

HBZ BANK LTD

Form T

(A Subsidiary of Habib Bank AG Zurich)

IRREVOCABLE DISCRETIONARY TRUSTS / ASSOCIATIONS ACCOUNTS

Contracting Partner (Trustees / Members)	Account Number
Declaration for organised associations of individuals or assets without specific a bank account	beneficial owners upon opening
Pursuant to the exercise of due diligence the undersigned hereby declare(s) that as t foundation or board member of an underlying company belonging to the trust or the fou	
and, in such capacity, provide(s), to the best of his / her / their knowledge, the following	information to the Bank:
1. Information pertaining to the Trust, Foundation, etc.:	
Type of entity (trust, association, etc.):	
2. Information pertaining to the individual / legal entity that has established the tr	ust i.e. donor:
Last Name:	
First	Name(s):
Identity / Passport No.:	
Nationality:	
Address and Country of Domicile:	
3. Information pertaining to the individual(s) who is/are the beneficiary (ies) or specific beneficiary (ies) is/are designated (attach list as per details below if me	class (es) of beneficiaries if no ore than one beneficiary exists):
Last Name:	
First	Name(s):
Identity/Passport No.:	
Nationality:	
Address (es) and Country (ies) of Domicile:	

4. Information pertaining to the Trustee(s) and/or supervisor(s) (attach list as per details below if more than one Trustee and/or Supervisor exists):
Last Name:
First Name(s):
Identity/Passport No.:
Nationality:
Address (es) and Country (ies) of Domicile:
The undersigned confirm(s) that he / she / they is / are entitled to open an account with the Bank for the above -
mentioned Trust, foundation, etc.
The undersigned hereby undertake(s) to immediately inform the Bank of any change to the information contained herein.
The contracting partner hereby indemnifies and holds HBZ Bank Limited harmless against any losses, claims or damages suffered or incurred by HBZ Bank Limited by virtue of any of the above information being false or misleading in any respect.
It is a criminal offence to deliberately provide false information on this form.
Date: Signature(s) of contracting partner: