures

☐ Any (Specify No.) Signatures  ☐ All Signatures

☐ With Chop (if applicable)  ☐ Other Manner (please specify):

(G) BENEFICIAL OWNER(S)

IDENTITY AND DOMICILE OF NON-FIDUCIARY SETTLOR:

Individual Settlor

(G1)  First Name(s):
Chinese Name (if applicable):
Nationality:
Date of Birth:
Telephone:  (Home)  (Office)  (Mobile)
Residential Address:
Permanent Address:  (if different)

Last Name:
Passport/HKID No.*:  (*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)
Occupation:
Fax:
Email:

29
Corporate Settlor

(G2) Full Name: ___________________________ Date of Incorporation/Registration: ___________________________

Country of Incorporation/Registration: ___________________________ Incorporation/Registration No.: ___________________________

Registered Office Address: ___________________________ Business Address (if different) ___________________________

Name and Passport/HKID No. of Director(s): ___________________________

IDENTITY AND DOMICILE OF PROTECTOR OR ENFORCER, if any:

Individual Enforcer

(G3) First Name(s): ___________________________ Last Name: ___________________________

Chinese Name (if applicable): ___________________________ Passport/HKID No.*: ___________________________

(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)

Nationality: ___________________________ Date of Birth: ___________________________

Occupation: ___________________________ Telephone: ___________________________

(Home) ___________________________ Fax: ___________________________

(Office) ___________________________ Residential Address: ___________________________

(Mobile) ___________________________ Permanent Address: ___________________________

(Email) ___________________________ (if different) ___________________________

(G4) First Name(s): ___________________________ Last Name: ___________________________

Chinese Name (if applicable): ___________________________ Passport/HKID No.*: ___________________________

(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)

Nationality: ___________________________ Date of Birth: ___________________________

Occupation: ___________________________ Telephone: ___________________________

(Home) ___________________________ Fax: ___________________________

(Office) ___________________________ Residential Address: ___________________________

(Mobile) ___________________________ Permanent Address: ___________________________

(Email) ___________________________ (if different) ___________________________

Corporate Enforcer

(G5) First Name(s): ___________________________ Date of Incorporation/Registration: ___________________________

Country of Incorporation/Registration: ___________________________ Incorporation/Registration No.: ___________________________

Registered Office Address: ___________________________ Business Address (if different) ___________________________

Name and Passport/HKID No. of Director(s): ___________________________
### (G6) Identity and Domicile of Other Persons Who Are Beneficiaries:

<table>
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<tr>
<th>First Name(s):</th>
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</table>

**Chinese Name (if applicable):**

**Nationality:**

**Date of Birth:**

**Occupation:**

**Telephone:**

*(Home)*

*(Office)*

*(Mobile)*

**Residential Address:**

**Fax:**

**Permanent Address:**

*(if different)*

**Email:**

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### (G7) Identity and Domicile of Other Persons Who Are Beneficiaries:

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**Chinese Name (if applicable):**

**Nationality:**

**Date of Birth:**

**Occupation:**

**Telephone:**

*(Home)*

*(Office)*

*(Mobile)*

**Residential Address:**

**Fax:**

**Permanent Address:**

*(if different)*

**Email:**

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### (G8) Identity and Domicile of Other Persons Who Are Beneficiaries:

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<tr>
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<th>Last Name:</th>
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**Chinese Name (if applicable):**

**Nationality:**

**Date of Birth:**

**Occupation:**

**Telephone:**

*(Home)*

*(Office)*

*(Mobile)*

**Residential Address:**

**Fax:**

**Permanent Address:**

*(if different)*

**Email:**
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<td>Permanent Address: (if different)</td>
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IDENTITY AND DOMICILE OF PERSONS (OR CATEGORIES OF PERSONS) LIKELY TO BECOME BENEFICIARIES:

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<td>Date of Birth:</td>
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<td>Permanent Address: (if different)</td>
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<td><strong>First Name(s):</strong></td>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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<th><strong>Date of Birth:</strong></th>
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<th><strong>Chinese Name (if applicable):</strong></th>
<th><strong>Passport/HKID No.*:</strong></th>
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<td>(*Delete as appropriate - For HK permanent residents, HKID No. must be provided.)</td>
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<th><strong>Date of Birth:</strong></th>
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<th><strong>Occupation:</strong></th>
<th><strong>Telephone:</strong> (Home)</th>
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<th><strong>Telephone:</strong> (Office)</th>
<th><strong>(Mobile)</strong>*</th>
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<th><strong>Residential Address:</strong></th>
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<th><strong>Permanent Address:</strong> (if different)</th>
<th><strong>Email:</strong></th>
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</table>
By signing below, I/we agree and confirm all the matters set out in the Account Mandate and Client Declarations (including whether to receive direct marketing as indicated in paragraph 13 thereof) as well as the Account Opening Booklet:

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Signature</th>
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<tbody>
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</tbody>
</table>

Witnessed by:

Name: ______________________________________________________
Designation / Position:_____________________________________

Date: ____________________________________________________
TRUSTEE CERTIFICATE

of _______________________________ (the "Trust")

Account No: ______________

WE HEREBY CERTIFY THAT:

A. The following resolutions were duly passed on _______________________________ by all the Trustee(s) of the Trust (acting in such capacity) *at a meeting duly held and convened (during which a quorum was present and acting throughout) / by written resolutions of all the Trustees in accordance with the documents establishing and governing the Trust and the powers of the Trustee(s), having confirmed that each Trustee, each director of the Trustee (in the case of a corporate Trustee), each Authorised Signatory and Authorised Representative had received and reviewed copies of the Account Opening Booklet (including the Hong Kong Deposit Protection Scheme – Information Disclosure Notice and the Personal Information Collection Statement), General Conditions (including the Risk Disclosure Statements) and all other relevant documentation provided by EFG Bank AG, Hong Kong Branch (the "Bank") and each Trustee having disclosed all his interests in the subject-matter of the *meeting / resolutions. Unless the context otherwise requires, terms defined herein shall have the same meanings as in the General Conditions of the Bank.

* Delete as appropriate

IT WAS RESOLVED THAT:

1. Account(s) for the Trust be opened with the Bank and Services be utilised by the Trustee(s) in such capacity, on the terms and conditions specified in the Account Opening Booklet, General Conditions as well as such additional terms and conditions as may be required by the Bank (as applicable and as may be amended, supplemented, restated or novated from time to time) (collectively, the "Agreement") and that this Trustee Certificate be duly signed by each Trustee, or by such other person(s) as the Bank may accept, and duly delivered to the Bank.

2. The granting of the following power(s) of attorney (in the form circulated to the *meeting/all the Trustees of the Trust) (collectively, the "Power(s) of Attorney", and each a "Power of Attorney") by the Trustee(s) and their execution (under the seal of the Trustee(s) or common seal of the Trustee (in the case of a corporate Trustee)) and delivery by the below-mentioned individual(s) for and on behalf of the Trust in accordance with the documents establishing and governing the Trust and the powers of the Trustee(s) be and is hereby approved:

(1) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (who are Trustees) (with general authority):

Name(s) of Authorised Signatory(ies):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________
(e) ____________________________________________
(f) ____________________________________________

To be executed and delivered (under the seal of the Trustee(s) or common seal of the Trustee (in the case of a corporate Trustee)) for and on behalf of the Trustee(s) by any *one / *two / * __ of the following individual(s):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________

(2) *General Power of Attorney appointing the following individual(s) as Authorised Signatory(ies) (who are not Trustees) (with general authority (except to create any security interest or encumbrance on any assets)):

Name(s) of Authorised Signatory(ies):

(a) ____________________________________________
(b) ____________________________________________
(c) ____________________________________________
(d) ____________________________________________
(e) ____________________________________________
(f) ____________________________________________
To be executed and delivered (under the seal of the Trustee(s) or common seal of the Trustee (in the case of a corporate Trustee)) for and on behalf of the Trustee(s) by any *one / *two / * ___ of the following individual(s):

(a) ___________________________________________________
(b) ___________________________________________________
(c) ___________________________________________________
(d) ___________________________________________________

(3) *Limited Power of Attorney appointing the following individual(s) as Authorised Representative(s) (with limited authority):

Names of Authorised Representative(s):

(a) ___________________________________________________
(b) ___________________________________________________
(c) ___________________________________________________
(d) ___________________________________________________
(e) ___________________________________________________
(f) ___________________________________________________

To be executed (under the seal of the Trustee(s) or common seal of the Trustee (in the case of a corporate Trustee)) and delivered for and on behalf of the Trustee(s) by any *one / *two / * ___ of the following individual(s):

(a) ___________________________________________________
(b) ___________________________________________________
(c) ___________________________________________________
(d) ___________________________________________________

3. Each Trustee, each director of the Trustee (in the case of a corporate Trustee), each Authorised Signatory and Authorised Representative having confirmed that he had read and fully understood the Agreement, the same be approved.

4. The Account Opening Booklet shall be signed for and on behalf of the Trust by any *one / *two / * ___ of the following individuals:

(1) _______________________________________ (Name)
(2) _______________________________________ (Name)
(3) _______________________________________ (Name)
(4) _______________________________________ (Name)

and the Trustee(s), Authorised Representative(s) and Authorised Signatory(ies) named in the Account Opening Booklet be and they are hereby duly authorised, within the limits specified in the Account Opening Booklet and the Power(s) of Attorney, to open any and all Accounts of, to utilise all or any Services made available to, the Trust and the Trustee(s) (including without limitation, credit facilities whether on a secured or unsecured basis, foreign exchange trading services including on a margin basis, treasury and derivative services, non-discretionary and discretionary investment services), to approve (with or without amendment), sign, (if required, seal) or execute in accordance with the documents establishing and governing the Trust, the powers of the Trustee(s), the constitutional documents of the Trustee(s), and the Power(s) of Attorney all relevant documentation in respect thereof, including without limitation to, any documentation required by the Bank from time to time including documentation relating to any Collateral or any amendments and variations to the Agreement or annexures or supplements to the Agreement, to give Instructions to the Bank in respect of any and all Accounts and Services, to receive, examine and verify statements of accounts and other documents or instruments and to give and receive good and valid receipts and discharges for all sums received or paid in connection with any of the above, and generally to do all such other acts and things and exercise such discretion as they may consider expedient or desirable for the purpose of or in connection with all or any of the above matters.

5. The assets of the Trust held by the Bank from time to time and any other security required by the Bank from time to time shall be held as Collateral in accordance with the terms of the General Conditions to secure all liabilities of the Trust from time to time to the Bank.

6. These Resolutions and the Power(s) of Attorney shall continue in full force and effect and the Bank shall be entitled to rely upon and act pursuant to the same until such time as the Bank shall have received actual notice that they have been revoked, superseded, amended or varied.

B. All the Trustees have signed the above Resolutions in accordance with the Trust's constitutional documents and the Trustee's constitutional documents. The above Resolutions and Power(s) of Attorney have not been revoked, superseded, amended or varied in any manner and are in full force and effect as of the date hereof.

C. The Account Opening Booklet contains a true, complete and correct list of all Trustees, all Authorised Signatories and Authorised Representatives of the Trust and (in the case of a corporate Trustee) all its directors as at the date hereof.

D. The specimen signatures set out in the Signature Card attached are the authentic signatures of the persons named therein, and the specimen chop (if any) attached to such Signature Card is the duly authorised chop of the Trustee or the Trust.
E. The Trustee(s) have full power under the Trust Deed to for and on behalf of the Trust open any Account with the Bank and full discretion to utilise any Service and enter into any type of Transaction, including without limitation credit transactions, foreign exchange, precious metals, trading transactions and to sell, exchange, mortgage, charge, pledge or otherwise dispose of the Trust assets (including any kind of derivative products) without any restriction.

F. Attached to the Account Opening Booklet are true and complete copies of the Trust Deed or other documents establishing and governing the Trust and the powers of the Trustee(s) and the Trustee’s constitutional documents as at the date hereof.

G. The representations and warranties set out in the Agreement are true, correct and not misleading in any material particular.

Remark: Client’s own mandate (if any) is not required upon completion of this certificate.

Certified by:

______________________________  ________________________________
Signature                             Signature
Name:                                 Name:
Position:                            Position:
Date:  ____________________________  Date:  ____________________________
SECTION 3  Other Services and Reference Currency

(A) OTHER SERVICES: (please initial box)

☐ I/We wish to use the eBanking Services of the Bank (which includes online transfer services, e-payment services, internet securities trading services and secure messaging services).

☐ I/We wish to use the Paperless Services of the Bank.

☐ I/We wish to use the Account Aggregation Services of the Bank.

(B) REFERENCE CURRENCY (Please indicate your preferred reference currency): _________________________________________________

Failing express designation of a different currency, the currency of reference will be the US Dollar.
**Section 4  SIGNATURE CARD**

**Account Name:** 

**Account No:** ______________  **Date:** ______________

The specimen signature(s) of the Client(s)/ Authorised Signatory(ies)/ Authorised Representative(s) are as follows:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specimen Signature</th>
<th>Transaction Limit (if any)</th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(6)</td>
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</tr>
</tbody>
</table>

- [ ] Any One Signature  - [ ] Any Two Signatures
- [ ] Any (Specify No.) Signatures  - [ ] All Signatures
- [ ] With Chop (if applicable)  - [ ] Other Manner (please specify): __________________________

**Specimen of Chop (if applicable)**

*N.B. If a specimen chop is provided then all documents must be similarly chopped*
Please read the following notice carefully and address any enquiry to your Client Relationship Officer.

The Bank is a member of the Hong Kong Deposit Protection Scheme ("the Scheme"). Eligible deposits held with the Bank are protected by the Scheme up to an aggregate limit of HK$500,000 per depositor.

The following types of deposit held with the Bank in Hong Kong (whether in Hong Kong Dollars or any foreign currency) is/are deposit(s) qualified for protection by the Scheme:

- Time deposits with a term of up to five years
- Current account deposits
- Secured deposits (such as deposits mortgaged or charged as collateral to the Bank)

Please note that the following types of deposit and product are not subject to protection by the Scheme:

- Time deposits with a current term exceeding five years
- Structured deposits such as currency linked deposits or equity linked deposits
- Deposits the repayment of which is secured (in whole or in part) on the Bank’s assets
- Bearer instruments such as bearer certificates
- Offshore deposits placed with any office of the Bank outside Hong Kong
- Deposits held for the account of the Exchange Fund established under the Exchange Fund Ordinance
- Deposits held by an excluded person* in his own right
- Deposits held by a depositor as a bare trustee, or held in a depositor’s client account, for an excluded person*
- Deposits held by a depositor as trustee of a trust (other than a bare trust) for an excluded person*
- Financial products other than deposits (as defined in the Deposit Protection Scheme Ordinance).

"Excluded person" is defined under the Deposit Protection Scheme Ordinance to include the following persons:

- a related company of the Scheme member
- a multilateral development bank as defined in section 2(1) of the Banking Ordinance
- an authorised institution ("AI") as defined in section 2(1) of the Banking Ordinance (i.e. licensed banks, restricted license banks and deposit-taking companies)
- a foreign bank which is not an AI in Hong Kong
- the senior management, controllers and directors of the Scheme member and its related companies.
Section 6 PERSONAL INFORMATION COLLECTION STATEMENT

1. Collection of Personal Data

From time to time, it is necessary for our clients to supply EFG Bank AG, acting through its Hong Kong branch (the “Bank”) with personal data in connection with the opening or continuation of accounts and the establishment or continuation of banking/mortgage and other facilities or provision of banking/mortgage and other services.

It is also the case that personal data is collected from clients in the ordinary course of the continuation of the banking relationship and the Bank's business, for example, when clients write cheques or deposit money.

Within the context of this Statement:

(a) “Applicable Laws” means all relevant or applicable present and future statutes, laws, regulations, agreements, directives, notices, practice notes, information papers, bye-laws and practices of any governmental, intergovernmental or supranational body, agency, department or legal, law enforcement, tax, regulatory or self-regulatory or authority or organisation, relevant exchange, market, clearing house, trading registration or depository, and court orders (whether in Hong Kong or elsewhere and whether or not having the force of law); and “regulations” includes any regulation, rule, official directive, request, order, directive, decree, code of practice, guidance, circular or guideline (whether or not having the force of law) of any governmental, intergovernmental or supranational body, agency, department or legal, law enforcement, tax, regulatory or self-regulatory or other authority or organisation, including rules, requirements, customs and practices of any exchange, market, clearing house, trading registration and central depository;

(b) "Collateral" means any asset or guarantee acceptable to, and held by or for, the Bank as security and/or other assurance for a client's or any Collateral Provider's obligations, including any and all of the assets and monies in whatever currency held by the Bank for a client's or any Collateral Provider's account, and the initial and any additional margin deposit placed with the Bank by a client or any Collateral Provider, whether or not pursuant to a collateral document and include any margin provided by the Bank;

(c) “Collateral Provider” means any person who from time to time provides Collateral to the Bank;

(d) “EFG Bank Group” means the group from time to time comprising:

(i) the Bank and any of its holding companies, subsidiaries and affiliates;
(ii) any person who is a "controller" (including a "minority shareholder controller", as such terms are defined in the Banking Ordinance (Cap. 155 of the Laws of Hong Kong) ("BO")) of the Bank, or any of its holding companies, subsidiaries or affiliates;
(iii) any person in respect of which the Bank and/or any of its holding companies, subsidiaries or affiliates is a "controller" (including a "minority shareholder controller") (as such terms are defined in the BO), and
(iv) any of the branches or offices of the Bank or other persons mentioned in (i) to (iii), in each case wherever located (each an “EFG Bank Group Member”);

(e) "facilities" means overdraft, credit, banking, trade finance and other accommodation (however described) which the Bank may agree to make available to the client from time to time at the request of the client or otherwise arising in connection with the provision of any other services to the client;

(f) "including" shall be construed as "including without limitation", and references to "include" and related expressions shall be construed similarly;

(g) "personal data" means "personal data" as defined in the PDPO, being any data:

(i) relating directly or indirectly to a living individual;
(ii) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
(iii) in a form in which access to or processing of the data is practicable;

(h) “PDPO” means the Personal Data (Privacy) Ordinance (Cap. 486 of the Laws of Hong Kong);

(i) "Securities" means any investment product in any part of the world of any nature of a type commonly referred to as securities, including any shares, stocks, warrants, bonds, units in any trust or fund, or other financial instruments of any nature and any other analogous items of value, and all benefits arising from or attaching to any of the same;

(j) "services" means any and all services, products and facilities made, or to be made, available by the Bank to the client from time to time (as may be withdrawn, added or modified by the Bank at its discretion).
Provision of your personal data is voluntary, but failure to supply such data may result in the Bank being unable to open or continue accounts or establish or continue facilities or provide services.

To the extent that information provided by a client includes personal data or other information relating to other persons (including any beneficial owner, or any officer, director, employee or shareholder), the client shall ensure that the client has that person's authority or consent for the client to provide their information to the Bank or any EFG Bank Group Member for its or their holding, use, storage, processing, transfer, disclosure and/or reporting (directly or indirectly) by the Bank and/or any other EFG Bank Group Member in accordance with this Statement and the PDPO.

2. Use of your Personal Data

The purposes for which data relating to a client may be used are as follows:

- the processing of applications from clients for the establishment of accounts, services and facilities;
- the daily operation, maintenance and provision of the accounts, services and facilities provided to clients;
- conducting credit checks at the time of application for credit and at the time of regular or special reviews which normally will take place one or more times each year;
- creating and maintaining a client's credit history for present or future reference;
- creating and maintaining the Bank’s credit scoring models;
- assisting other financial institutions to conduct credit checks and collect debts;
- ensuring ongoing credit worthiness of clients;
- designing financial services or related products for clients' use;
- marketing (including organizing and delivering seminars in respect of) services, products and other subjects (please see further details in Section 7(ii) below);
- determining amounts owed to or by clients or any Collateral Provider;
- collection of amounts outstanding from, and enforcing obligations owing by, clients and Collateral Providers;
- credit (including mortgage) data sharing among other credit providers;
- over-the-counter ("OTC") derivative reporting;
- observing or complying with the obligations, requirements or arrangements for disclosing and using data that apply to any EFG Bank Group Member or with which it is expected to comply according to:
  - any Applicable Laws binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") (including the provisions of the Inland Revenue Ordinance concerning automatic exchange of financial account information ("AEOI")). Under the laws, regulations and international agreements for the implementation of AEOI and the U.S. Foreign Account Tax Compliance Act ("FATCA"), financial institutions are required to identify account holders (including certain policy owners and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their personal data to the local tax authority where the financial institution operates or directly to the U.S. Internal Revenue Service. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. Without limiting the generality of this Statement, the Bank and/or any other EFG Bank Group Member will use personal data (including name, address, jurisdiction(s) of tax residence, tax identification number(s) in that jurisdiction(s), account balance and income information) for the purposes of AEOI and FATCA. The personal data may be transmitted by the Bank and/or any other EFG Bank Group Member to the Hong Kong Inland Revenue Department or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The personal data may be transmitted by the Bank and/or any other EFG Bank Group Member to the U.S. Internal Revenue Service. In addition to AEOI and FATCA, the Bank and/or any other EFG Bank Group Member may be required to use and disclose personal data under other Applicable Laws;
  - any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on any EFG Bank Group Member by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant
local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning AEOI);
c. any memoranda of understanding on international cooperation;
(xv) observing or complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the EFG Bank Group and/or any other use of data and information in accordance with any EFG Bank Group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
(xvi) enabling an actual or proposed successor of any EFG Bank Group Member to evaluate the intended succession;
(xvii) enabling an actual or proposed assignee or transferee of, or participant or sub-participant in, any of the Bank's rights or obligations in respect of the client to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation;
(xviii) enabling an actual or proposed purchaser of all or part of the business or shares of any EFG Bank Group Member to evaluate the intended purchase transaction;
(xix) in connection with any EFG Bank Group Member commencing, defending or otherwise participating in any legal, arbitration, administrative or regulatory proceeding, action, investigation or inquiry before any court, tribunal or competent authority within or outside Hong Kong; and
(xx) any other purposes relating to the purposes listed above.
3. Transfer of your Personal Data

Personal data held by the Bank relating to a client will be kept confidential but the Bank may provide such information to the following parties for the purposes set out in Section 2 above:

(i) any agent, contractor or third party service provider (whether or not an EFG Bank Group Member) providing services to any EFG Bank Group Member (including any legal advisor, auditor or other professional advisor, any rating agency, insurer or insurance broker, direct or indirect provider of credit protection, and any provider of administrative, back office support, telecommunications, computer, payment or securities clearing or other services) in connection with the operation of its business;

(ii) any broker, correspondent, dealer, custodian, sub-custodian, depository, advisor, banker, dealer, debt collection agency, attorney, manager and other agent and any of its associates (whether or not any of them is an EFG Bank Group Member) to whom the Bank delegates any of its duties, functions or obligations in respect of agreements with a client;

(iii) any person who provides introducing services to the Bank or to whom the Bank provides introductions or referrals;

(iv) any third party fund manager (whether or not an EFG Bank Group Member) who provides asset management services to the client;

(v) any bank, financial institution, exchange, market or clearing house, depository, depository agent, payment clearing or settlement system, trade repository, fund registrar, fund manager, nominee, custodian, broker, issuer, manager or underwriter of Securities through, with or in which the client has or proposes to have dealings;

(vi) any person with (or through) whom the Bank enters into any transaction as a counterparty, or who is the issuer, vendor, purchaser or agent of any of them;

(vii) the drawee bank providing a copy of a paid cheque (which may contain information about the payee) to the drawer;

(viii) credit reference agencies, and, in the event of default, to debt collection agencies;

(ix) credit enquiry agents;

(x) any other person requesting status reports on the client's account(s) and service(s) and banker's references;

(xi) any swap or trade repositories (including any OTC derivative trade repository) or similar facilities or institutions, or one or more systems operated by any of them and/or any relevant regulator, and their service providers;

(xii) any actual or prospective Collateral Provider;
(xiii) any other EFG Bank Group Member;
(xiv) any other person under a duty of confidentiality to an EFG Bank Group Member which has undertaken to keep such information confidential;
(xv) any actual or prospective successor of any EFG Bank Group Member;
(xvi) any person to (or through) whom the Bank assigns or transfers (or may potentially assign or transfer) all or any of its rights or obligations in respect of the client (including an actual or proposed taker of a mortgage, charge, assignment or other security over any of the Bank’s rights in respect of a client);
(xvii) any person to (or through) whom the Bank enters into (or may potentially enter into) any participation or sub-participation in relation to, or any other transaction under which payments are to be made by reference to, any actual or proposed facility or the client;
(xviii) any actual or prospective purchaser of all or any part of any EFG Bank Group Member’s business or shares;
(xix) any person to the extent required for purposes of any litigation, arbitration, administrative, investigative or regulatory proceedings or procedure;
(xx) any person to whom any EFG Bank Group Member is under an obligation or otherwise required or expected to make disclosure under the requirements of any Applicable Laws binding on or applying to any EFG Bank Group Member or with which any of them is expected to comply, or any disclosure under and for the purposes of any memorandum of understanding or any disclosure pursuant to any contractual or other commitment of any EFG Bank Group Member with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on any EFG Bank Group Member by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations;
(xxi) subject, in the case of any client who is an individual, to the Bank’s policy on the use of personal data for direct marketing purposes as set out in Section 7:
  a. a member of the EFG Bank Group;
  b. third party financial institutions, insurers, credit card companies, securities, banking and investment services providers and providers of similar products and services;
  c. third party reward, loyalty, co-branding and privileges programme providers;
  d. co-branding partners of the Bank and EFG Bank Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be);
  e. charitable or non-profit making organisations; and
  f. external service providers (including telecommunication companies, data processing companies and information technology companies)

that the Bank or an EFG Bank Group Member engages for the purposes set out in Section 2 above;
(xxii) any other person where permitted or required by Applicable Laws; and/or
(xxiii) any other person with the client’s consent (whether given expressly or by the client’s conduct (such as, if the client asks that other person to accompany the client to a meeting with the Bank) or otherwise),
in each case whether in Hong Kong or elsewhere and irrespective of the whether the laws concerning confidentiality, banking secrecy or data protection are more or less stringent in the place to which the information is transferred.

4. Data Processing

The data processing, settlements and other back-office services ("Tasks") relating to data subjects’ accounts may be handled by the EFG Bank Group, Switzerland and/or the Bank’s processing centre in Switzerland (the "Processing Centre").

For the Tasks which are handled by the Bank’s Processing Centre, data subjects’ data will be transferred to Switzerland.

The government and supervisory authorities in Switzerland do not generally have right of access to the personal data of Hong Kong data subjects unless it is necessary for the purposes of an investigation or prosecution of an offence alleged or suspected to have been committed under any written law in Switzerland.

There is also no obligation on the part of EFG Bank Group, Switzerland to disclose any information unless it is ordered to do so by a Swiss court or where disclosure is required by the supervisory authority of the Bank.

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5. **Online Banking**

We work in partnership with you to protect your online activities through our eBanking website (the "Site"). The Bank is committed to offering you a secure and private online banking experience, protecting your personal data in a secure and managed environment. Our protection strategies as well as continuous evolution enforce our security measures, in response to technological changes and emerging threats.

Both you and the Bank have an important role in protecting your data as well as preventing any fraud.

All your communications with the Site over the public internet is encrypted using 128-bit Secure Socket Layer ("SSL") encryption technology – an industry standard for encryption over internet to protect data. The Site uses an extended validity ("EV") digital certificate to prove its identity. The certification process has undergone extensive verification and is intended to provide the highest level of confidence of the authenticity of the Site.

For security, the Site applies two-level authentication for user logon, namely:

- logon credentials, i.e. username and password;
- a one-time-passcode generated by an electronic token assigned exclusively for you.

To help protect your account from password guessing, an intrusion lock will be applied to block access to the Site upon three consecutive incorrect password and/or one-time-passcode attempts. In that event, please contact your CRO/relationship manager to reinstate your service accordingly. In addition, an online session will be terminated after 20 minutes of inactivity to prevent unauthorised access in case, for example, you leave your device unattended or you do not log off at the end of your session.

The Site may use cookies, spotlight tags, web beacons and the like (collectively the "Cookies") to record your visit behaviour and use patterns, but no personal or transaction data, for our analysis and to improve our service(s). Cookies are small bits of information that are stored on the web browser in your computer or other device and which can be retrieved by the Site. Most browsers allow "cookies" by default, but you may disable them, at your discretion, in the browser settings. Nevertheless, by turning off cookies you may not be able to take full advantage of the functionality of the Site.

The Site provides a secure messaging function to facilitate communication with us. This is subject to availability from time to time but when you utilize this function all your messages to us will be saved and transmitted within our secure environment. However, you should note that secure messaging is for general communications with us and may not be used to communicate any Instructions or effect order placement.

To enhance data security, you can help protect your information and improve your online banking experience by doing the following:

- Validate website authenticity by checking the relative certificates;
- Install a Firewall and Antivirus software and apply up-to-date rules and updates on your computer;
- Do not open any suspicious emails and attachments;
- Do not click on any hyperlinks embedded in emails without any validation;
- Promptly apply patches and security updates for your operating system, applications, plug-ins, and other software;
- Secure your wireless network by enabling a robust encryption algorithm;
- Clean up your browsing history regularly;
- Erase the cache regularly;
- Erase any confidential downloads;
- Close the browser window after ending an online session;
- Do not enable ‘AutoComplete’ function of your browser or plug-ins which may store confidential information on your computer;
- Safeguard your logon credentials (username and password) and token
- Do not share your credentials with anyone, including Bank staff, Police or other authorities. Bank staff will never ask for your password;
- Change your password regularly;
- Do not create your password with easily guessed codes, such as date of birth, telephone number, and other personal identifiers for yourself or family members;
- Keep your token safely;
- Do not use any administrator mode or privileged accounts for day-to-day use;
- Never write down your password on the token or keep it with it;
- Do not write down or record the password without disguising it.
• Do not disclose personal identity information, such as identity card, passport, address, bank accounts or similar identifiers to any persons failing to prove their identity or on any doubtful websites;
• Do not attempt to access internet banking services through public or shared computers (such as cyber cafes, public libraries and the like);
• Refer to any further security advice issued by the Bank from time to time;
• Do not connect to third party intermediary account aggregation service and not managed by the Bank;
• Remove file, printer and other resource sharing on your device connecting to the internet;
• If in doubt, contact the Bank immediately.

6. **Personal Data in connection with Mortgages**

With respect to data in connection with mortgages applied for by a client (whether as a borrower, mortgagor or guarantor and whether in the client’s sole name or in joint names with others) on or after 1 April 2011, the following data relating to the client (including any updated data of any of the following data from time to time) may be provided by the Bank, on its own behalf and/or as agent, to a credit reference agency:

(i) full name;
(ii) capacity in respect of each mortgage (as borrower, mortgagor or guarantor, and whether in the client’s sole name or in joint names with others);
(iii) Hong Kong Identity Card Number or travel document number;
(iv) date of birth;
(v) correspondence address;
(vi) mortgage account number in respect of each mortgage;
(vii) type of the facility in respect of each mortgage;
(viii) mortgage account status in respect of each mortgage (e.g., active, closed, write-off (other than due to a bankruptcy order), write-off due to a bankruptcy order); and
(ix) if any, mortgage account closed date in respect of each mortgage.

The credit reference agency will use the above data supplied by the Bank for the purposes of compiling a count of the number of mortgages from time to time held by the client with credit providers in Hong Kong, as borrower, mortgagor or guarantor respectively and whether in the client’s sole name or in joint names with others, for sharing in the consumer credit database of the credit reference agency by credit providers, subject to the requirements of the Code of Practice on Consumer Credit Data approved and issued under the PDPO.

In respect of any mortgage loan which existed prior to 1 April 2011 and which continued after that date the Bank may, if the client consents, provide the credit reference agency information with general data relating to the account or the fact that the client has applied for a mortgage loan, or where there is any outstanding material default after 1 April 2011, the Bank may, without requiring the consent of the client, provide general data relating to the account as well as data relating to such material default.
7. **Use of Personal Data in Direct Marketing**

The Bank intends to use a client's data in direct marketing and the Bank requires the client's consent (which includes an indication of no objection) for that purpose. In this connection, please note that:

(i) the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data of a client held by the Bank from time to time may be used by the Bank in direct marketing;

(ii) the following classes of services, products and subjects may be marketed:

a. financial, insurance, credit card, banking, mortgage and related services and products;

b. reward, loyalty or privileges programmes and related services and products;

c. services and products offered by the Bank's co-branding partners (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and

d. donations and contributions for charitable and/or non-profit making purposes;

(iii) the above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Bank and/or:

a. any EFG Bank Group Member;

b. third party financial institutions, insurers, credit card companies, securities and investment services providers;

c. third party reward, loyalty, co-branding or privileges programme providers;

d. co-branding partners of the Bank and the Bank's group companies (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and

e. charitable or non-profit making organisations;

(iv) in addition to marketing the above services, products and subjects itself, the Bank also intends to provide the data described in Section 7(i) above to all or any of the persons described in paragraph Section 7(iii) above for use by them in marketing those services, products and subjects, and the Bank requires the client's written consent (which includes an indication of no objection) for that purpose;

(v) the Bank may receive money or other property in return for providing the data to the other persons in Section 7(iv) above and, when requesting the client's consent or no objection as described in Section 7(iv) above, the Bank will inform the client if it will receive any money or other property in return for providing the data to the other persons.

After providing consent, if a client does not wish the Bank to use or provide to other persons his data for use in direct marketing as described above, the client may exercise his opt-out right by notifying the Bank.

8. **Rights of Data Subjects**

Under and in accordance with the terms of the PDPO and the Code of Practice on Consumer Credit Data, any client has the right:

(i) to check whether the Bank holds data about him and of access to such data;

(ii) to require the Bank to correct any data relating to him which is inaccurate;

(iii) to ascertain the Bank's policies and practices in relation to data and to be informed of the kind of personal data held by the Bank;

(iv) to be informed on request which items of data are routinely disclosed to credit reference agencies or debt collection agencies, and be provided with further information to enable the making of an access and correction request to the relevant credit reference agency or debt collection agency; and

(v) in relation to any account data (including, for the avoidance of doubt, any account repayment data) which has been provided by the Bank to a credit reference agency, to instruct the Bank, upon termination of the account by full repayment, to make a request to the credit reference agency to delete such account data from its database, as long as the instruction is given within five years of termination and at no time was there any default of payment in relation to the account, lasting in excess of 60 days within five years immediately before account termination. Account repayment data include amount last due, amount of payment made during the last reporting period (being a period not exceeding 31 days immediately preceding the last contribution of account data).
data by the Bank to a credit reference agency), remaining available credit or outstanding balance and default data (being amount past due and number of days past due, date of settlement of amount past due, and date of final settlement of amount in default lasting in excess of 60 days (if any)).

In the event of any default of payment relating to an account, unless the amount in default is fully repaid or written off (other than due to a bankruptcy order) before the expiry of 60 days from the date such default occurred, the account repayment data (as defined in Section 8(v) above) may be retained by the credit reference agency until the expiry of five years from the date of final settlement of the amount in default.

In the event any amount in an account is written-off due to a bankruptcy order being made against a client, the account repayment data (as defined in Section 8(v) above) may be retained by the credit reference agency, regardless of whether the account repayment data reveal any default of payment lasting in excess of 60 days, until the expiry of five years from the date of final settlement of the amount in default or the expiry of five years from the date of discharge from a bankruptcy as notified by the client with evidence to the credit reference agency, whichever is earlier.

9. Requests for Data Access / Correction

In accordance with the terms of the PDPO, the Bank has the right to charge a reasonable fee for the processing of any data access request.

The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is as follows: -

   The Data Protection Officer
   EFG Bank AG, Hong Kong
   18/F, International Commerce Centre
   1 Austin Road West, Kowloon, Hong Kong
   Telephone: +852 2298 3152
   Fax: +852 2298 3400

The Bank may have obtained a credit report on the client from a credit reference agency in considering any application for credit. In the event the client wishes to access the credit report, the Bank will advise the contact details of the relevant credit reference agency.

Nothing in this Statement shall limit the rights of clients under the PDPO.
Schedule 1

Terms of General Authority

The person(s) stated under Section(s) 2A(A) (for partnerships, if applicable)/2B(B)/2C(C) (*Delete as appropriate) is(are) granted with full power without right of substitution to act as my/our Authorised Signatory(ies) and in particular to deal with any and all assets deposited or held in my/our name with the Bank and to take actions and incur liabilities in the same capacity as myself/ourselves, subject to the terms herein and the conditions (including the signing conditions) (if any) set out in the Account Opening Booklet.

In particular, the Authorised Signatory(ies) shall be empowered to deposit, buy, sell, mortgage/charge/pledge or encumber, convert and withdraw any and all of my/our assets in my/our Accounts (including execute any facility letters, facility agreements or guarantees, to charge, mortgage, pledge or otherwise create any security interest or encumbrance whatsoever over any of my/our assets (whether in my/our Accounts or otherwise) as security for the obligations of myself/ourselves, the Authorised Signatory(ies) or any third party), to lodge or withdraw funds in any manner whatsoever, to sign all settlements of account, receipts, discharges, transfers and assignments, to issue, accept, endorse or give discharges on bills of exchange, cheques, orders or similar instruments of every kind, to receive communications, statements of account/custody account and all other statements, to utilise electronic services provided by the Bank, to elect a place of jurisdiction and generally to do everything he/she/they may deem expedient or necessary, subject to the terms herein and the conditions (if any) set out in the Account Opening Booklet. The Authorised Signatory(ies) shall be empowered to give legally binding Instructions to the Bank for and on my/our behalf and (for Corporate Accounts only) to close the Accounts. It is the responsibility of the Authorised Signatory(ies), and not the responsibility of the Bank, to inform me/us of such actions.

I/We ratify and confirm and agree to ratify and confirm all and whatsoever the Authorised Signatory(ies) shall do or purport to do by virtue of this authorisation including anything which shall be done between the revocation of this authorisation and notice of such revocation actually received by the Bank. I/We hereby confirm that the Bank is under no obligation to ascertain or to inquire into the purpose for which any of the above powers are exercised from time to time.

This authorisation shall continue in force until the Bank shall have actually received a notice of revocation in writing. The authorisation of the Authorised Signatory(ies) shall terminate immediately upon my/our death or incapacity to act and it is the duty of the Authorised Signatory(ies) to inform the Bank immediately of such death or incapacity to act. In the event of my/our death or incapacity to act, I/we agree and acknowledge that the Bank shall not be liable or responsible in any way for executing or acting on the instructions of the Authorised Signatory(ies) prior to receipt by the Bank of written notice of such death or incapacity to act. Without prejudice to the generality of the foregoing, the Bank shall not be liable for any net debit balance or loss in said accounts or any other claim whatsoever and howsoever arising as a result of or in connection with transactions initiated, consummated or completed by the Bank prior to receipt by the Bank of written notice from the Authorised Signatory(ies) of my/our death or incapacity to act.

I/We agree to indemnify the Bank against all actions, proceedings, liabilities, claims, damages, costs and expenses arising from or in connection with the exercise or purported exercise by the Authorised Signatory(ies) of any of the powers conferred, except where and to the extent any loss or liability is caused directly by the fraud, negligence or wilful default of the Bank or its employees, agents or servants.
Schedule 2

**Terms of General Authority** (except to create any security interest or encumbrance over any assets)

The person(s) stated under Section(s) 2A(B)* / 2B(C)* / 2C(D)* (*Delete as appropriate) is(are) granted with full power without right of substitution to act as my/our Authorised Signatory(ies) and in particular to deal with any and all assets deposited or held in my/our name with the Bank and to take actions and incur liabilities in the same capacity as myself/ourselves, subject to the terms herein and the conditions (including the signing conditions) (if any) set out in the Account Opening Booklet.

In particular, the Authorised Signatory(ies) shall be empowered to deposit, buy, sell, convert and withdraw any and all of my/our assets in my/our Accounts, to lodge or withdraw funds in any manner whatsoever, be it by cheque or otherwise, to sign all settlements of account, receipts, discharges, transfers and assignments, to issue, accept, endorse or give discharges on bills of exchange, cheques, orders or similar instruments of every kind, to receive communications, statements of account/custody account and all other statements, to utilise electronic services provided by the Bank, to elect a place of jurisdiction and generally to do everything he/she/they may deem expedient or necessary, subject to the terms herein and the conditions (if any) set out in the Account Opening Booklet. The Authorised Signatory(ies) shall be empowered to give legally binding Instructions to the Bank for and on my/our behalf and (for Corporate Accounts only) to close the Accounts. It is the responsibility of the Authorised Signatory(ies), and not the responsibility of the Bank, to inform me/us of such actions.

The Authorised Signatory(ies) shall have no power to execute any facility letters, facility agreements or guarantees, to charge, mortgage, pledge or otherwise create any security interest or encumbrance whatsoever over any of my/our assets (whether in my/our Accounts or otherwise) as security for the obligations of myself/ourselves, the Authorised Signatory(ies) or any third party.

I/We ratify and confirm and agree to ratify and confirm all and whatsoever the Authorised Signatory(ies) shall do or purport to do by virtue of this authorisation including anything which shall be done between the revocation of this authorisation and notice of such revocation actually received by the Bank. I/We hereby confirm that the Bank is under no obligation to ascertain or to inquire into the purpose for which any of the above powers are exercised from time to time.

This authorisation shall continue in force until the Bank shall have actually received a notice of revocation in writing. The authorisation of the Authorised Signatory(ies) shall terminate immediately upon my/our death or incapacity to act and it is the duty of the Authorised Signatory(ies) to inform the Bank immediately of such death or incapacity to act. In the event of my/our death or incapacity to act, I/we agree and acknowledge that the Bank shall not be liable or responsible in any way for executing or acting on the instructions of the Authorised Signatory(ies) prior to receipt by the Bank of written notice of such death or incapacity to act. Without prejudice to the generality of the foregoing, the Bank shall not be liable for any net debit balance or loss in said accounts or any other claim whatsoever and howsoever arising as a result of or in connection with transactions initiated, consummated or completed by the Bank prior to receipt by the Bank of written notice from the Authorised Signatory(ies) of my/our death or incapacity to act.

I/We agree to indemnify the Bank against all actions, proceedings, liabilities, claims, damages, costs and expenses arising from or in connection with the exercise or purported exercise by the Authorised Signatory(ies) of any of the powers conferred, except where and to the extent any loss or liability is caused directly by the fraud, negligence or wilful default of the Bank or its employees, agents or servants.
Schedule 3

Terms of Limited Authority

The person(s) stated under Section(s) 2A(C)*/ 2B(D)*/ 2C(E)* (*Delete as appropriate) is(are) granted with limited power without right of substitution to act as my/our Authorised Representative(s) and in particular to manage any and all assets deposited or held in my/our name with the Bank, subject to the terms herein and the conditions (including the signing conditions) (if any) set out in the Account Opening Booklet.

In particular, the Authorised Representative(s) shall be empowered to issue Instructions for the purchase, sale or other dealings of Securities, structured investment products, foreign exchange, Precious Metals and other Traded Assets, to enter into derivatives transactions and other Traded Asset Transactions, to convert and exchange Securities, to engage in arbitrage operations and subscriptions and to exercise or sell subscriptions rights, to carry out investments on a fiduciary basis in the Bank's own name but at my/our expense and risk, to utilise electronic services provided by the Bank, as well as to take all other measures which he/she/they may deem appropriate in connection with the management of my/our assets with the Bank. The Authorised Representative(s) shall be empowered to give legally binding Instructions to the Bank for and on my/our behalf for the management of my/our assets with the Bank. It is the responsibility of the Authorised Representative(s), and not the responsibility of the Bank, to inform me/us of such actions.

The Authorised Representative(s) shall have no power to withdraw or transfer all or part of the assets in my/our Accounts (except where such withdrawal or transfer is for the purpose of making any payment for settlement of the Transactions for and on my/our behalf under this authorisation or to transfer to my/our other Accounts or to settle sums due to the Bank or any EFG Group Member) or to execute any facility letters, facility agreements or guarantees, to charge, mortgage, pledge or otherwise create any security interest or encumbrance whatsoever over any of my/our assets (whether in my/our Accounts or otherwise) as security for the obligations of myself/ourselves, the Authorised Representative(s) or any third party.

I/We ratify and confirm and agree to ratify and confirm all and whatsoever the Authorised Representative(s) shall do or purport to do by virtue of this authorisation including anything which shall be done between the revocation of this authorisation and notice of such revocation actually received by the Bank. I/We hereby confirm that the Bank is under no obligation to ascertain or to inquire into the purpose for which any of the above powers are exercised from time to time.

This authorisation shall continue in force until the Bank shall have actually received a notice of revocation in writing. The authorisation of the Authorised Representative(s) shall terminate immediately upon my/our death or incapacity to act and it is the duty of the Authorised Representative(s) to inform the Bank immediately of such death or incapacity to act. In the event of my/our death or incapacity to act, I/we agree and acknowledge that the Bank shall not be liable or responsible in any way for executing or acting on the instructions of the Authorised Representative(s) prior to receipt by the Bank of written notice of such death or incapacity to act. Without prejudice to the generality of the foregoing, the Bank shall not be liable for any net debit balance or loss in said accounts or any other claim whatsoever and howsoever arising as a result of or in connection with transactions initiated, consummated or completed by the Bank prior to receipt by the Bank of written notice from the Authorised Representative(s) of my/our death or incapacity to act.

I/We agree to indemnify the Bank against all actions, proceedings, liabilities, claims, damages, costs and expenses arising from or in connection with the exercise or purported exercise by the Authorised Representative(s) of any of the powers conferred, except where and to the extent any loss or liability is caused directly by the fraud, negligence or wilful default of the Bank or its employees, agents or servants.
For Bank Use Only

DECLARATION

Name (BLOCK LETTERS) : ________________________________ (HKMA Registration No.: )
who declares as follows:

- A copy of the General Conditions (including specifically the Risk Disclosure Statements) in English (being a language of the Client’s choice) has been provided to the Client; and

- The Client has been invited to read the General Conditions (including specifically the Risk Disclosure Statements), to ask questions and to take independent advice if the Client wishes.

Signature : ________________________________ Date : ________________________________
Appendix 1

DECLARATION OF IDENTITY OF THE BENEFICIAL OWNER

The contracting partner hereby declares that the person(s) listed below is/are the beneficial owner(s) of the assets deposited under the above relationship. If the contracting partner is also the sole beneficial owner of the assets, the contracting partner’s details must be set out below:

Account No.: ____________________________  Contracting partner: ____________________________

Last name(s), First name(s)/entity: _____________________________________________________________

Date(s) of birth: __________________________________________________________________________

Nationality(ies): __________________________________________________________________________

Actual address of domicile/registered office: ______________________________________________________________________________________

Country: ______________________________________________________________________________________

Last name(s), First name(s)/entity: _____________________________________________________________

Date(s) of birth: __________________________________________________________________________

Nationality(ies): __________________________________________________________________________

Actual address of domicile/registered office: ______________________________________________________________________________________

Country: ______________________________________________________________________________________

Last name(s), First name(s)/entity: _____________________________________________________________

Date(s) of birth: __________________________________________________________________________

Nationality(ies): __________________________________________________________________________

Actual address of domicile/registered office: ______________________________________________________________________________________

Country: ______________________________________________________________________________________

The contracting partner hereby undertakes to automatically inform the bank of any changes.

Signature(s) of the contracting partner(s) (Account Holder(s))

___________________________________________________  ____________________________________________________________

___________________________________________________  ____________________________________________________________

Date: ________________________________________________  ________________________________
The contracting partner hereby declares:
(mark only one option with a cross where applicable)

**“up to 20 investors”**

- [ ] that the number of investors (beneficial owners) of the assets deposited with the Bank is less or equal to twenty (20) and that the full name, date of birth, nationality, address and country (or firm’s name and business address if the party is a legal entity or a company) of **all of them** is disclosed in the table below (all details for each investor).

  or

**“more than 20 investors”**

- [ ] that the numbers of investors (beneficial owners) of the assets deposited with the Bank is more than twenty (20).

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<th>Date of birth(^1)</th>
<th>Nationality(^2)</th>
<th>Address(^4)</th>
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\(^1\) or full company name for companies
\(^2\) required for individuals only
\(^3\) required for individuals only
\(^4\) domicile or primary residence, or registered office for companies
\(^5\) or State or country of registered office for companies
The contracting partner undertakes to inform the Bank, of his own accord, about any changes.

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<th>Nr.</th>
<th>Full name</th>
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Signature of the contracting partner (Account Holder):

__________________________________________

Date of signature:

------------------------------------------------------------------------------------------------------------------
Appendix 3

INFORMATION ON LIFE INSURANCE POLICIES WITH SEPARATELY MANAGED ACCOUNTS/SECURITIES ACCOUNTS (SO-CALLED INSURANCE WRAPPERS)

Account No.: ________________________________

Contracting partner (Account Holder/s): __________________________________________________________

Insurance Policy Number: ________________________________

The contracting partner hereby declares that the above Insurance Policy refers to the following persons. The contracting partner will also provide certified true copies of each person’s official identification document:

1. Policy Holder(s)

Full name: ________________________________

Date of Birth: ________________________________

Nationality (ies): ________________________________

Address/Domicile/Primary Residence: ______________________________________________________________

Full name: ________________________________

Date of Birth: ________________________________

Nationality (ies): ________________________________

Address/Domicile/Primary Residence: ______________________________________________________________

2. Premium Payer(s) (if different from 1 above)

Full name: ________________________________________________________________

Date of Birth: ________________________________________________________________

Nationality (ies): ________________________________________________________________

Address/Domicile/Primary Residence: ______________________________________________________________

Country: ________________________________________________________________

The contracting partner undertakes to inform the bank, of its own accord, about any changes. Moreover, the contracting partner confirms having the above mentioned authorization to disclose such information to the bank.

Date of signature: ________________________________

Signature of contracting partner (Account Holder/s): ________________________________________________________________
Appendix 4

ESTABLISHING OF THE CONTROLLING PERSON OF OPERATING LEGAL ENTITIES AND PARTNERSHIPS BOTH NOT QUOTED ON THE STOCK EXCHANGE

(for operating legal entities and partnerships that are contracting partner as well as analogously for operating legal entities and partnerships that are beneficial owners)

Account/securities account number: ____________________________

Contracting partner (Account Holder): ____________________________

The contracting partner hereby declares that (tick the appropriate box):

☐ the person(s) listed below is/are holding 25% or more of the contracting partner’s shares (capital shares or voting rights); or

☐ if the capital shares or voting rights cannot be determined or in case there are no capital shares or voting rights of 25% or more, the contracting partner hereby declares that the person(s) listed below is/are controlling the contracting partner in other ways; or

☐ in case this/these person(s) cannot be determined or this/these person(s) does/do not exist, the contracting partner hereby declares that the person(s) listed below is/are the managing director(s).

Last name(s)/entity: ____________________________

First name(s): ____________________________

Actual address of domicile/registered office: ____________________________

Last name(s)/entity: ____________________________

First name(s): ____________________________

Actual address of domicile/registered office: ____________________________

Last name(s)/entity: ____________________________

First name(s): ____________________________

Actual address of domicile/registered office: ____________________________

Last name(s)/entity: ____________________________

First name(s): ____________________________

Actual address of domicile/registered office: ____________________________

Fiduciary holding of assets:

Is a third person the beneficial owner of the assets held in the account/securities account?

☐ No.

☐ Yes. > The relevant information regarding the beneficial owner has to be obtained by filling in a separate form A.

The contracting partner hereby undertakes to automatically inform the bank of any changes to the information contained herein.

Date ____________________________

Signature(s) of contracting partner (Account Holder) ____________________________
Appendix 5

FOUNDATIONS AND UNDERLYING COMPANIES OF FOUNDATIONS

Account/securities account number: ____________________________
Contracting partner (Account Holder): ____________________________

The undersigned hereby declare(s) being a board member of the foundation, or of the highest supervisory body of an underlying company of a foundation, known as:

and, in such capacity, provide(s) to the best of his/her/their knowledge the following information to the bank:

1. Name and information pertaining to the foundation (tick the two boxes applicable):

   Governing Law/Jurisdiction: ____________________________

   Type of foundation: ☐ Discretionary foundation or ☐ Non-discretionary foundation
   and
   Revocability: ☐ Revocable foundation or ☐ Irrevocable foundation

2. Information pertaining to the (ultimate economic, not fiduciary) founder (individual(s) or entity/-ies):

   Last name(s), first name(s)/entity ____________________________

   Actual address of domicile/registered office ____________________________

   Country ____________________________

   Date(s) of birth ____________________________

   Nationality(ies) ____________________________

   Date of death (if deceased) ____________________________

   In case of a revocable foundation: does the founder have the right to revoke the foundation? ☐ Yes ☐ No

   Last name(s), first name(s)/entity ____________________________

   Actual address of domicile/registered office ____________________________

   Country ____________________________

   Date(s) of birth ____________________________

   Nationality(ies) ____________________________

   Date of death (if deceased) ____________________________

   In case of a revocable foundation: does the founder have the right to revoke the foundation? ☐ Yes ☐ No
3. If the foundation results from the restructuring of a pre-existing foundation (re-settlement) or the merger of pre-existing foundations, the following information pertaining to the (actual) founder(s) of the pre-existing foundation(s) has to be given:

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<tr>
<th>Last name(s), first name(s)/entity</th>
<th>Actual address of domicile/registered office</th>
<th>Country</th>
<th>Date(s) of birth</th>
<th>Nationality(ies)</th>
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4. Information

a) pertaining to the beneficiary(-ies) at the time of the signing of this form

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<th>Last name(s), first name(s)/entity</th>
<th>Actual address of domicile/registered office</th>
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Has/Have the beneficiary(-ies) an actual right to claim a distribution?  

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<th>Yes</th>
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Has/Have the beneficiary(-ies) an actual right to claim a distribution?  

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<tr>
<th>Yes</th>
<th>No</th>
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</table>
Has/Have the beneficiary/ies an actual right to claim a distribution?  □ Yes  □ No

b) and in addition to certain beneficiaries or if there is/are no defined beneficiary/-ies pertaining to (a) group(s) of beneficiaries (e.g. descendants of the founder) known at the time of the signing of this form:

5. Information pertaining to (a) further person(s) having the right to determine or nominate representatives (e.g. members of the foundation board), if these representatives may dispose over the assets or have the right to change the distribution of the assets or the nomination of beneficiaries

In case of a revocable foundation: is/are there (a) further person(s) with the right to revoke the foundation?  □ Yes  □ No

The contracting partner(s) hereby undertake(s) to automatically inform the bank of any changes to the information contained herein.

Date  Signature(s) of the Foundation Council
# DECLARATION FOR TRUSTS AND UNDERLYING COMPANIES OF TRUST

1. The undersigned hereby declare(s) that they are a trustee or a member of the highest supervisory body of an underlying company and, in such capacity, provide(s) to the best of his/her/their knowledge the following information to the bank:

<table>
<thead>
<tr>
<th>Last name, first name/entity</th>
<th>Address</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Trustee</th>
<th>Trustee</th>
</tr>
</thead>
</table>

b) Name and information pertaining to the trust (tick the two boxes applicable), (Name):

Governing Law/Jurisdiction: 

Type of trust:  

- □ Discretionary Trust  or  □ Non-discretionary Trust

Revocability:  

- □ Revocable Trust  or  □ Irrevocable Trust

2. Information pertaining to the (ultimate economic, not fiduciary) settlor of the trust (individual(s) or entity/-ies):

Last name(s), first name(s)/entity: 

Actual address of domicile/registered office: 

Country: 

Date(s) of birth: 

Nationality(ies): 

Date of death (if deceased): 

In case of a revocable trust: does the settlor have the right to revoke the trust?  

- □ Yes  □ No

Last name(s), first name(s)/entity: 

Actual address of domicile/registered office: 

Country: 

Date(s) of birth: 

Nationality(ies): 

Date of death (if deceased): 

In case of a revocable trust: does the settlor have the right to revoke the trust?  

- □ Yes  □ No
3. If the trust results from a restructuring of a pre-existing trust (re-settlement) or a merger of pre-existing trusts, the following information pertaining to the (actual) settlor of the pre-existing trust(s) has to be given:

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

Date of death (if deceased)

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

Date of death (if deceased)

4. Information

a) pertaining to the beneficiary/-ies at the time of the signing of this form:

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

Has/Have the beneficiary/ies an actual right to claim a distribution? □ Yes □ No

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

Has/Have the beneficiary/ies an actual right to claim a distribution? □ Yes □ No

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country
Date(s) of birth

Nationality(ies)

Has/Have the beneficiary(-ies) an actual right to claim a distribution?  Yes  No

b) and in addition to certain beneficiaries or if no beneficiary(-ies) has/have been determined, pertaining to (a) group(s) of beneficiaries (e.g. descendants of the settlor) known at the time of the signing of this form:

5. Information pertaining to the protector(s) as well as (a) further person(-s) having a right to revoke the trust (in case of revocable trusts) or to appoint the trustee of a trust:

a) Information pertaining to the protector(s)

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

In case of a revocable trust: does the protector have the right to revoke the trust?  Yes  No

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

In case of a revocable trust: does the protector have the right to revoke the trust?  Yes  No

b) Information pertaining to (a) further person(-s)

Last name(s), first name(s)/entity

Actual address of domicile/registered office

Country

Date(s) of birth

Nationality(ies)

In case of a revocable trust: Has/have this/these further person(-s) the right to revoke the trust?  Yes  No

The contracting partner(s) hereby declare(s) to be entitled to open a bank account for the trust above.

The contracting partner(s) hereby undertake(s) to automatically inform the bank of any changes to the information contained herein.

Date

Signature(s) of Trustee(s)
Appendix 7

SELF-CERTIFICATION FORM FOR CONTROLLING PERSONS FOR TAX PURPOSES

Tax Regulations require EFG Bank (hereinafter “the Bank”) to collect and report certain information about Controlling Person’s tax residency.

To enable “the Bank” to comply with its obligations, please fill in this form if you are a Controlling Person of a Passive NFE1, or of an Investment Entity managed by another Financial Institution and located in a Non-Participating Jurisdiction2.

Please use one form per Controlling Person.
Mandatory fields are marked with a “*”

Neither this document nor any related written or oral explanations constitute tax advice. The Bank recommends contacting a qualified tax advisor, if required.

Part 1 - Identification of the Controlling Person

A. Name of Controlling Person:

Title: ...........................................................................................................................................................................

Family Name or Surname(s)*: ......................................................................................................................................

First or Given Name*: ..............................................................................................................................................

Middle Name(s): .......................................................................................................................................................

B. Current Residence Address*:

Line 1 (e.g. House/Apt/Suite Name, Number, Street): ...................................................................................................

Line 2 (e.g. Town/City/Province/County/State): ...........................................................................................................

Postal Code/ZIP Code: ................................................................................................................................................

Country: ........................................................................................................................................................................

C. Date of Birth* (dd/mm/yyyy): .................................................................................................................................

D. Place of Birth:

Town or City of Birth: ....................................................................................................................................................

Country of Birth*: ........................................................................................................................................................

E. Legal name of the relevant entity Account Holder(s) of which you are a Controlling Person*:

Legal name of Entity 1: ....................................................................................................................................................

Legal name of Entity 2: ....................................................................................................................................................

Legal name of Entity 3: ....................................................................................................................................................

---

1 Passive NFE stands for Passive Non Financial Entity under CRS and must be interpreted as Passive Non Financial Foreign Entity (Passive NFFE) under FATCA.
2 Please, refer to the website www.oecd.org/tax/automatic-exchange/ for an up-to-date list of participating jurisdictions.
**Part 2 - Type of Controlling Person**

<table>
<thead>
<tr>
<th>Type</th>
<th>Entity 1</th>
<th>Entity 2</th>
<th>Entity 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling Person of a legal person – control by ownership</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal person – control by other means</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal person – senior managing official</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a trust – settlor</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a trust – trustee</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a trust – protector</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Controlling Person of a trust – beneficiary</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a trust - other</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal arrangement (non-trust) – settlor - equivalent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal arrangement (non-trust) – trustee - equivalent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal arrangement (non-trust) – protector - equivalent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal arrangement (non-trust) – beneficiary - equivalent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Controlling Person of a legal arrangement (non-trust) – other - equivalent</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Part 3 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number (“TIN”)**

Please complete the following table indicating where the Controlling Person is tax resident (i.e. where he/she is liable to pay tax) and the Controlling Person’s TIN for each country indicated.

If the Controlling Person is tax resident in more than one country, please input each one (and its associated TIN) on a separate line.

If a TIN is unavailable please provide the appropriate reason A, B or C as indicated below:

- **Reason A** - The country where the Controlling Person is liable to pay tax does not issue TINs to its residents
- **Reason B** - No TIN is required (Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed)
- **Reason C** - The Controlling Person is otherwise unable to obtain a TIN or equivalent number (If you have selected this reason please explain why you are unable to obtain a TIN)

<table>
<thead>
<tr>
<th>Country of tax residence</th>
<th>TIN</th>
<th>If no TIN available enter Reason A, B or C</th>
<th>Reason for missing TIN (only if reason C is selected)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Part 4 - Tax Status for US Tax Purposes

- Is the Controlling Person a U.S. citizen*
  (if the Controlling Person holds multiple citiizenships, tick “Yes” if one of them is U.S.): yes □ no □

- Is the Controlling Person a lawful permanent U.S. resident
  (“green card holder” irrespective of the expiry date)*: yes □ no □

- Does the Controlling Person meet the substantial presence tests in the USA³*: yes □ no □

  If the Controlling Person meets the substantial presence test, but left the U.S. during this calendar year, is its residence still temporarily or permanently in the U.S.? yes □ no ⁴□

- Was the Controlling Person born in the U.S. or in a U.S. Territory⁵*: yes □ no □

- Is the Controlling Person a U.S. person under U.S. tax laws for any other reason*: yes □ no □

  If yes, for what reason⁶:

If the Controlling Person is a US person for tax purposes, please additionally provide the Bank with a W-9 and an IRS waiver.

I HEREBY CERTIFY THAT*:

☐ THE CONTROLLING PERSON IDENTIFIED ON THIS FORM IS NOT A U.S. PERSON FOR U.S. TAX PURPOSES

☐ THE CONTROLLING PERSON IDENTIFIED ON THIS FORM IS A U.S. PERSON FOR U.S. TAX PURPOSES

Part 5 - Declarations and Signature*

Under penalties of perjury, I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I hereby confirm that I undertake to notify the Bank of any change in circumstances which affects the tax residency status of the Controlling Person identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification, within 30 days on my own initiative.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the Bank setting out how the Bank may use and share the information supplied by me.

---

³ To meet the substantial presence test, you must have been physically present in the U.S. on at least:
  • 31 days during the current year, and
  • 183 days during the 3 year period that includes the current year and the 2 years immediately before.

To satisfy the 183 days requirement, count:
  • All of the days you were present in the current year, and
  • One-third of the days you were present in the first year before the current year, and
  • One-sixth of the days you were present in the second year before the current year.

⁴ An IRS Form W-8BEN is required.

⁵ American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico or U.S. Virgin Islands.

⁶ For example, dual residency, being a non-U.S. spouse filing jointly a U.S. tax return with a U.S. spouse or relinquishing U.S. citizenship or long-term permanent residency in the U.S. Please note that owning real estate in the U.S. or equity and debt interest in U.S. entities (e.g. in a U.S. partnership) does not by itself result in being a U.S. person under U.S. tax laws.
I acknowledge that the information contained in this form and information regarding the Controlling Person may be reported to the tax authorities of the country in which this account is maintained, and exchanged with tax authorities of countries in which the Controlling Person may be tax resident, where those countries have entered into Agreements to exchange financial account information.

Signature of the Controlling Person:* 

Place and date of signature:* 

Signature of the Account Holder:* 

Place and date of signature:*
Appendix – Definitions

Note: These are selected definitions provided to assist you with the completion of this form. If you have any questions about these definitions or require further detail then please contact your tax adviser or local tax authority.

“Account Holder” The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder.

“Controlling Persons” The term “Controlling Persons” means the natural persons who exercise control over an entity or hold an economic interest within an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term “Controlling Persons” shall be interpreted in a manner consistent with the Recommendations of the Financial Action Task Force.

“Entity” The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

“Financial Account” A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

“Participating Jurisdiction” A Participating Jurisdiction means a jurisdiction with which an intergovernmental agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard.

“Passive NFE” Under the CRS a “Passive NFE” means any NFE that is not an Active NFE. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution is also treated as a Passive NFE for purposes of the CRS.

“Senior managing official” Where no natural person (s) is identified as exercising control of the Entity, the Controlling Person(s) of the Entity will be the natural person(s) who holds the position of senior managing official.

“TIN” (including “functional equivalent”) The term “TIN” means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often use some other high integrity number with an equivalent level of identification (a “functional equivalent”). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.
Appendix 8

SELF-CERTIFICATION FORM FOR INDIVIDUALS FOR TAX PURPOSES

Tax Regulations require EFG Bank (hereinafter “the Bank”) to collect and report certain information about Account Holder’s tax residency.

To enable “the Bank” to comply with its obligations, please fill in this form if you’re an individual account holder. For joint or multiple account holders, please use a separate form for each individual person. Mandatory fields are marked with an “*”.

Neither this document nor any related written or oral explanations constitute tax advice. The Bank recommends contacting a qualified tax advisor, if required.

Part 1 - Identification of Individual Account Holder

A. Name of Account Holder:
   Title: ..............................................................................................................................................................................
   Family Name or Surname(s)*: .............................................................................................................................................
   First or Given Name*: ........................................................................................................................................................
   Middle Name(s): ...............................................................................................................................................................

B. Current Residence Address*:
   Line 1 (e.g. House/Apt/Suite Name, Number, Street): ........................................................................................................
   Line 2 (e.g. Town/City/Province/County/State): ................................................................................................................
   Postal Code/ZIP Code: ........................................................................................................................................................
   Country: ...............................................................................................................................................................................

C. Date of Birth* (dd/mm/yyyy): ..............................................................................................................................................

D. Place of Birth: ........................................................................................................................................................................
   Town or City of Birth: ............................................................................................................................................................
   Country of Birth*: ...............................................................................................................................................................
Part 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number (“TIN”)*

Please complete the following table indicating where the Account Holder is tax resident (i.e. where he/she is liable to pay tax) and the Account Holder’s TIN for each country indicated.

If the Account Holder is tax resident in more than one country, please input each one (and its associated TIN) on a separate line.

If a TIN is unavailable please provide the appropriate reason A, B or C as indicated below:

Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents
Reason B - No TIN is required (Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed)
Reason C - The Account Holder is otherwise unable to obtain a TIN or equivalent number (If you have selected this reason please explain why you are unable to obtain a TIN)

<table>
<thead>
<tr>
<th>Country of tax residence</th>
<th>TIN</th>
<th>If no TIN available enter Reason A, B or C</th>
<th>Reason for missing TIN (only if reason C is selected)</th>
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</table>

Part 3 - Tax Status for US Tax Purposes

Please tick the appropriate boxes with regard to your above-mentioned account with the Bank:

• Are you a U.S. citizen:*  yes ☐ no ☐
  (if you hold multiple citizenships, tick “Yes” if one of them is U.S.):

• Are you a lawful permanent U.S. resident (“green card holder” irrespective of the expiry date)*:  yes ☐ no ☐

• Do you meet the substantial presence tests in the USA*:  yes ☐ no ☐
  If you meet the substantial presence test, but you left the U.S. during this calendar year, is your residence still temporarily or permanently in the U.S.?  yes ☐ no 2

• Were you born in the U.S. or in a U.S. Territory*:  yes ☐ no ☐

• Are you a U.S. person under U.S. tax laws for any other reason*:  yes ☐ no ☐
  If yes, for what reason:  ____________________________________________________________

---

1 To meet the substantial presence test, you must have been physically present in the U.S. on at least:
  • 31 days during the current year, and
  • 183 days during the 3 year period that includes the current year and the 2 years immediately before.
  To satisfy the 183 days requirement, count:
  • All of the days you were present in the current year, and
  • One-third of the days you were present in the first year before the current year, and
  • One-sixth of the days you were present in the second year before the current year.

2 An IRS Form W-8BEN is required.

3 American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico or U.S. Virgin Islands.
If you are a US person for tax purposes, please additionally provide the Bank with a W-9 and an IRS waiver.

I HEREBY CERTIFY THAT*
☐ THE ACCOUNT HOLDER IDENTIFIED ON THIS FORM IS NOT A U.S. PERSON FOR U.S. TAX PURPOSES
☐ THE ACCOUNT HOLDER IDENTIFIED ON THIS FORM IS A U.S. PERSON FOR U.S. TAX PURPOSES

Part 4 - Claim of Tax Treaty Benefits with the USA (if any)
☐ I hereby claim the benefit of the income tax treaty between the United States and my country of tax residence, if applicable.

Part 5 - Declarations and Signature

Under penalties of perjury, I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I hereby confirm that I undertake to notify the Bank of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification, within 30 days on my own initiative.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the Bank setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder may be reported to the tax authorities of the country in which this account is maintained, and exchanged with tax authorities of countries in which the Account Holder may be tax resident, where those countries have entered into Agreements to exchange financial account information.

Signature:*

Place and date of signature: *

---

*For example, dual residency, being a non-U.S. spouse filing jointly a U.S. tax return with a U.S. spouse or relinquishing U.S. citizenship or long-term permanent residency in the U.S. Please note that owning real estate in the U.S. or equity and debt interest in U.S. entities (e.g. in a U.S. partnership) does not by itself result in being a U.S. person under U.S. tax laws.
SELF-CERTIFICATION FORM FOR ENTITIES FOR TAX PURPOSES

Tax Regulations require EFG Bank (hereinafter “the Bank”) to collect and report certain information about Account Holder’s tax residency and classifications.

To enable “the Bank” to comply with its obligations, please complete this form where you need to self-certify on behalf of an entity account holder.

Where the Account Holder is a Passive NFE\(^1\), or, under CRS only, an Investment Entity located in a Non-Participating Jurisdiction\(^2\) and managed by another Financial Institution, please provide information on the natural person(s) who exercise control over the Account Holder (individuals referred to as Controlling Person(s)) by completing a “Self-certification form for Controlling Persons” for each Controlling Person.

Most of the categories of entities defined under FATCA are suitable for CRS. However, it is important to note that some FATCA options, such as Owner Documented FFI or Sponsored Investment entity are not available in CRS. As a consequence, entities classified as such under FATCA are likely to be Financial Institutions under CRS and might therefore have to carry out reporting obligations.

If the entity is an intermediary or a flow-through entity, please also complete the IRS Form W-8IMY and please provide with a W-8BEN or W-9 (and IRS waiver) for each beneficial owner.

Mandatory fields are marked with a “*”

*Neither this document nor any related written or oral explanations constitute tax advice. “The Bank” recommends contacting a qualified tax advisor, if required.*

---

**Part 1 - Identification of Entity Account Holder**

A. Legal Name of Entity:

B. Country of Incorporation/Organization:

C. Current Residence Address*:

   Line 1 (e.g. House/Apt/Suite Name, Number, Street):

   Line 2 (e.g. Town/City/Province/County/State):

   Postal Code/ZIP Code:

   Country:

---

\(^1\) Passive NFE stands for Passive Non Financial Entity under CRS and must be interpreted as Passive Non Financial Foreign Entity (Passive NFFE) under FATCA.

\(^2\) Please, refer to the website [www.oecd.org/tax/automatic-exchange/](http://www.oecd.org/tax/automatic-exchange/) for an up-to-date list of participating jurisdictions.
Part 2 - Country of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number ("TIN")*

Please complete the following table indicating where the Account Holder is tax resident (i.e. where he/she is liable to pay tax) and the Account Holder’s TIN for each country indicated.

If the Account Holder is tax resident in more than one country, please input each one (and its associated TIN) on a separate line.

If a TIN is unavailable please provide the appropriate reason A, B or C as indicated below:

Reason A - The country where the Account Holder is liable to pay tax does not issue TINs to its residents

Reason B - No TIN is required (Only select this reason if the authorities of the country of tax residence entered above do not require the TIN to be disclosed)

Reason C - The Account Holder is otherwise unable to obtain a TIN or equivalent number (If you have selected this reason please explain why you are unable to obtain a TIN)

<table>
<thead>
<tr>
<th>Country of tax residence</th>
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<th>Reason for missing TIN (only if reason C is selected)</th>
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</tr>
</tbody>
</table>

Part 3 - Entity Type under Chapter 3 of the Internal Revenue Code of the U.S.A*

Please select the entity type

☐ Corporation     ☐ Partnership     ☐ Private foundation     ☐ Estate
☐ Simple trust    ☐ Grantor trust   ☐ Complex trust          ☐ Government
☐ Tax-exempt organization  ☐ Government
☐ Central Bank of issue    ☐ Disregarded entity
Part 4 - Classification of Entity*

a) Is the entity a U.S. Entity?
☐ Yes › Please proceed with question aa).
☐ No › Please proceed with question b).

aa) Please confirm the US entity’s classification for US Tax purposes
☐ Disregarded Entity with a US sole member › Please provide a completed and signed IRS Form W-9 as well as the IRS waiver, and proceed with part 6.
☐ Disregarded Entity with a non-US sole member › Please provide a “Self-Certification Form For Individuals For Tax Purposes”, and proceed with part 6.
☐ Non Disregarded Entity › Please provide a completed and signed IRS Form W-9 as well as the IRS waiver, and proceed with question ab).

ab) Is the entity an Investment Entity managed by another Financial Institution?
☐ Yes › Please fill in a “Self-certification form for Controlling Persons” for each Controlling Person and proceed with part 6.
☐ No › Please proceed with question d) if the entity is a NFE or with part 6 otherwise.

b) Is the entity an Exempt Beneficial Owner?
☐ Yes › Please proceed with part 5.
☐ No › Please proceed with question c).

c) Is the entity a Financial Institution?
☐ Yes › Please complete ca).
☐ No › Please proceed with question d).

ca) Is the entity an Investment Entity managed by another Financial Institution and located in a Non-Participating Jurisdiction?
☐ Yes › Please fill in a “Self-certification form for Controlling Persons” for each Controlling Person and proceed with question cb) or cc), as applicable and then proceed with part 5.
☐ No › Please proceed with question d) if the entity is a NFE or with part 6 otherwise.

cb) Please disclose the entity’s Global Intermediary Identification Number (GIIN), if any.

GIIN of the entity (if not sponsored): _ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ 

If the entity is a sponsored entity, please indicate whether the entity (Account Holder) is a:
☐ Sponsored Entity
☐ a Sponsored, Closely Held Investment Vehicle
☐ a Trustee-documentated Trust

and disclose:
− the sponsoring entity’s name: _ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ : _ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ 
− the sponsoring entity’s GIIN: _ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ 

cc) Please indicate the reason why no GIIN is provided.
☐ The entity is a Certified Deemed-Compliant FFI according to U.S. treasury regulations (other than Sponsored, Closely Held Investment Vehicle).
☐ The entity is, or intends to be, an **Owner-Documented FFI**.
   Please provide a FATCA Owner Reporting Statement.

☐ The entity is a **Nonreporting IGA FFI**
   (other than a Registered Deemed-Compliant FFI under an applicable Model 2 IGA) or Nonreporting FI under CRS.

Please specify the respective entity classification under the provisions of the applicable IGA:

☐ **Nonparticipating FFI**.

☐ Other; please specify:

**d) Please confirm the entity’s NFE status.**

The term Active NFE is used to classify entities that are conducting an operative business other than the business of a Financial Institution.

☐ **Active NFE** (other than (Sponsored) Direct Reporting NFE) › Please proceed with part 5.

☐ (Sponsored) **Direct Reporting NFE** › Please disclose the (sponsoring) entity’s GIIN and then proceed with part 5.

GIIN of the entity (if not sponsored) :_ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ _ _

If the entity is a sponsored entity, please indicate:

- the sponsoring entity’s name: ) :_ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ _ _ _ _ _ _ _ . _ _ _ _ . _ _ . _ _ _ _

- the sponsoring entity’s GIIN : _ _ _ _ _ _ . _ _ _ _ _ . _ _ . _ _ _ _

☐ **Passive NFE** › Please fill in a “Self-certification form for Controlling Persons” for each Controlling Person and proceed with part 5.

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**Part 5 - Claim of Tax Treaty Benefits with the USA (if any)**

☐ I hereby claim the benefit of the income tax treaty between the United States and my country of tax residence, if applicable.

☐ The Account Holder derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one):

☐ Government

☐ Tax exempt pension trust or pension fund

☐ Other tax exempt organization

☐ Publicly traded corporation

☐ Subsidiary of a publicly traded corporation

☐ Company that meets the ownership and base erosion test

☐ Company that meets the derivative benefits test
Company with an item of income that meets active trade or business test
Favorable discretionary determination by the U.S. competent authority received
Other (specify Article and paragraph): ____________________

Part 6 - Declarations and Signature*

Under penalties of perjury, I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete. I hereby confirm that I undertake to notify the Bank of any change in circumstances which affects the tax residency status of the Account Holder and/or of the Controlling Person(s) (when applicable) or causes the information contained herein to become incorrect, and to provide the Bank with a suitably updated self-certification, within 30 days on my own initiative.

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder’s relationship with the Bank setting out how the Bank may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and/or the Controlling Person(s) (when applicable) may be reported to the tax authorities of the country in which this account is maintained, and exchanged with tax authorities of countries in which the Account Holder and/or the Controlling Person(s) (when applicable) may be tax resident, where those countries have entered into Agreements to exchange financial account information.

Signature:* ________________________________________
Print name:* __________________________________________
Place and date of signature:* ______________________________

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form.

Capacity: ____________________________________________

Part 7 - Glossary

Account Holder
The term Account Holder means the person listed or identified as the holder of an account. A person, other than a Financial Institution, holding an account for the benefit or account of another person as agent, custodian, nominee, signatory, investment advisor, or intermediary, is not treated as holding the account, and such other person is treated as the Account Holder. Please note that in the case of trusts not the trustee is treated as holding the account, but the trust itself.

Active NFE
There are multiple types of Active NFES. Probably the most common examples of Active NFES are the following:

- An entity with less than 50 percent of its gross income for the preceding calendar year or other appropriate reporting period is passive income (see below); and less than 50 percent of the assets held by such entity during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income.

- A non-profit organization that meet the following requirements:
  - It is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural, or educational purposes;
  - It is exempt from income tax in its country of residence;
  - It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
o The applicable laws of the entity’s country of residence or the entity’s formation documents do not permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or non-charitable entity other than pursuant to the conduct of the entity’s charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the entity has purchased; and
o The applicable laws of the entity’s country of residence or the entity’s formation documents require that, upon the entity’s liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the entity’s country of residence or any political subdivision thereof.

Other categories of Active NFEs cover the following entities (for details regarding the specific requirements, please consult the Annex I and II of the respective U.S. IGA in place with the country in which your entity is domiciled/organized (if there is any), the U.S. treasury regulations or contact your qualified tax advisor):

- Certain corporations that are regularly traded on an established securities market and their affiliates;
- Certain NFEs that are organized in a U.S. territory;
- Certain holding companies and treasury centers that are in a group with mostly nonfinancial entities;
- Certain NFEs that are in liquidation;
- Certain nonfinancial start-up companies;
- Excepted NFEs (incl. (Sponsored) Direct Reporting NFEs).

Control test
The control test is met if one or more U.S. Persons (individuals or entities) have the power, by vote or otherwise, to make all substantial decisions of the trust, with no other person having the power to veto any of the substantial decisions, whereas the term substantial decisions includes, but is not limited to, decisions concerning distributions, beneficiaries, or termination.

Controlling Person
- The term Controlling Person means the natural person who exercises control over an entity. For purposes of determining the Controlling Person of an entity, a Reporting Financial Institution under an IGA may rely for pre-existing accounts and must rely for new accounts on information collected and maintained pursuant to AML/KYC Procedures.
- In the case of a trust such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.
- The term “Controlling Person” shall be interpreted in a manner consistent with the Financial Action Task Force Recommendations. These state that a controlling ownership interest depends on the ownership structure of the entity.

Court test
The court test is met if a court within the U.S. has or would have the authority under applicable law to render orders or judgments resolving all issues regarding the administration of the entire trust, whereas the term administration of the trust means the carrying out of the duties imposed by the terms of the trust instrument and applicable law.

Exempt Beneficial Owner
There are multiple types of Exempt Beneficial Owners. Probably the most common example of an Exempt Beneficial Owner is a pension fund (or similar arrangement). A pension fund must meet the requirements of one of the below categories to be treated as Exempt Beneficial Owner:

- The pension fund is treated as an Exempt Beneficial Owner according to the Annex II of an applicable IGA (and the respective domestic regulations and guidance, if any).
- The pension fund is established in a country with which the U.S. has an income tax treaty in force, provided that the fund is entitled to benefits under such treaty on income that it derives from sources within the U.S. (or would be entitled to such benefits if it derived any such income) as a resident of the other country that satisfies any applicable limitation on benefits requirement, and is operated principally to administer or provide pension or retirement benefits.
- The pension fund is another type of Exempt Beneficial Owner like a Broad Participation Retirement Fund or Narrow Participation Retirement Fund as those terms are defined in the U.S. treasury regulations.

Other categories of Exempt Beneficial Owners cover the following entities (for details regarding the specific requirements, please consult the Annex II of
the applicable IGA (and the respective domestic regulations and guidance, if any), or the U.S. treasury regulations, or contact your qualified tax advisor):

• Governmental Entities, i.e., integral parts, controlled entities, and political sub-divisions of a non-U.S. sovereign;
• International Organizations according to the Annex II of an applicable FATCA or the International Organizations Immunities Act (22 U.S.C. articles 288 through 288f);
• Central banks;
• Entities wholly owned by Exempt Beneficial Owners.

Financial asset
The term financial asset means a security (i.e., a share of stock in a corporation; partnership or beneficial ownership interest in a widely held or publicly traded partnership or trust; note, bond, debenture, or other evidence of indebtedness), partnership interest, commodity, swap, insurance contract or annuity contract, or any interest (including a futures or forward contract or option) in one of the foregoing.

Financial Institution
There may be slight differences in the definition and interpretation of the term Financial Institution depending on the applicability of an IGA. Generally, an entity is considered a Financial Institution if it falls within at least one of the following categories:

• Depository Institution: any entity that accepts deposits in the ordinary course of a banking or similar business.
• Custodial Institution: any entity that holds financial assets (see above) for the benefit of others, if at least 20 percent of the entity’s gross income was attributable to such activities during the last three years (or since the entity has been in existence, if shorter).
• Investment Entity:
  o any entity that provides as a business certain financial services (e.g. trading, portfolio management, investing, administering or managing funds, money, or financial assets) on behalf of other persons, if at least 50 percent of the entity’s gross income was attributable to such activities during the last three years (or since the entity has been in existence, if shorter);
  o any professionally managed (see below) entity, if at least 50 percent of the entity’s gross income was attributable to investing, reinvesting, or trading in financial assets during the last three years (or since the entity has been in existence, if shorter); or
• any entity that functions or holds itself out as a collective investment vehicle, mutual fund, exchange traded fund, private equity fund, hedge fund, venture capital fund, leveraged buyout fund, or any similar investment vehicle established with an investment strategy of investing, reinvesting, or trading in financial assets.
• Specified Insurance Company: any entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, cash value insurance contracts or annuity contracts.
• Specified Holding Company or Treasury Center: certain holding companies or treasury centers that are in a group which includes other Financial Institutions, or that are formed in connection with a collective investment vehicle or the like (Note: this category is not relevant for entities in certain jurisdictions depending on the applicable IGA and the respective domestic regulations and guidance, if any).

Intergovernmental Agreement (IGA)
The term Intergovernmental Agreement, or short IGA, means an agreement or arrangement between the U.S. and a foreign government governing the implementation of FATCA in such non-U.S. jurisdiction.

Passive income
The term passive income is generally considered to include the portion of gross income that consists of dividends, interest, income equivalent to interest, rents and royalties (other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the entity), annuities, the excess of gains over losses from the sale or exchange of property that gives rise to the aforementioned types of passive income, the excess of gains over losses from certain transactions in commodities, the excess of foreign currency gains over foreign currency losses, the net income from swaps transactions, amounts received under a cash value insurance contract, or amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts.

Passive NFE
A “Passive NFE” is any NFE that is not an Active NFE. Under the CRS a “Passive NFE” also includes an Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.


**Professionally managed**
An entity is considered professionally managed if another Financial Institution provides certain financial services on behalf of the entity (e.g. trading, portfolio management, investing, administering or managing funds, money, or financial assets).

**Specified U.S. Person**
The term Specified U.S. Person means any U.S. Person, except for certain entities excluded according to an applicable IGA or the U.S. treasury regulations.

**Substantial presence test**
To meet the substantial presence test, an individual must have been physically present in the U.S. on at least:

- 31 days during the current year, and
- 183 days during the 3 year period that includes the current year and the 2 years immediately before. To satisfy the 183 days requirement, count:
  - All of the days of presence in the current year, and
  - One-third of the days of presence in the first year before the current year, and
  - One-sixth of the days of presence in the second year before the current year.

**U.S. Green Card**
A U.S. Green Card means a U.S. alien registration card as a lawful permanent resident issued by the U.S. Citizenship and Immigration Service (USCIS). An individual who, at any time during the calendar year, has been admitted to the U.S. as a lawful permanent resident is a resident alien for that year. An individual ceases to be a lawful permanent resident if the status was revoked or determined to have been abandoned.

**U.S. resident because of any other reason**
Other reasons for being treated as a U.S. resident for U.S. tax purposes are e.g. dual residency, being a non-U.S. spouse filing jointly a U.S. tax return with a U.S. spouse or relinquishing U.S. citizenship or long term permanent residency in the U.S. Please note that owning real estate in the U.S. or equity and debt interest in U.S. entities (e.g. in a U.S. partnership) does not by itself result in being a resident of the U.S.