

PLEASE COMPLETE THE FORM LEGIBLY USING BLOCK LETTERS

**DETAILS OF LEGAL ENTITY**

Do you already have an account with CEB Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered Address	_____
If yes, kindly provide us with your CEB Malta Customer Number.....	Building No / Extension	_____
Name of Entity _____	Street	_____
Registration No(if applicable) _____	Town/City	_____
Date of Incorporation _____	Postcode	_____
VAT Reg. No. (If applicable) _____	Country of Residence	_____
Country of Tax Residence _____	Name of Contact Person	_____
Malta Tax Number _____	Function	_____
Type of Entity:	Phone Number	_____
<input type="checkbox"/> Limited Liability Company	Fax Number	_____
<input type="checkbox"/> Commercial Partnership	E-mail	_____
<input type="checkbox"/> Civil Partnership		
<input type="checkbox"/> Association / Foundation		
<input type="checkbox"/> Other (Specify) _____		
Nature of Business _____		

**CORRESPONDENCE ADDRESS** (only to be filled if different than the one above)

Building No / Extension _____	Country _____
Street _____	Telephone Number _____
Town/City _____	Fax Number _____
Postcode _____	E-mail _____

**DETAILS OF DIRECTORS / PARTNERS / SIGNATORIES** (Please use additional forms if required)

Do you already have an account with CEB Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you already have an account with CEB Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, kindly provide us with your CEB Malta Customer Number.....	If yes, kindly provide us with your CEB Malta Customer Number.....
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Surname _____	Surname _____
Name _____	Name _____
Function _____	Function _____
ID Card/Passport No _____	ID Card/Passport No _____
Expiry Date _____	Expiry Date _____
Date of Birth _____	Date of Birth _____
Permanent Residential Address _____	Permanent Residential Address _____
Signature _____	Signature _____
Do you already have an account with CEB Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you already have an account with CEB Malta? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, kindly provide us with your CEB Malta Customer Number.....	If yes, kindly provide us with your CEB Malta Customer Number.....
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.
Surname _____	Surname _____
Name _____	Name _____
Function _____	Function _____
ID Card/Passport No _____	ID Card/Passport No _____
Expiry Date _____	Expiry Date _____
Date of Birth _____	Date of Birth _____
Permanent Residential Address _____	Permanent Residential Address _____
Signature _____	Signature _____

**DETAILS OF EXISTING CURRENT/SAVINGS ACCOUNT NUMBER HELD AT A LOCAL BANK (THE COUNTER-ACCOUNT)**

Account Holder/s Name _____	Bank Name _____
Account Number _____	Branch Location _____
IBAN Number _____	
Account Holder/s Name _____	Bank Name _____
Account Number _____	Branch Location _____
IBAN Number _____	

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**FINAL WITHHOLDING TAX INSTRUCTIONS** (Applicable only to entities tax resident in Malta;

- Kindly **deduct** withholding tax from the business top-interest account
- Kindly **do not deduct** withholding tax from the business top-interest account

**DECLARATION OF RESIDENCE FOR TAX PURPOSES**

- (1) We are resident in Malta for tax purposes
- (2) We are not resident in Malta for tax purposes, but we are resident in one of the member states of the European Union
- (3) We are not resident in Malta for tax purposes, but we are not resident in one of the member states of the European Union

Please provide us with a TAX REFERENCE NUMBER / COUNTRY OF INCORPORATION (town and country) if you chose options 2 or 3 above

**PLEASE PROVIDE US WITH THE FOLLOWING DOCUMENTS:**

1. Originals of valid ID Card/ Passport for all Directors / Partners / Signatories
  2. Originals of the ID Card/Passport of the Beneficial Owners of the entity. A beneficial owner is a natural person holding 20% or more of the entity. For non-Maltese Directors/Partners/Signatories the passport copies are required to be certified.
  3. Minutes of the Board of Directors OR the Partners OR the Administrators
  4. Specimen Signature Card
  5. Certified True Copy of the Memorandum & Articles of Association OR Deed of Partnership OR Statute OR other Constitutional Documents
  6. Certified True Copy of the Company's Certificate of Registration / Incorporation
  7. Copy of VAT Registration Certificate
  8. Tax Exemption Certificate (for Shipping Companies only)
  9. A copy of Bank statement of the counter-account not older than 3 months
- Important Notice: Only English copies of the documentation, or a valid certified translation of the documentation in English are acceptable.

- We agree with the General Terms and Conditions and the Business Accounts Terms and Conditions of Credit Europe Bank N.V. Malta Branch, a copy of which we have received.

**Signed by the following persons who are duly authorised for and on behalf of the Entity for the Account with Credit Europe Bank N.V. Malta Branch.**

In the case of more than ONE signatory ALL parties MUST sign this form.

Date	_____		
NAME	_____	NAME	_____
FUNCTION	_____	FUNCTION	_____
SIGNATURE	_____	SIGNATURE	_____
NAME	_____	NAME	_____
FUNCTION	_____	FUNCTION	_____
SIGNATURE	_____	SIGNATURE	_____
NAME	_____	NAME	_____
FUNCTION	_____	FUNCTION	_____
SIGNATURE	_____	SIGNATURE	_____

SIGNING INSTRUCTIONS

- All to Sign
- Anyone to sign
- As per specific instructions in writing (attached)

If you would prefer not to receive any information about our new products please tick here

\* We hereby undertake to notify CEB of any changes to the said constitutional documents, including changes to the list of directors or partners, within 14 days of such change and of any proceedings taken to wind up or otherwise dissolve the same.

Credit Europe Bank N.V. is incorporated under the laws of the Netherlands as a public limited liability, has its registered office in Amsterdam (the Netherlands), Karspeldreef 6A, 1101 CJ, and is entered in the Registry of the Amsterdam Chamber of Commerce under no 33256675. Credit Europe Bank N.V. is subject to supervision of and is registered with the Dutch Central Bank (De Nederlandsche Bank) and the Authority for Financial Markets (Autorite Financiële Markten). Credit Europe Bank N.V. - Malta Branch is registered with Maltese Registry of Companies under registration no. OC342.