



Please complete form in block capital letters.

### PART 1: CORPORATE DETAILS

Entity type:

Limited Company

Partnership

Association

Other \_\_\_\_\_

Full Legal Name of Entity: \_\_\_\_\_

Registered Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correspondence Address (if different from Registered Address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are shares listed on any Stock Exchange? (If yes, please provide details) Yes  No

\_\_\_\_\_

Registration No: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

Tax Identification No (TIN) : \_\_\_\_\_

Principal Business Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are any of the activities of the business currently licenced by a Financial Services Regulator or equivalent? (If yes, please provide details).

\_\_\_\_\_

\_\_\_\_\_

Countries Traded with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Currencies Traded in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_

Contact E-mail: \_\_\_\_\_

\_\_\_\_\_

Mobile Number: \_\_\_\_\_

Landline: \_\_\_\_\_



### PART 2: OWNERSHIP AND CONTROL STRUCTURE\*

Title and Name:		ID or Passport Number:	Role:  <input type="radio"/> Board of Directors  <input type="radio"/> Beneficial owner  <input type="radio"/> Management
Residential Address:		Country of Issuance:	
Post Code:	Country:	Expiry Date:	
E-mail:	Mobile Phone:	Date of Birth:	
PEP: Yes <input type="radio"/> No <input type="radio"/>	Connected to a PEP? Yes <input type="radio"/> No <input type="radio"/>	Nationality:	
For beneficial owners: please list country of tax residence and TIN:			

Title and Name:		ID or Passport Number:	Role:  <input type="radio"/> Board of Directors  <input type="radio"/> Beneficial owner  <input type="radio"/> Management
Residential Address:		Country of Issuance:	
Post Code:	Country:	Expiry Date:	
E-mail:	Mobile Phone:	Date of Birth:	
PEP: Yes <input type="radio"/> No <input type="radio"/>	Connected to a PEP? Yes <input type="radio"/> No <input type="radio"/>	Nationality:	
For beneficial owners: please list country of tax residence and TIN:			

Title and Name:		ID or Passport Number:	Role:  <input type="radio"/> Board of Directors  <input type="radio"/> Beneficial owner  <input type="radio"/> Management
Residential Address:		Country of Issuance:	
Post Code:	Country:	Expiry Date:	
E-mail:	Mobile Phone:	Date of Birth:	
PEP: Yes <input type="radio"/> No <input type="radio"/>	Connected to a PEP? Yes <input type="radio"/> No <input type="radio"/>	Nationality:	
For beneficial owners: please list country of tax residence and TIN:			

Title and Name:		ID or Passport Number:	Role:  <input type="radio"/> Board of Directors  <input type="radio"/> Beneficial owner  <input type="radio"/> Management
Residential Address:		Country of Issuance:	
Post Code:	Country:	Expiry Date:	
E-mail:	Mobile Phone:	Date of Birth:	
PEP: Yes <input type="radio"/> No <input type="radio"/>	Connected to a PEP? Yes <input type="radio"/> No <input type="radio"/>	Nationality:	



For beneficial owners: please list country of tax residence and TIN:

\*Please print out additional copies of this page if required.

### PART 3: PURPOSE AND SCOPE OF CLIENT RELATIONSHIP

What is the purpose of applying for an account at FCM Bank? (tick applicable options)

**Investment:** Please indicate:

Initial expected investment (EUR equivalent): \_\_\_\_\_

Expected total deposits: \_\_\_\_\_

Annual roll over amount: \_\_\_\_\_

**Lending:** Please provide project details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Foreign Exchange:** Please indicate:

Currencies traded in: \_\_\_\_\_

Frequency of Trades (average daily): \_\_\_\_\_

Average deal size: \_\_\_\_\_

Country Pairs: \_\_\_\_\_

Settlement Details			
Bank Name	Location	IBAN	Currency

Person/s designated by the Client and authorised to conclude Transactions on behalf of Client:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Email: \_\_\_\_\_

**Other (please specify)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Source of funds:**

- Inter-company payments
- Loans/Credit (please specify source): \_\_\_\_\_
- Dividends, administration fees etc. from other associates and Group
- Cash injection/new equity (please specify source): \_\_\_\_\_
- Operating cash flow
- Income from ongoing operations
- Other, please specify: \_\_\_\_\_

**PART 4: TAX STATUS**

- Entity resident in Malta, deduct final withholding tax      Yes       No\*
- Entity resident in an EU member state other than Malta \*       Yes
- Entity not resident in an EU member state \*      Yes

\* I/We hereby inform you that income tax on interest receivable on the above mentioned account will be payable to me/us in accordance with the Income Tax Act. I/We do not want final withholding tax deducted from the interest payable to me/us. Furthermore, I/we authorise the Bank to inform the Commissioner of Inland Revenue of the amount of interest paid to me/us in accordance with the Income Tax Act and S.L. 123.127 Cooperation with other Jurisdiction on Tax Matters Regulations.

**PART 5 : SIGNATURES**

- I/ We agree to be bound by the Bank's Data Protection and Privacy Policy, as well as the Terms and Conditions of the Bank, which I/ we have read, and I/We hereby declare that the Bank has provided us with a copy of the Terms and Conditions of the Bank and I/We hereby acknowledge receipt thereof. We also confirm to be bound by the Terms and Conditions as they may be amended from time to time, in my/ our relationship with the Bank. We specifically agree and confirm that the Bank shall be entitled to disclose and/or procure information pertaining to me/ us and when it is deemed necessary by the Bank or required by regulatory authorities.
- I/ We declare that the information given herein by me/ us is true and correct, which the Bank is entitled to verify directly or through any third party agent. We also agree that, if any such declarations made by me/ us are found to be incorrect, the Bank is entitled to terminate this relationship.
- In the event of any change to my/ our addresses or other relevant details, I/ we am/ are to immediately notify the Bank in writing of such change.
- I/ We undertake to advise FCM Bank Limited within 90 days of any change in circumstances which affects my/ our tax residency status or causes the information contained herein to become incorrect or incomplete and to provide FCM Bank Limited with a suitably updated self-certification and declaration within 90 days of such change in circumstances.
- I/ We acknowledge I/ we have read and understood the contents of the Depositor Compensation information sheet found on [www.fcmbank.com.mt/en/how-safe-are-my-savings](http://www.fcmbank.com.mt/en/how-safe-are-my-savings)

**Marketing Consent**

- I/we hereby agree to and acknowledge that companies in the FCM Bank group may provide me/us with marketing material regarding the Bank's services, including new products and services, newsletters, market updates and investment opportunities by e-mail, text messages, regular mail or telephone.
- I/we certify that I/we have the authorisation to sign on behalf of the corporate entity.

**Signing Instructions** *(tick appropriate box)*

- Any \_\_\_\_\_ *(state number)* to sign from undermentioned       All undermentioned to sign
- Other (Please specify) \_\_\_\_\_

<b>Date:</b>	<b>Signature</b>	<b>Name and Designation</b>
<b>Date:</b>	<b>Signature</b>	<b>Name and Designation</b>
<b>Date:</b>	<b>Signature</b>	<b>Name and Designation</b>
<b>Date:</b>	<b>Signature</b>	<b>Name and Designation</b>

FCM Bank Limited, Suite 3, Tower Business Centre, Tower Street, Swatar, B'Kara BKR 4013, Malta  
T: +356 2138 8388 Freephone: 8007 3737 F: +356 2138 8303 E: [info@fcmbank.com.mt](mailto:info@fcmbank.com.mt) W: [fcmbank.com.mt](http://fcmbank.com.mt)

FCM Bank is authorised and regulated by the Malta Financial Services Authority, Company Registration No. C50343. The Bank is a participant in the Depositor Compensation Scheme established under the laws of Malta.

**DOCUMENTATION REQUIRED****Companies registered in Malta:**

- Certificate of incorporation of the company/incumbency/good standing (original or certified copy which may include extracts from company registry);
- Most recent version of the Memorandum and Articles of Association of the Company or other statutory document (original or certified copy) indicating that it is the most recent version;
- Audited Annual Financial Publications (past 2 years, where available) and a detailed description of the company's business activities;
- Ownership Structure Chart of the Business (this should be submitted on a company letter head and should include; company/ies registered name/s, registration number/s and country of registration. In addition, this chart should include the percentage of ownership of each layer until all the natural person/s underlying beneficial ownership is/are identified);
- Authorised signatory list/Powers of Attorney/or Board Resolution conferring signatory rights.

**Documentation required from beneficial owners in the case of underlying Corporate Beneficial Ownership:**

- Certificate of Incumbency or equivalent for this corporate entity (this may include extracts from the company registry)
- The Bank may also ask for the Business Registration Certificate / Certificate of Good Standing (Issued by a Regulator) for such an entity.

**Documentation required for individual owners and key controllers**

- Valid unexpired National or other government issued Identity Card; or
- valid unexpired Passport; or
- valid unexpired Malta Residence Permit; or
- valid unexpired driving licence.

All involved/ connected persons must provide verification of their residential address. Verification must be dated within the last 6 months and the following documents are accepted as a means of residential address verification;

- A recent Bank Account Statement;
- A recent utility bill (this must relate to services in connection to that particular residential address e.g. water/electricity bill, fixed telephone line) N.B. a mobile telephony bill is not acceptable;
- A valid driving licence;
- A recent reference letter issued by a recognised credit institution.
- When one of the shareholders and/or director of the applicant company is another corporate entity, appropriate information is to be obtained on the shareholder and/or director. In such instances, the director and/or shareholders/controllers are to be properly identified prior to the opening of the account. The identity of the underlying individual beneficial owners is to be invariably established as per above procedures.
- In addition to the above, prior to commencing a business relationship, evidence is to be sought and verified through a Board resolution or other official document that the individual representing the company has the necessary documented authority to open accounts on behalf of the corporate body.

***The bank reserves the right to request additional document/s at onboarding stage.***

**Certification of Documents:**

Documentation provided needs to be certified to ensure independent confirmation of authentication. Certification should be carried out by the company secretary, a director or an officer occupying an equivalent position or by the Registrar of Companies or a person occupying an equivalent position in a foreign jurisdiction. Otherwise Certification may also be carried out by;

- A legal professional; or
- A notary; or
- An accountancy professional; or
- A person undertaking relevant financial business or a person undertaking an activity equivalent to relevant financial business carried out in another jurisdiction.

The certifier must evidence in writing that;

- 1) The document/s are a true copy of the original document/s;
- 2) The document/s have been seen and verified by the certifier;
- 3) With regards to document/s containing photographic evidence, the certifier is to write that the photo is a true likeness of (and insert the individual/connected person's name);
- In addition to the above, the certifier must also sign and date each copy document to include; their name, profession, warrant number (if applicable) and designation or capacity as well as provide contact details.

Any documents which are not in the English language require a dated and certified translation by a certified translator.

**Companies not registered in Malta:**

- Certificate of incorporation of the company/incumbency/good standing (original or certified copy which may include extracts from company registry);
- Most recent version of the Memorandum and Articles of Association of the Company or other statutory document (original or certified copy) indicating that it is the most recent version;
- Audited Annual Financial Publications (past 2 years, where available) and a detailed description of the company's business activities;
- Ownership Structure Chart of the Business (this should be submitted on a company letter head and should include; company/ies registered name/s, registration number/s and country of registration. In addition, this chart should include the percentage of ownership of each layer until all the natural person/s underlying beneficial ownership is/are identified);
- Authorised signatory list/Powers of Attorney/or Board Resolution conferring signatory rights;
- Tax Residency Certificate (and Tax ID number were available);
- Apostilled copies of any Licenses required from local authority (if any);
- Share certificates/bearer share certificates (if applicable);
- Register of members and register of directors (if applicable).

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- If required we may also ask for the Business Registration Certificate / Certificate of Good Standing (Issued by a Regulator) for such an entity.

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- valid unexpired Passport; or
- valid unexpired Malta Residence Permit; or
- valid unexpired driving licence.
- In cases where non-government issued documents containing photographic evidence of identity are provided, the Bank will accept these documents if these are recognised as a legal means of verifying the identity of the individual by the national law of an EU or other reputable jurisdiction.

All involved/ connected persons must provide verification of their residential address. Verification must be dated within the last 6 months and the following documents are accepted as a means of residential address verification;

- A recent Bank Account Statement;
- A recent utility bill (this must relate to services in connection to that particular residential address e.g. water/electricity bill, fixed telephone line) N.B. a mobile telephony bill is not acceptable;
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- In addition to the above, the certifier must also sign and date each copy document to include; their name, profession, warrant number (if applicable) and designation or capacity as well as provide contact details.

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