

Part 1 ♦ Details of the account holder(s)

Customer 1

Full corporate title: _____
Registered office address: _____

Telephone number: _____
Fax number: _____
E-mail address: _____

Description of commercial activities:

Does Customer 1 need a permission/license issued by local authorities in your jurisdiction in order to be able to open a bank account outside of your jurisdiction?

- permission/license in not needed
- Permission/license needed. Please attach a copy of the permission/license

Customer 2*

Full corporate title: _____
Registered office address: _____

Telephone number: _____
Fax number: _____
E-mail address: _____

Description of commercial activities:

Does Customer 2 need a permission/license issued by local authorities in your jurisdiction in order to be able to open a bank account outside of your jurisdiction?

- permission/license in not needed
- Permission/license needed. Please attach a copy of the permission/license

Please contact your account manager if more than two account holders are required.

Correspondence address (regarding the account)

Please sent all written post regarding the account to the:

- Registered office address of Customer 1 (default)
- Registered office address of Customer 2
- The address specified below

Postal address:

* Only in case of a joint account.

Part 2 ♦ Details of the account

Purpose of account/intended use:

Currency of account(s):

- EUR CHF
 USD TRY
 GBP Other, namely: _____

Part 3 ♦ Authorised representative(s)

This section permits the accountholder(s) to designate those person(s) who will hold authority to represent the accountholder(s) in all activities towards Credit Europe.

Signatory / authorised representative (1)

Full name: _____

Title: _____

- individual
 joint with 1 2 3 other authorised representative(s)

Authorised for:

- Customer 1
 Customer 2*

Specimen signature of signatory (1): _____

By execution hereof the signatory agrees to act as an authorised representative of the customer indicated above and further undertakes to provide the Bank upon request further additional information for the purposes of confirming the authorised representative's identity.

Signatory / authorised representative (2)

Full name: _____

Title: _____

- individual
 joint with 1 2 3 other authorised representative(s)

Authorised for:

- Customer 1
 Customer 2*

Specimen signature of signatory (2): _____

By execution hereof the signatory agrees to act as an authorised representative of the customer indicated above and further undertakes to provide the Bank upon request further additional information for the purposes of confirming the authorised representative's identity.

* Only in case of a joint account.

Signatory / authorised representative (3)

Full name: _____

Title: _____

- individual
 joint with 1 2 3 other authorised representative(s)

Authorised for:

- Customer 1
 Customer 2*

Specimen signature of signatory (3): _____

By execution hereof the signatory agrees to act as an authorised representative of the customer indicated above and further undertakes to provide the Bank upon request further additional information for the purposes of confirming the authorised representative's identity.

Signatory / authorised representative (4)

Full name: _____

Title: _____

- individual
 joint with 1 2 3 other authorised representative(s)

Authorised for:

- Customer 1
 Customer 2*

Specimen signature of signatory (4): _____

By execution hereof the signatory agrees to act as an authorised representative of the customer indicated above and further undertakes to provide the Bank upon request further additional information for the purposes of confirming the authorised representative's identity.

Please contact your account manager if more than four signatories / authorised representatives are required.

Part 4 ♦ Provision of information on the account

Direct Banking

The Direct Banking secured website enable you to:

- view account and deposit details;
- view, download and print account movements;
- view and print SWIFT message for outgoing transfers;
- download forms; and
- change PIN codes.

- We wish to use Direct Banking
 We do not wish to use Direct Banking

* Only in case of a joint account.

Written statements

Please provide us with written account statements once per:

- Month
- Quarter
- Six months
- Year (default)

Part 5 ♦ Execution

We acknowledge receipt of the (i) General Banking Conditions of Credit Europe and the (ii) General Terms and Conditions for Payment Services for Corporate Customers applicable to the account and hereby confirm having read and understood its terms and conditions and our acceptance to be bound by it.

Terms and conditions of Credit Europe can also be inspected at our website (www.crediteurope.nl).

To be executed by the duly authorised representatives of the Customer(s) permitted to do so under the Customer(s) charter.

Customer 1

Name: _____
Title: _____
Full corporate title: _____
Date: _____
Signature and company stamp: _____

Customer 2*

Name: _____
Title: _____
Full corporate title: _____
Date: _____
Signature and company stamp: _____

Please contact your account manager if more than two signatures are required.

* Only in case of a joint account.

