

Business account opening form

Note: Please complete in block letters and tick where applicable

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

For Bank Use Only

Customer/Account Number

Account Type

Current Account

Currency:

Call Account

Currency:

Term Deposit

Currency:

Others (Please specify)

1. Entity Details (Mandatory)

Company Information

Company/Registered Name:

Incorporation/Registration Document and Name of issuing authority

Name of issuing authority:

Incorporation/Registration Number:

Others

Name of issuing authority:

Incorporation/Registration Number:

Date of Incorporation/Registration (Day/Month/Year)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Country of Incorporation/Registration

Business Registration Certificate Number:

"Trading As" or "Doing Business As" Name(s)

Same as Registered name

Others (please specify):

FATCA GIIN (Global Intermediary Identification Number – as applicable)

Entity Type

Private Limited Company

Public Limited Company

Partnership

Association (NPO/NGO/Charity/Club/Society)

Others (please specify):

Is this business part of a larger group?

Yes

No

Name of Ultimate Parent/Group:

Country where Parent/Group is located:

Listing on Stock Exchange

Yes

No

Name of Stock Exchange:

Type of Issued Shares

(Only for Limited Company and applicable for all intermediate layers of the company)

- Registered Share
- Bearer Shares Deposited with HSBC
- Bearer Shares Deposited with Parent Company
- Bearer Shares Deposited with Custodian
- Bearer Shares not Deposited with Custodian

If held by Custodian, please advise the name of the Custodian and nature of relationship between the Custodian and account holder:

Name:

Nature of relationship:

If bearer shares issued

Have the bearer shares in issue been cancelled and reissued in registered form and included in a register of shareholders maintained by your company or any intermediate owner?

- Yes
- No
- NA

State or Government Owned Entity (Must be completed if Company is owned directly or indirectly by State or Government over 50%)

Name of State or Government

Ownership (%)

Voting rights (%) (if different)

Is the business a regulated financial institution?

- Yes: Details of regulatory body

Name:

Country:

Regulatory reference number:

- No

Country or countries where the entity is a tax resident.

Is the business or any of its customers or suppliers involved in the gaming industry, eg online gambling, casinos?

- Yes – Business

Details of their involvement:

- Yes – Suppliers

Details of their involvement:

- Yes – Customers

Details of their involvement:

- No

Countries with HSBC Business Account (if any)

Country or countries where you have HSBC accounts:

Primary HSBC Account number:

HSBC Relationship Manager: (Name and Contact Details)

Were you introduced/recommended to HSBC

- Yes, referred by:

- No

Country (ies) from where your initial and ongoing source of wealth originate:

2. Commercial Details (Mandatory)

A. Business Information

| | | | |
|--|---|---|---------------------------------------|
| Nature of Business/Industry | Industry: | <input type="text"/> | (<input type="text"/> % of Turnover) |
| | Industry: | <input type="text"/> | (<input type="text"/> % of Turnover) |
| | Industry: | <input type="text"/> | (<input type="text"/> % of Turnover) |
| Commercial Operating Business or a Holding Company? | <input type="checkbox"/> Commercial Operating Business | | |
| | <input type="checkbox"/> Holding Company | What is the Holding Company's economic purpose? <input type="text"/> | |
| Nature of Products/Services Offered (eg toys/garments) | <input type="text"/> | | |
| Date Business Commenced (Day/Month/Year) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Years of Experience in business | <input type="text"/> Years |
| Country where major Business is Carried Out | <input type="text"/> | Country where Head office is Located | <input type="text"/> |
| Countries with Physical Presence/ No. of branch/subsidiaries/offices | (Countries where your business has physical presence including all subsidiaries, branches and offices) <input type="text"/> | | |
| Number of Employees, as applicable | In Mauritius: <input type="text"/> | In Other Area: (Countries) | <input type="text"/> |
| Reason(s) for setting up Account in Mauritius | (If the company does not have regular business presence eg staff/office in Mauritius) <input type="text"/> | | |
| Reason(s) why your business has no employees, if applicable | <input type="checkbox"/> Start-up Company | <input type="checkbox"/> Investment/Property Holding Company | <input type="checkbox"/> Outsourcing |
| | <input type="checkbox"/> Project-based Business | <input type="checkbox"/> Others (please specify): <input type="text"/> | |
| Intended Purpose of Product or Account | <input type="checkbox"/> Domestic Business Operations | <input type="checkbox"/> Domestic Investment | |
| | <input type="checkbox"/> Foreign Business Operations | <input type="checkbox"/> Foreign Investment | |
| | <input type="checkbox"/> Others (please specify): | <input type="text"/> | |
| Have there been material changes to your business in the last five years | (eg Changes to ownership, company name, parent company, countries of operation, nature of business, products/services) | | |
| | <input type="checkbox"/> Yes, please provide details | <input type="text"/> | |
| | <input type="checkbox"/> No | | |
| Nature of your customer base | (Select all that apply) | | |
| | <input type="checkbox"/> Individual | <input type="checkbox"/> Business | |
| | <input type="checkbox"/> Government/public sector bodies | <input type="checkbox"/> Banks and other financial institutions | |
| | <input type="checkbox"/> Others businesses | | |
| Key Customer who Accounts for More Than 50% of Total Sales (if any) | Registered Name | <input type="text"/> | % of Sales |
| | "Trading As" Name (If different from Registered Name) | <input type="text"/> | <input type="text"/> |
| | % of sales revenue | <input type="text"/> | |
| | Nature of business | <input type="text"/> | |

Top 10 Countries of Revenues, Purchases and Assets held

| Country | Percentage of revenue/intended revenue | Percentage of purchases/intended purchases | Percentage of assets held |
|---------|--|--|---------------------------|
| | | | |
| | | | |
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B. Financial Information

Expected Source of Funds
(eg source of business' initial deposits)

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Intra-group Financing | <input type="checkbox"/> Business Income (accumulated profit/retained earning) |
| <input type="checkbox"/> Transfer from other HSBC account | <input type="checkbox"/> Business Loan |
| <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner | <input type="checkbox"/> Sale of Property/Asset |
| <input type="checkbox"/> External investment | <input type="checkbox"/> Others (please specify): <input type="text"/> |

Country of Source of Funds for Account Opening

How are the funds going to be transferred into HSBC account(s)?

- | | |
|---|--|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Cheque |
| <input type="checkbox"/> Domestic wire transfer | <input type="checkbox"/> International wire transfer |

Currency and Amount:

Initial Source of Wealth
(eg activities that generate the business' accumulated capital and ongoing deposits)

(Select all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Intra-group Financing | <input type="checkbox"/> Business Income (accumulated profit/retained earning) |
| <input type="checkbox"/> Transfer from other HSBC account | <input type="checkbox"/> Business Loan |
| <input type="checkbox"/> Investment by Ultimate Beneficial Owner/Partner | <input type="checkbox"/> Sale of Property/Asset |
| <input type="checkbox"/> External investment | <input type="checkbox"/> Others (please specify): <input type="text"/> |

On going source of wealth

- Yes (same as above)

No, principle source of wealth for the future:

Others (please specify):

Relevant Financial Performance Indicator

- Annual Business Turnover

Approximate total annual turnover of the Company. If your company is a start-up business, please advise based on your business plan.

Currency

Amount

Current Year:

| | |
|--|--|
| | |
|--|--|

Projected for Next Year:

| | |
|--|--|
| | |
|--|--|

Asset Size

| | Currency | Amount |
|--------------------------|----------------------|----------------------|
| Current Year: | <input type="text"/> | <input type="text"/> |
| Projected for Next Year: | <input type="text"/> | <input type="text"/> |

Asset under Management

| | Currency | Amount |
|--------------------------|----------------------|----------------------|
| Current Year: | <input type="text"/> | <input type="text"/> |
| Projected for Next Year: | <input type="text"/> | <input type="text"/> |

Other:

| | Currency | Amount |
|--------------------------|----------------------|----------------------|
| Current Year: | <input type="text"/> | <input type="text"/> |
| Projected for Next Year: | <input type="text"/> | <input type="text"/> |

Is the financial report of your company audited by an international firm of accountants or an external auditor? Yes, name:
 No

C. Account Transaction Information

Where are the key countries that this account will be used in? (more than 10% of total account transaction values in and out)

| Country name: | | Inflows | Outflows |
|-------------------------|--|----------------------|----------------------|
| Domestic transfers | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| International transfers | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| Cash activity | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| Cheque activity | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| Country name: | | Inflows | Outflows |
| Domestic transfers | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| International transfers | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| Cash activity | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |
| Cheque activity | Monthly turnover of expected transfers | <input type="text"/> | <input type="text"/> |
| | Monthly volume of expected transfers | <input type="text"/> | <input type="text"/> |

Expected Seasonal Trends

Yes, please provide details:

No

D. Other Business Information

Please advise if you or any member of your group legal entity (include branches, subsidiaries, affiliates and joint ventures) do business in any below list countries:

- Cuba
 - Iran
 - Syria
 - North Korea
 - Sudan
 - Crimea Region
 - Myanmar
 - Zimbabwe
 - Belarus
 - Russia
 - Ukraine
- (tick all that apply):

No, I/We confirm that I/we will not utilise any accounts with HSBC to facilitate payments to any person or entity listed on a sanctions list or who/which is located in a sanctioned country.

Yes, Country name:

The nature of the exposure to the sanctioned country is:

Domiciled in country Owned by beneficial owners domiciled in the country

Operated in country (please fill in details below)

Local sales revenue from the legal entity that operates in this country (state currency and amount)

Total assets of the legal entity that operates in this country (state currency and amount)

Has investments in the country (please fill in details below)

Do the products that HSBC provide to the legal entity support its investment? Yes No

Value of investment in this country (state currency and amount)

Percentage of total assets related to investments:

Nature of investments:

Buying from suppliers in the country (please fill in details below)

Value of total cost of goods sold for this legal entity (state currency and amount)

Value of imports from this country (state currency and amount)

What percentage of total cost of goods sold are purchased from this country?

Nature of products/services purchased:

Selling to customers or providing services in the country (please fill in details below)

Value of annual export sales to this legal entity (state currency and amount)

What percentage of total revenue is from this country?:

Nature of products/services sold:

Are HSBC products used to process/support the transactions with this sanctioned country?

Yes No

Describe the control procedures that your company has in place to monitor transactions with Sanctioned Countries and ensure your company remains compliant with sanctions regulations.

What is your company's approach to future business development in Sanctioned Countries and the anticipated timing of such actions?

Any other relevant information?

Describe the control procedures in place around the flow of funds between a branch in Sanctioned Countries and its parent entity.

3. Contact Details (Mandatory)

Registered Address in Place of Incorporation

City: Country: Postal Code:

Business Address

Same as above Other address:

City: Country: Postal Code:

Correspondence address and Statement to be sent to

Same as above Other address:

City: Country: Postal Code:

Office Telephone Number

1. 2.

Office Fax Number

1. 2.

Business Email Address

Business Website URL (if any)

Details of Contact Person(s)
(For banking and direct marketing information purposes only.)

Mr Mrs Miss Ms

Job Title Telephone Number

Mobile Number

Business Email Address (if any)

Mr Mrs Miss Ms

Job Title Telephone Number

Mobile Number

Business Email Address (if any)

Previous business address(es)
 (if resident at current address for less than 3 years, please fill in all previous address(es) for the past 3 years)
 (if applicable)

4. Bank Services (Mandatory)

Account Statement Frequency of Account Statement:

Weekly Quarterly
 Monthly Half Yearly

Do you require additional statement copies? Yes No

Address for additional statement:

Estatement (Preferred Option) Email Address 1

Email Address 2

Email Address 3

Email Address 4

Email Address 5

Email Address 6

Email Address 7

Email Address 8

Email Address 9

Email Address 10

HSBCnet Do you have an existing HSBCnet Account? Yes No

If Yes, please specify if your company is a: Financial Institution Other

If No, please specify if your company is a: Financial Institution Other

If your company is a financial institution, please select: HSBCnet Only HSBCnet and SWIFT

Please subscribe to HSBCnet by accessing the following link to download the appropriate document:
<https://www.business.hsbc.co.mu/en-gb/mu/generic/downloads-for-global-business-companies>

Do you require to send instructions by SWIFT? Yes No

Do you require Foreign Exchange or Treasury Products (eg INR)? Yes No

Do you need any other product or service required? Investment Banking Trade and International Services

Would you be interested in receiving information from other HSBC Group Offices? Yes No

5. Details of Connected Parties (Mandatory) (Beneficial Owner, Beneficiaries, Intermediate Owner, Key Controller, Direct Appointee)

Definition:

1. Definition of a beneficial owner in line with Financial Intelligence and Anti Money Laundering Act (FIAMLA) Act 2002 updated 2019, Section 17E (3), "Beneficial owner" (a) Means the natural person (i) Who ultimately owns or controls a customer;(ii) On whose behalf a transaction is being conducted; and (b) Includes those natural persons who exercise ultimate control over a legal person or arrangement and such other persons as may be prescribed.
2. In relation to a corporation (if fulfils any of the following criteria): means an individual who:
 - ◆ owns or controls, directly or indirectly, including through a trust or bearer share holding, not less than 10% of the issued share capital of the corporation or,
 - ◆ is directly or indirectly, entitled to exercise or control the exercise of not less than 10% of the voting rights at general meetings of the corporation or,
 - ◆ exercises ultimate control over the management of the corporation or,
 - ◆ If the corporation is acting on behalf of another person, means the other person.
3. In relation to a partnership (if fulfils any of the following criteria): means an individual who:
 - ◆ is entitled to or controls, directly or indirectly, not less than 10% share of the capital or profits of the partnership; or
 - ◆ is directly or indirectly, entitled to exercise or control the exercise of not less than 10% of the voting rights in the partnership; or
 - ◆ exercises ultimate control over the management of partnership; or
 - ◆ If the partnership is acting on behalf of another person, means the other person
4. In relation to a trust (if fulfils any of the following criteria): means an individual who:
 - ◆ is entitled to a vested interest in not less than 10% of the capital of the trust property, whether the interest is in possession or in the remainder or reversion and whether it is defeasible or not; or
 - ◆ the settlor of the trust; or
 - ◆ a protector or enforcer of the trust; or
 - ◆ an individual who has ultimate control over the trust
5. In relation to a Fund (if fulfills any of the following criteria): means an investor who:
 - ◆ is entitled to or controls, directly or indirectly, not less than 10% stake in the Fund
 - ◆ has control over the voting rights; or from exercising other control over the composition and/or the voting rights; or from exercising other control over the composition and/or the voting of the Board of Directors
 - ◆ a Beneficial Owner can also be the party on whose behalf a transaction or activity is being conducted
 - ◆ the beneficial owners of the Fund are the investors (individuals, entities or Funds) into the Fund
 - ◆ the Investment/Fund Manager who is responsible for making decisions related to the Fund's portfolio of investments in accordance with the stated goals of the Fund
 - ◆ the Administrator who is responsible for maintaining a Fund's share register and books of account, and overseeing that its investments reflect the stated strategies as per the original offering documents and verifying Net Asset Value (NAV) calculations and attributions of income as being accurate and errorfree

Intermediate Owner¹:

Intermediate Owner is an entity or legal arrangement (eg Trust, Foundation etc) that sits between the entity and the Ultimate Beneficial Owner in the ownership structure.

Key Controller²:

Key Controller is an individual appointed to exercise direct control over the entity, by participating in the governance or senior/executive activities of the business. Key Controller typically sets the strategic direction of the entity and exercises control jointly with other directors or senior executives. It can be a corporate entity. Key Controllers include:

- ◆ Chief Executive Officer (CEO)/Managing Director
- ◆ Chief Financial Officer (CFO)/Head of Finance
- ◆ Chief Operating Officer (COO)/Head of Operations
- ◆ Managing Partner
- ◆ Chairman/Deputy Chairman of the Board
- ◆ Chairman of the Audit/Remuneration/Risk Committee
- ◆ Authorised Signatory with sole signing authority
- ◆ Nominee
- ◆ Powers of Attorney

Direct Appointee³

Direct Appointee is an individual authorised under an executed instrument of the entity to act on its behalf with respect to the banking relationship, and to appoint authorised signatories or delegate authority to others to represent the business in limited circumstances, eg the Company secretary. Direct Appointee is typically appointed by the Board of Directors or Key Controllers. It can be a corporate entity.

5. Details of Connected Parties (Continued)

A. Individuals

| | | | | |
|---|--|---|--|--|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms |
| Full name | <input type="text"/> | | | |
| Former Name/Alias | <input type="text"/> | | | |
| Capacity of Connected Party | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partner | <input type="checkbox"/> Director | <input type="checkbox"/> Authorised Signatory |
| | <input type="checkbox"/> Beneficial Owner | (Ownership <input type="text"/> %) | | |
| | | (Voting rights <input type="text"/> %, if different from ownership) | | |
| | <input type="checkbox"/> Key Controller ² | <input type="checkbox"/> Direct Appointee ³ | <input type="checkbox"/> Power of Attorney | |
| Identification Document Type and Number | <input type="checkbox"/> Identity Card | <input type="checkbox"/> Passport | | |
| | <input type="checkbox"/> Driver's Licence | Number | <input type="text"/> | |
| Date of Birth (Day/Month/Year) | <input type="text"/> | Country of Birth | <input type="text"/> | |
| Job Title | <input type="text"/> | Multiple Nationalities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nationality 1 | <input type="text"/> | Nationality 2 | <input type="text"/> | Nationality 3 <input type="text"/> |
| Tax residing country and Tax Identification Number | Country <input type="text"/> | Number | <input type="text"/> | |
| Country of source of wealth | <input type="text"/> | | | |
| Is the UBO a family member? (For UBO only) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Office Telephone Number | <input type="text"/> | Email Address | <input type="text"/> | |
| Mobile Telephone Number | <input type="text"/> | | | |
| Current Residential Address | <input type="text"/> | | | Address Since Date (Month/Year) <input type="text"/> |
| | City: <input type="text"/> | Country: <input type="text"/> | | |
| Previous Address (If the current residential address is less than 3 years) | <input type="text"/> | | | |
| Permanent Address (to complete if different from current residential address and provide evidence) | <input type="text"/> | | | |

B. Corporate Entities

| | | | |
|---|--|--|---|
| Registered Name | <input type="text"/> | | |
| "Trading As" or "Doing Business As" name (if different from legal name) | <input type="text"/> | | |
| Capacity of Connected Party | <input type="checkbox"/> Director | <input type="checkbox"/> Authorised Signatory | <input type="checkbox"/> Beneficial Owner (Ownership <input type="text"/> %) |
| | <input type="checkbox"/> Key Controller ² | <input type="checkbox"/> Direct Appointee ³ | <input type="checkbox"/> Intermediate Owner ¹ (Ownership <input type="text"/> %) |
| Registration/Incorporation Document | Certificate of Incorporation number: | <input type="text"/> | |
| | Business Registration Certificate number: | <input type="text"/> | |
| | Certificate of Incumbency: | <input type="text"/> | |
| | Certificate of Good Standing: | <input type="text"/> | |
| | Others | <input type="text"/> | |
| Country of Incorporation/Registration | <input type="text"/> | Year of Incorporation/ Registration | <input type="text"/> |
| Country of Business Operation | <input type="text"/> | | <input type="text"/> |
| Registered Address | <input type="text"/> | | |
| | City: <input type="text"/> | Country: | <input type="text"/> |
| Percentage of Ownership | <input type="text"/> % | Percentage of Voting Rights (if different) | <input type="text"/> |
| Listing on Stock Exchange | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of Stock Exchange | <input type="text"/> |
| Regulated Financial Institution in a FATF Member Country | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of Issuing Authority of Registration/Incorporation Document | <input type="text"/> | | |
| Nature of Business/Industry | <input type="text"/> | | |
| Countries with HSBC Business Accounts (if any) | <input type="text"/> | | |
| Represented by (Full Name) | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | Date of Birth (Day/Month/Year) | <input type="text"/> |
| Identification Document Type and Number | <input type="checkbox"/> Identity Card <input type="checkbox"/> Passport | | |
| | <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Other: | | <input type="text"/> |
| | Number: | | <input type="text"/> |
| Nationality | <input type="text"/> | Job Title | <input type="text"/> |
| Residential Address | <input type="text"/> | | |
| Permanent Address (If different from residential address) | <input type="text"/> | | |
| Tax Residing Country | <input type="text"/> | | |
| Tax Identification Number | <input type="text"/> | | |

C. Trusts/Foundations

(II) Registered Name

Is this a Trust or a Foundation?

Trust

Foundation

Country of establishment

Ownership percentage

%

Registered Address

City:

Country:

What are the nature, purpose and objectives of the Trust/Foundation?

What is the Trust/Foundation's class of beneficiaries?

What is the number of beneficiaries?

Name of Regulator
(where applicable)

Customer Declaration

We have read The Hongkong and Shanghai Banking Corporation Limited (i) General Terms and Conditions¹ for account holders for opening and operating Current Account/Call Account/Term Deposit Account/Others² and (ii) the specific Conditions for Telegraphic Transfers and Demand Drafts¹ and agree to comply with them.

We confirm having read and approved the Bank's prevailing tariff of charges¹, which we understand may be subject to change from time to time as advised by the bank.

We hereby confirm that the details given are correct.

Signature and/or Chop

Full Name of Signatory(ies)

Signature and/or Chop

Full Name of Signatory(ies)

Signature and/or Chop

Full Name of Signatory(ies)

Signature and/or Chop

Full Name of Signatory(ies)

Signature and/or Chop

Full Name of Signatory(ies)

Signature and/or Chop

Full Name of Signatory(ies)

Please note: This form should be signed in accordance with the Mandate.

¹Customer may at any time view the prevailing General Terms and Conditions and tariff of charges on our website www.hsbc.com.mu or request copies from the Bank.

²Please delete as appropriate

For Bank Use Only

Relationship Manager:

Onboarding Case Manager/Officer:

KYC Completion Date: (dd/mm/yy)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Other Customer Information

Branch/Department Chop and Authorised Signature

Account No. (for Bank use only)

Initials of Manager or Officer

To: The Manager

The Hongkong and Shanghai Banking Corporation Limited Ebene, Mauritius

MANDATE FOR ACCOUNTS OF A LIMITED COMPANY

I / WE HEREBY CERTIFY that the following resolutions were passed on _____ (date) at a meeting duly convened and quorate of the Board of Directors of _____ (The "Company") of _____ (Registered Address) / ^a by way of written resolutions signed by all the Directors of the Company*, whereas:

Account Opening and General Banking Facilities:

- a. The Company wishes to open a _____ (Type of Account) account with and Shanghai Banking Corporation Limited (the "Bank"), subject to the Bank's General Terms and Conditions.
- b. As part of the Bank's account opening procedures, certified true copies of the Company's corporate documents, list of authorised signatories (together with their specimen signatures) and all other documents required as per the Bank's Checklist will need to be produced to the Bank.
- c. E-channels (HSBCnet)
 1. The Company wishes to use E-Channels (HSBCnet) from the Bank subject to the Bank's Terms and Conditions.
 2. The Company intends to authorise its officers, employees and/or agents to use E-channels (HSBCnet).

IT WAS RESOLVED THAT:

Account Opening and General Banking Facilities

1. That a _____ (Type of Account) account(s) be opened or continued (as the case may be) with the Bank, and any other account or accounts as may be subsequently directed by any _____ Director(s) or by any _____ authorised signatories or by _____
2. That the Bank be instructed to honour and comply with all cheques, promissory notes and other orders drawn, and all bills accepted on behalf of the Company, whether the current account be in credit or overdrawn, to comply with all directions given for or in respect of any account or accounts of any kind whatsoever on behalf of the Company, and to accept and act upon all receipts for monies deposited with or owing by the Bank on any account or accounts in the name of the Company, provided that such cheques, promissory notes, orders, bills, directions or receipts are signed by any _____ Director(s) or by any _____ authorized signatories or by _____
3. That any _____ Director(s) or any _____ authorised signatories or _____ be authorised to withdraw and deal with any of the Company's securities or property or documents of title thereto which may be deposited with the Bank for safe custody or in safe deposit from time to time, whether by way of security or otherwise.
4. That any _____ Director(s) or any _____ authorised signatories or _____ be authorised to arrange with the Bank for advances to the Company by way of discount, loan, overdraft or otherwise, and for the granting of foreign exchange facilities, credits and the issue of guarantees by the Bank from time to time as required, and to sign on behalf of the Company any form of deposit and withdrawal, Memorandum of Deposit, Letter of Trust, Fixed or Floating Charge, Hypothecation assignment and Pledge, or any other security document relating to any securities or property or documents of title relating thereto to secure the said advances and any obligations, undertakings, instructions, guarantees, indemnities and counter-indemnities, and any other documents which may be required by the Bank in connection with the aforesaid facilities.
5. That in the absence of any written directions to the contrary, all accounts subsequently opened shall be operated and dealt with upon the terms set out above insofar as the same may be applicable.
6. That the Bank be forthwith supplied with a copy of the Company's Constitution and with a copy of each amending resolution as soon as the same has been passed, and with sight of the Certificate of Incorporation, Global Business Licence, if any, and Certificate Current Standing.
7. That the Bank be supplied with a list of names and specimens of signatures of Directors and any other person or persons authorized to sign on behalf of the Company, and be from time to time informed by a completed mandate form or by a certified resolution of the Board of Directors of the Company of any changes which may take place therein, and be entitled to act upon until the receipt of a further completed mandate form or certified resolution as aforesaid.
8. That a copy of any resolution of the Board of Directors of the Company, if purporting to be certified as correct by a Director of the Company or by the Company Secretary, shall as between the Bank and the Company be conclusive evidence of the passing of the resolution so certified.
9. That these resolutions be communicated to the Bank and remain in force until an amending resolution shall have been passed by the Board of Directors and a certified copy thereof shall have been delivered to the Bank.

Chairman to initial _____

IT WAS RESOLVED THAT:

1. The ()² E-Channels Customer Master Agreement or the HSBCnet Customer Agreement (as applicable) (the "Agreement")
OR
() Customer Associate Letter of Authority which forms part of the E-Channels Customer Master Agreement or the HSBCnet Customer Agreement between _____ as the Customer and as the Bank (as applicable) (the "Agreement")
Of which this section of the Mandate forms part be approved;
2. ()² The person(s) whose name(s) and signature(s) appearing in the Agreement Authorisation section of the Agreement be authorised to sign the Agreement for and on behalf of the Company;
OR
() said Customer Associate Letter of Authority be authorised to sign the same for and on behalf of the Company;
- 3¹ ()² any one of the following persons be authorised to act solely
OR
() any two of the following persons be authorised to act jointly
to give and to also appoint/remove such other person(s) to give instructions to the Bank and any member of the HSBC Group in respect of all matters in connection with the Agreement, including, without limitation, all matters regarding the E-Channel(s) referred to in the E-Channels Schedule(s) of the Agreement, the signing up for new E-Channel(s) and all other matters regarding such new E-Channel(s), subscribing for and withdrawing from any Services under any E-Channel in one or more countries and to add to, amend and delete any accounts and services registered under any E-Channel for and on behalf of the Company:
(✓)³ any person mentioned in paragraph 2 above;
() any director of the Company;
() Name: _____ Specimen Signature: _____ ;
() Name: _____ Specimen Signature: _____ ;
() any authorised signatory of any account of the Company maintained with the Bank or other members of the HSBC Group;
4. details of these resolutions be communicated to the Bank and other members of the HSBC Group as shall be appropriate and remain in force until an amending resolution shall have been passed by the Company's Board of Directors and a certified copy thereof shall have been received by the Bank and other members of the HSBC Group as shall be appropriate (or such other written confirmation as required by them);

And that details of the foregoing resolutions have been recorded in the Minutes and/or entered into the Minute Book of the Company and signed therein by the Chairman of the Meeting/Corporate Secretary/all the Directors and are in accordance with the applicable constitutional documents of the Company and such applicable laws and regulations (if any).

All the terms set out and particulars completed in the Form together with the Terms and Conditions, all in the form tabled at the Meeting, be and are hereby approved and accepted in all respects.

I HEREBY CERTIFY that the foregoing are true copies of the resolutions as entered in the Minute Book of the Company and are in accordance with the Constitution of the Company.

Dated at: _____ this _____ day of _____

Signature of Chairman of the Meeting

Full Name (in block letters)

Please note:

- a. Only if permitted under the Constitution and/or the applicable laws.
b. *Please delete whichever is not appropriate. Initial by the Chairman of Meeting is required next to the field.
c. Alterations to this form must be initialed by the Chairman of the Meeting.
d. Please refer to the Bank's Checklist for the list of documents to be submitted to the Bank herewith.

Additional Notes to Section on HSBCnet:

¹The person(s) authorised under paragraph 2 and 3 above should also be signatory/ signatories of one or more account(s) of the Company maintained with the Bank or other members of the HSBC Group.

²Please tick either one only.

³Please place a tick in one or more () as shall be applicable. Please note that whoever is/are authorised here has/have very wide power and authority to basically do any act and sign any document relating to HSBCnet for and on behalf of and binding on the Company.

⁴Expressions used in this Mandate have the same meaning as corresponding expressions in the Agreement unless otherwise specified. Where the Agreement is the HSBCnet Customer Agreement, all references to "E-Channel(s)" herein shall for all purposes be references to "HSBCnet".

Chairman to initial _____

Signature Card

¹Delete as appropriate

²For Business Account Only

Please use only a blue ballpoint pen to sign

Account No.

Customer No.

Account Name (in Block Letters)

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

(Please ensure that your signature does not overlap the box provided)

ID Type/No:

Name of Signatory:

Designation²:

For Bank Use Only

Signing Instructions

Number of Signatories:

Checked/Bank stamp and Authorised Signature

Checked/Signature Scanned