

APPLICATION FORM FOR NEW ACCOUNT- PERSONAL

BONI/PersonalA/c/AccountOpeningForm/ST2/2023/11/02

MARKETING DISCLAIMER

The bank (BONI) intends to provide you with details regarding its products, services, and promotional offers, as well as those of affiliated companies within its corporate conglomerate, which the bank considers might be of interest to you. If you consent to receiving communications from the bank, kindly mark the appropriate checkboxes below:

By checking the boxes, I acknowledge my interest in receiving information about the bank's products, services, and promotional endeavours, as well as those of affiliated companies within its corporate group, through:

☐ Email ☐ Post ☐ SMS ☐ Phone

The Bank also intends to disclose your information to affiliated companies within its group, enabling them to furnish you with information about their products, services, and promotional offerings. Should you consent to the sharing of your information in this manner, kindly indicate by selecting the checkbox below:

☐ By selecting this checkbox, I provide my consent for my information to be shared with other companies under the Bank's corporate umbrella, enabling them to send me information regarding their products, services, and promotions.

It is important to note that you retain the right to retract your consent at any time by getting in touch with the Bank's Data Protection Office. For a comprehensive understanding of how your personal data is processed in this context, as well as for contact information concerning the Data Protection Office of the Bank, please consult the Bank's Privacy Policy, accessible via the following link:

<https://www.boniltd.com/privacy-policy/>

REQUIRED DOCUMENTS (Indicative checklist – additional documents may be required)

| Type of Customer | PRIMARY | | | SECONDARY | | | | |
|----------------------|---|-----------------------------|--------------------------------------|--------------------------------------|----------------------------------|--|----------------------------------|------------------------------------|
| | ID (recto/verso copy, Government approved, Notarised) | Passport (Valid, Notarised) | Proof of Address (Recent, Notarised) | Birth Certificate (in case of minor) | Bank Reference Letter (Original) | Professional Reference Letter (Original) | Proof of Source of Initial Funds | Work, Residence, Occupation Permit |
| Foreign Resident | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Foreign Non-Resident | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |

NOTE:

- All proof of address and Bank Reference should not be older than 3 months
- Solely digital formats are accepted for all submitted documents. Originals should not be submitted. All provided documents need to be clear, of high resolution, and in colour. If any official document is not in English, it must be translated by a translator who is registered or licensed as a professional.

INTERNET BANKING APPLICATION

CUSTOMER DETAILS- 1st INDIVIDUAL

| | | | |
|---|--|---------------|--|
| Surname | | Given Name | |
| Email Address | | Mobile Number | |
| Service Type | <input type="checkbox"/> Transact <input type="checkbox"/> View Only | | |
| Account Type & Nos | <input type="checkbox"/> Access to All Accounts | | |
| OR, fill below for <i>specific account access only</i> | | | |
| Account Type: | | Account No: | |
| | | | |
| | | | |
| | | | |

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CUSTOMER DETAILS – 2nd INDIVIDUAL

| | | | |
|---|--|---------------|--|
| Surname | | Given Name | |
| Email Address | | Mobile Number | |
| Service Type | <input type="checkbox"/> Transact <input type="checkbox"/> View Only | | |
| Account Type & Nos | <input type="checkbox"/> Access to All Accounts | | |
| OR, fill below for <i>specific account access only</i> | | | |
| Account Type: | | Account No: | |
| | | | |
| | | | |
| | | | |

JOINT ACCOUNTS ONLY

Where this mandate is signed by more than one person, we acknowledge that:

- The bank shall only act in accordance with notices/ instructions, receipts, requests and instruments execute by:
☐ Any one of us ☐ Both of us
- The liability of each such person (whether or not a signatory to the account(s)) shall be joint and several;
- The Bank shall on the death of any one of us hold to the order of the survivor(s) of us any money for the time being standing
- to the credit of our account(s) and any other asset whatsoever held by it on our behalf; and
- I/We accept statements will be sent to the address on file.

PIN

- Please **DO NOT SHARE** your Password with any individual and **DO NOT SAVE** it in a format that can be readily duplicated.
- Kindly be aware that you will be prompted to modify your password during your initial login. If this directive is not observed, please promptly inform the Bank.
- It's imperative to underline the utmost confidentiality of your password. **Bank staff members will never request your password.** Under no circumstances should you disclose your password to Bank personnel.
- Should you suspect any compromise of your password, please notify us without delay.
- The sole responsibility for safeguarding and upholding the secrecy of your password rests with you.

AGREEMENT

I hereby verify the accuracy and authenticity of the information provided in this Application. Furthermore, I willingly accept accountability for all transactions conducted via the internet banking services. I affirm that I have perused and comprehended all regulations associated with the Bank's internet banking services, which encompass the User Agreement and the Bank's General [Terms and Conditions](#) (both readily accessible on the Bank's website).

.....
Account Holder/Signatory Name & Signature

.....
Date

INDIVIDUAL TAX RESIDENCY SELF-CERTIFICATION FORM

Please fill out the relevant sections below, as applicable, for all relevant accounts, and provide any supplementary information or documents that may be necessary.

| | |
|---|--------------|
| Name of Account Holder | |
| Permanent Residential Address | |
| Mailing Address (if different) | |
| Date of Birth | (yyyy-mm-dd) |
| Place of Birth (town or city of birth) | |
| Country of Birth | |

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| Country of Tax Residence | TIN/social security/insurance no./citizen/personal identification/service code/no. or resident registration no. | If no TIN available, enter Reason A, B or C | If you have selected Reason B, explain why |
|--------------------------|---|---|--|
| | | | |
| | | | |

Note: Please complete the above table indicating:

(i) where the Account Holder is tax resident and (ii) the Account Holder's TIN for each country indicated. If the Account Holder is tax resident in more than three countries, please use a separate sheet. If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

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

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

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

DECLARATIONS AND SIGNATURE

- I understand that the information I have provided falls under the comprehensive [terms and conditions](#) governing the Bank's relationship with the Account Holder. These terms delineate how the Bank may employ and distribute the supplied information.
- I acknowledge that the details within this form and information concerning the Account Holder, as well as any Reportable Account(s), could be disclosed to the tax authorities of the jurisdiction where the account(s) is/are maintained. Additionally, this information may be exchanged with tax authorities of other countries based on intergovernmental agreements aimed at sharing financial account information.
- I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) pertaining to this form.
- I declare that all statements made in this declaration are, to the best of my knowledge and belief, accurate and comprehensive.
- I commit to promptly informing the Bank of any changes within 30 days that could alter the tax residency status of the individual identified in this form or render the contained information inaccurate. Furthermore, I commit to supplying the Bank with an appropriately updated self-certification and Declaration within 30 days of such changes.
- I hereby attest that all information provided on this form is factual, accurate, and complete. In the event that any misstatements have been made in this certification, I pledge to indemnify the Bank and its Officers.

.....
Account Holder/Signatory Name & Signature

.....
Date

Note: If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity:.....

CONTROLLING PERSON TAX RESIDENCY SELF-CERTIFICATION FORM

Please fill out the relevant sections below, as applicable, for all relevant accounts, and provide any supplementary information or documents that may be necessary.

| | | | |
|---|----------------------|--|--|
| Name of Controlling Person | | | |
| Permanent Residential Address | | | |
| Mailing Address (if different) | | | |
| Date of Birth | (yyyy-mm-dd) | | |
| Place of Birth (town or city of birth) | | | |
| Country of Birth | | | |
| Legal Name of the Relevant Entity Account Holder(s) of which you are a Controlling Person | Entity 1: Legal Name | | |
| | Entity 2: Legal Name | | |
| | Entity 3: Legal Name | | |

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| Country of Tax Residence (Controlling Person) | TIN/social security/insurance no./citizen/personal identification/service code/no. or resident registration no. | If no TIN available, enter Reason A, B or C | If you have selected Reason B, explain why |
|--|--|--|---|
| | | | |
| | | | |
| | | | |
| | | | |

Note: Please complete the above table indicating:

(i) where the Controlling Person is tax resident;

(ii) the Controlling Person's TIN for each country indicated; and,

(iii) if the Controlling Person is a tax resident in a country that is a Reportable Jurisdiction(s) then please also complete the section "Type of Controlling Person". (You can also find out more about whether a country is a Reportable Jurisdiction on the OECD automatic exchange of information portal). If the Controlling Person is tax resident in more than three countries please use a separate sheet.

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

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

Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

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

TYPE OF CONTROLLING PERSON

(Please only complete this section if you are tax resident in one or more Reportable Jurisdictions)

| Please provide the Controlling Person's Status by ticking the appropriate box. | Entity 1 | Entity 2 | Entity 3 |
|---|----------|----------|----------|
| a. Controlling Person of a legal person – control by ownership | | | |
| b. Controlling Person of a legal person – control by other means | | | |
| c. Controlling Person of a legal person – senior managing official | | | |
| d. Controlling Person of a trust- settlor | | | |
| e. Controlling Person of a trust – trustee | | | |
| f. Controlling Person of a trust – protector | | | |
| g. Controlling Person of a trust – beneficiary | | | |
| h. Controlling Person of a trust – other | | | |
| i. Controlling Person of a legal arrangement (non-trust) – settlor-equivalent | | | |
| j. Controlling Person of a legal arrangement (non-trust) – trustee-equivalent | | | |
| k. Controlling Person of a legal arrangement (non-trust) – protector-equivalent | | | |
| l. Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent | | | |
| m. Controlling Person of a legal arrangement (non-trust) – other-equivalent | | | |

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DECLARATIONS AND SIGNATURE

- I am fully aware that the provided information falls under the extensive provisions outlined in the [terms and conditions](#) governing the relationship between the Account Holder and the Bank. These terms delineate how the Bank can utilize and share the provided information.
- I acknowledge that the data within this form, along with information regarding the Controlling Person and any Reportable Account(s), may be disclosed to the tax authorities of the jurisdiction where the account(s) is/are maintained. This data may also be exchanged with tax authorities of other countries in which I, or the Controlling Person, may have tax residency. Such exchanges are conducted pursuant to intergovernmental agreements facilitating the exchange of financial account information.
- I verify my status as the Controlling Person or my authorization to act on behalf of the Controlling Person for all accounts held by the entity Account Holder associated with this form.
- I assert that all statements made in this declaration are accurate and comprehensive to the best of my knowledge and belief.
- I commit to promptly notifying the Bank within 30 days of any changes in circumstances that impact the tax residency status of the individual identified in Part 1 of this form or lead to the inaccuracy of the information herein. I also commit to providing the Bank with an appropriately updated self-certification and Declaration within 30 days of such changes.

.....
Account Holder/Signatory Name & Signature

.....
Date

Note: If you are not the Controlling Person please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity:.....

APPENDIX 1 - Summary Descriptions of Select Defined Terms

NOTE: These are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account Information (the CRS”), the associated Commentary to the CRS, and domestic guidance. This can be found at the OECD automatic exchange of information portal (<http://www.oecd.org/tax/automatic-exchange/>).

If you have any questions, then please contact your tax adviser or domestic tax authority.

“Account Holder” The term “Account Holder” means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, 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. In these circumstances, that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

“Controlling Person” This is a natural person who exercises control over an entity. Where an entity Account Holder is treated as a Passive Non-Financial Entity (“NFE”) then a Financial Institution must determine whether such Controlling Persons are Reportable Persons. This definition corresponds to the term “beneficial owner” as described in Recommendation 10 and the Interpretative Note on Recommendation 10 of the Financial Action Task Force Recommendations (as adopted in February 2012). If the account is maintained for an entity of which the individual is a Controlling Person, then the “Controlling Person tax residency self-certification” form should be completed instead of this form.

“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 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 and that is identified in a published list.

“Reportable Account” The term “Reportable Account” means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person

“Reportable Jurisdiction” A Reportable Jurisdiction is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

“Reportable Person” A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

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"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. Further details of acceptable TINs can be found at the OECD automatic exchange of information portal (<http://www.oecd.org/tax/automaticexchange/>).

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise 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.

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FORM – PERSONAL ACCOUNT

Account Opening Form Supplement

Indicia of US status

Please confirm signatory's FATCA status by selecting Yes or No

| DETAILS | YES | NO |
|--|-----|----|
| Are you US citizen or resident? | | |
| Were you born in the U.S. (U.S. Place of Birth)? | | |
| Do you have a current US residence or mailing address? | | |
| Do you have current US telephone number? | | |
| Do you have standing instructions to pay amounts from the account to an account maintained in the United States? | | |
| Have you granted a current power of attorney or signatory authority to a person with a US address? | | |
| Do maintain only a US "in-care-of" or "hold mail" address? | | |
| Do you receive any payment of interest, dividends, rents, salaries, wages, premiums, annuities, compensations, remunerations, emoluments, and other fixed or determinable annual or periodical gains, profits, and income from sources within the United States? | | |
| Do you receive any gross proceeds from the sale or other disposition of any property of a type which can produce interest or dividends from sources within the United States? | | |

For the purposes of taxation, I am a resident or citizen in the following country/ies:.....

US Taxpayer Identification Number:

Foreign Tax Identification Number:

I hereby confirm the accuracy, truthfulness, and entirety of the information presented above, and I confirm that the provided documents are authentic and duly executed.

Supplementary to both the Bank's General [Terms and Conditions](#) and any other relevant documents governing my arrangement with the Bank, and while adhering to pertinent local regulations, I grant consent to the Bank to share my information with regulatory and tax authorities both domestically and internationally, as required to ascertain my tax obligations in any jurisdiction.

I commit to informing the Bank within a span of 30 days in case any of the information furnished to the Bank undergoes a modification.

.....
Account Holder/Signatory Name & Signature

.....
Date