

Title of Account _	
CIF#	
Account Number	
IBAN#	



	PENING FORM درخواست براگ
ا کاؤنٹ نمبر Account No. CIF	
يراچُ کورُ پراچُ کورُ Branch & City Branch	المراني في كوراني المراني الم
CURRENCY OF ACCOUNT اکاؤٹٹ کی گرنی	Space for Photo For Photo Account only
LCY FCY(Please specify currency)	(If required)
TYPE OF ACCOUNTPRODUCT	جگه برائے ن <i>ضوی</i>
TYPE OF ENTITY Sole Proprietorship واكت Partnership واكت المراكت المحتالة الم	ص: فنگران ایجان کا کیاب
Dublic Limited Company پیک کمیٹر کمپٹی Clubs/Societies/Trust	☐ Other(Please Specify) 矣,
TITLE OF ACCOUNT اکاؤنٹکانام	
	In Block Letters
رىتىر ۋەقترى يېت Registered Office Address ———————————————————————————————————	
Registered Office Address	
ಜ್ಞಾರ್ ಬ್ಯಾಪ್ರಿ Correspondence Address	
ای میل ایڈریس Email Address Telephone	فون نمبر/فیکس Tel/Fax
نارخُ وجگه Date and Place سيشتل نيکن نمبر N.T.N	تگيل کي. of Incorporation
OPERATIONAL INSTRUCTIONS آپیشن ہدایت (For Accounts other than so	ole proprietors)(Please Tick One) انفرادی یا سول پرو پرائٹرشپ کے علاوہ دوسر سے اکاؤنٹ کیلئے ایک منتخب کریں
انفرادی	منتخب كري
☐ Singly by ☐ F	Please Specify
Applicant's Signature with Stamp	Applicant's Signature with Stamp
Name	Name
Applicant's Signature with Stamp	Applicant's Signature with Stamp
Name	Name
FATCA STATUS U.S Person Non U.S Person Recalcitrar	nt
Annexure Related to FATCA are integral part of AOF.	
Signature with Stamp	Signaturewith Stamp
	RAD
	THE BANK OF PUNJAB
Page 1 Versiondated March2020	Account No.

PERSONAL INFORMATION (SOLE PROPRIETORS, DIRECTORS, AUTHORIZED SIGNATORIES) (داتی معلومات (پروپرائٹر،ڈائز بیکٹر،مجازدستخط کنندہ

ام ا													(as	per c	וווכ	C/3i	VIC &	ın	BIOC	k L	etter	rs)			
Name (Mr./Mrs./Miss./Ms.)																									
والد/خاوندكانام		$\overline{}$	\neg					1		1			1	1	1	1									
Father's/ Husband's Name														<u> </u>	<u> </u>										
والده كانام																									
Mother's Name	•				Ш								1	1	<u> </u>	<u> </u>			1			l	1		
از دوا جی حیثیت م		تاريخ پي							حبنس			^			نحورت			ويگر							
Marital Status	Date o	of Birth:	D	D	М	м `	Y	Y	Gend	er:	☐ M	ale	I	☐ Fe	ma	le)the	er						
جائے پیدائش																									
Place of Birth					_								: 0	نديق،											
قوميت		,	ملك كانام									1	ليكس نم <u>.</u>					1	1 1						_
Nationality		Country	of Res	side	nce_					- '			N.T	.N											
كپيوٹرائز ڈ شاختى كار ڈنم CNIC/SNIC	-								-	ریخ مع تا مرحد				D	D	M	М	Τ.	Y	Y					
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پاسپورٹ نمبر		-	\top	1	Т Т		1			ریخ مع				D	D	М	M		Y	_					
Passport #(if Applicable)										iry i	Date					IV	IVI		'						
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Date & Place of Issuance							!	ЦK	esider	IĽ	ЦN	on- F	tesi	uent											
بات RESIDENTIAL DETAILS	به النثي تفصیا																								
	0 42																								
مكان بلاك گلىنمبر																									
House #, Block & Street											ı b														_
وقوعه/رقبه معالم معالم معالم		شهر								ل کوڑ															
Area/Location:		City							_ Po	stal	Cod	Э				11			1					_	
ذاتی رہائثی حیثیت	رائے پر		ویگر								Ċ	ت ر ہا ^{کن}	J.	_	,										
Residential Status Owned	Rente	ed O	ther(Ple	ease	e Spe	ecify)				_	Resid	ling :	Sinc	е			╽								
خط و کتابت کا پیتہ														_											
Correspondence Address																									
 ای میل ایڈریس												ىنبر1	موبائل												
Email Address												Мо													
فون نمبر (1)									0	بائل نم															
Telephone (1)			$\neg \neg$							باس bile					1										
فون نمبر (2)		Ш						جنسر نمه		וועט	<u> </u>		1												
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DETAILS OF NEXT OF KIN (ONLY FOR SOLE PROPRIETORS) تفصیلات برائے قرینی رشتہ دار (صرف بروبرائٹرا کاؤنٹ کیلئے)

I hereby authorize you to contact following person in case of need.	
جناب/محرّمه	
Mr./Mrs./Miss	
S/O,W/O,D/O	· · · · · · · · · · · · · · · · · · ·
كېپيوٹرائز ۋشتاختى كارۋنمبر	
CNIC/SNIC/NIC No (ffAny)	
ا کاؤٹٹ ہولڈر سے تعلق Polationaria A A C Halder	
Tel No Relationship to A/C Holder ربائش یذیر(مکمل پیتر مرکزین)	
רין טיָגיוני אין איני איני איני איני איני איני אינ	
ZAKAT EXEMPTION	
Yes (Valid Zakat Exemption Certificate) No	
Request For Debit Card Issuance (FOR SOLE PROPRIETOR)	
I do not require Debit Card	
Which Type of Debit Card You Require?	
Domestic Payment Scheme:	
International Payment Scheme (MasterCard):	
☐ Classic Debit Card ☐ Gold Debit Card ☐ Platinum Debit Card	
Name to appear on BOP Debit Card(Please write in block letters only)	
I hereby give consent that above marked Debit Card be issued. Signature	
SMS Alerts	
Would You Like SMS Alerts Yes No Mobile	
E Statement	
E diatement	
Would You Like E Statement sent to your specified Email Address	
E Banking	
Would you like E Banking facilities with your account ☐ Yes ☐ No	
Customer Signature with Stamp	
FOR OFFICE USE ONLY	
Initial Depositin cash	
Account Admitted By Name Transaction Number/Date	
Pata Fata and Panhamat	
no Signature Signature	
Date DataAuthenticated by Name/ Signature	
I/We have made all necessary enquiries, perused the relevant documents/obtained copies thereof where needed and on the basis of the information given, do corroborated with independent sources, we hereby certify that (Title of Account)	ocuments provided and reficial owner / real party
• Duly verified the identity of customer (its natural person(s)) through NADRA BIOSYS/ Verisys; verification report attached.	
 Screened the customer through all negative sanctioned lists as NAB, OFAC & UNSC etc. Fed the threshold limits in the system according to the profile of business. 	
Signature BM Signature	
TAGGED TO	
NameAccount No	
CNIC/SNIC No.	
Signature	
THE I	BANK OF PUNJAB

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Account No.

KNOW YOUR CUSTOMER(KYC) BUSINESS/ORGANIZATION

BUSINESS INFROI	MATION		Branch			
Account No.			Date	D D M	M Y Y	
Account Title						
Type of Customer	☐ Walk	In Marketed		Referred By:		····
Form of Organization	Proprietor	☐ Partnership	☐ Limited Company	/ □ Trust	Others	
Beneficial Owner	☐ Yes	☐ No				
Banking Relationship at	other institutions	(past or present)	☐ Yes	☐ No		
(If yes,please write) Name	e of Bank & Br		Type of A/C		Account No	
Banking Relationship at	BOP (past or pres	sent)	Yes	☐ No		
(If yes, please write) Nan	ne of Branch		Type of A/C		AccountNo	····
Purpose of Account: Des	scribe what the clie	ent will use account or	product forin detail:			
Parent Company/Group	Name:					
Other Companies of Gro	up:					
LIST NAMES, COU	INTRY OF LEG	GALRESIDENCE	AND PERCENTAGE (OF OWNERSHIP:		
Owner Name	CI	NIC/SNIC#	Nationality	Country of L	egal Residence	%Ownership
	I .					
LEGAL REPRESEN	ITATIVE PERS	SON (NAME TEL	EPHONE AND POSI	LION).		
LEGAL REPRESEN		· · · · · · · · · · · · · · · · · · ·	EPHONE AND POSITIONS IN THE REPORT OF THE RE		osition	Telephone #
		· · · · · · · · · · · · · · · · · · ·			osition	Telephone #
		· · · · · · · · · · · · · · · · · · ·			osition	Telephone #
	BUSINESS O	Relations		Po	osition	
Name DESCRIPTION OF	BUSINESS O	Relations PERATIONS Construction	ship with Client	Po		
DESCRIPTION OF Nature of Business:	BUSINESS O Manufacturing r:	Relations PERATIONS Construction	ship with Client	Po		
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N	BUSINESS O Manufacturing r: Working	Relation: PERATIONS Construction	ship with Client	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N	BUSINESS O Manufacturing r: Working ishment	Relations PPERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees \(\) Date of Business Establi NAMES AND LOCA	BUSINESS O Manufacturing r: Working ishment	Relation: PERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees \(\) Date of Business Establi NAMES AND LOCA Locally:	BUSINESS O Manufacturing r: Working shment ATIONS OF M	Relation: PERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N Date of Business Establi NAMES AND LOCA Locally: Country wide:	BUSINESS O Manufacturing r: Working shment ATIONS OF M	Relation: PERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees \(\) Date of Business Establi NAMES AND LOCA Locally:	BUSINESS O Manufacturing r: Working shment ATIONS OF M	Relation: PERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N Date of Business Establi NAMES AND LOCA Locally: Country wide:	BUSINESS O Manufacturing r: Working ishment ATIONS OF M Name(s) & Ad	Relation: PERATIONS Construction	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees \(\) Date of Business Establi NAMES AND LOCA Locally: Country wide: Internationally:	BUSINESS O Manufacturing r: Working ishment ATIONS OF M Name(s) & Ad	Relations PERATIONS Construction AJOR CUSTOME ddress(es)	ship with Client ☐ Import ☐ Export Annual Turn Over(Credit) F	Pc P	nolesale □ Retail	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N Date of Business Establi NAMES AND LOCA Locally: Country wide: Internationally:	BUSINESS O Manufacturing r: Working ishment ATIONS OF M Name(s) & Ad CE USAGE Clearing	Relations PERATIONS Construction AJOR CUSTOME ddress(es)	ship with Client Import Export Annual Turn Over(Credit) F RS / SUPPLIERS:	Pc P	nolesale	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N Date of Business Establi NAMES AND LOCA Locally: Country wide: Internationally: PRODUCT /SERVICE Cash	BUSINESS O Manufacturing r: Working ishment ATIONS OF M Name(s) & Ad CE USAGE Clearing	Relations PERATIONS Construction IAJOR CUSTOME ddress(es)	ship with Client Import Export Annual Turn Over(Credit) F RS / SUPPLIERS:	Services Wh	nolesale	Others
DESCRIPTION OF Nature of Business: Type of Industry/ Sector Number of Employees N Date of Business Establi NAMES AND LOCA Locally: Country wide: Internationally: PRODUCT /SERVICE Cash	BUSINESS O Manufacturing r: Working ishment ATIONS OF M Name(s) & Ad CE USAGE Clearing	Relations PERATIONS Construction IAJOR CUSTOME ddress(es)	ship with Client Import Export Annual Turn Over(Credit) F RS / SUPPLIERS:	Services Wh	nolesale	Others

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Account No.

KNOW YOUR CUSTOMER(KYC) BUSINESS/ORGANIZATION

THRESHOLD LIMITS FOR EXPECTED MONTHLY DEBIT & CREDIT TRANSACTION(S) AND NUMBER OF TRANSACTIONS PER MONTH

Transaction Type		No. of Transact	ions in a Month	Maximum Amount Per Transaction(threshold limit)	Monthly Expected Turn over
Dr.					
Cr.					
					,
*PURPOSE OF DOING	INTERNATIO	NAL FTs:			
RISK ASSESSMENT	☐ Low	■ Medium	☐ High	CRA Form ID	
Note: In case of high ris	k EDD should	be conducted alo	ong with approval from	m concerned authority	
OFFICER					BM/DBOM
(Signature, Name & Date	e)				(Signature, Name & Date)
, , , , , , , , , , , , , , , , , , , ,	,				, , , , , , , , , , , , , , , , , , , ,
Note:The officer taking h	CYC information	on and BM/DBO	M shall be responsib	le for ensuring the completeness	of Information.



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KNOW YOUR CUSTOMER(KYC) FOR PARTNERS, DIRECTORS, TRUSTEES, AUTHORIZED SIGNATORIES ETC.

			Branch
Account No.			Date D M M Y Y
Name (Mr./Mrs./Ms.)			
Public Figure	☐ Yes ☐ No	If yes, please write details	s
PEP	☐ Yes ☐ No	If yes, please write details	s
Beneficial Owner	☐ Yes ☐ No		
☐ Pakistani	☐ Non Resident (Country)		<u> </u>
If non resident:reason for b	banking outside country of residence		
Belongs to non-cooperative	e country as listed by FATF	Yes	No
Source of Income Bu	usiness 🔲 Salary 🔲 Inheritand	e Profession Investment	Self Employed
Banking Relationship at otl	her institutions (past or present)	☐ Yes ☐	No
(if yes, please write)Name	of Bank &Br.	Type of A/C	Account No
Banking Relationship at Bo	OP(past or present)	☐ Yes ☐ No	
(if yes, please write) Name	of Branch	Type of A/C	Account No
Monthly Income Rs			
RISK ASSESSMENT Note: In case of high risk E	☐ Low ☐ Medium ☐ Hig EDD should be conducted along with		
OFFICER (Signature, Name	e & Date)	В	M/DBOM (signature, Name & Date)
Note:The officer taking KY	C information and BM/DBOM shall b	e responsible for ensuring the compl	leteness of Information.
Please use additiona	al pages if needed.		

B P

THE BANK OF PUNJAB

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		F.	ATCA Self Certification	Form – Co	rporate/Entity	
Title of Account					FormNo.	
a) to disclose, furnish or sb) to deduct applicable w	hare inform ithholding t	nation pertaining to ax on my/our acco	unjab ("the Bank") for the following in res my/our account to domestic or oversea unt when required to do so by oversea applicable laws, regulations agreement	s regulators or tax is regulators or ta	authorities where neces x authorities or pay from	sary to establish our tax liability in any jurisdiction; and my/our account such amounts as may be required in orde
Classification for	FATCA	Purposes				
A. Is your Company / I	Partners	hip / trust inco	orporated/ organized / reside	nt in U.S.?		☐ Yes ☐ No
(A company created in I	U.S, estat	olished under th	ne laws of U.S. or a U.S.tax pay	yer)		
If Yes, U.S. Tax Identific	ation Nur	mber				
If No, please provide na	ame of the	ecountry in whi	ch the entity is incorporated or o	rganized Liste	ed on Stock ———	
	_	_				
Exchange	☐ Yes	□No				
Name of Stoc	k		Country			
Exchange			·			
B. Is your Company	y/ Trust o	r Trustee/ Part	nership is a Financial Instituti	on?	☐ Yes	s 🔲 No
Refer glossary at the	end of th	ne section				
If Yes, tick relevant b	ox in this	section				
FI resident in U.S. or	U.S terri	itory 🔲	Sponsored Entity			
Exempt FFI			Excepted FFI			
Deemed Compliant I	FFI		Non – Participating FFI		Dlagge Specifi	,
Participating FFI			Other		Please Specify	/
If Yes, kindly provide	e Global I	ntermediary Ide	entification Number (GIIN) ——			
						B
						THE BANK OF PUNJAB Passion Reborn
Page 7 Version date				Account	No III	
· ا کے ا · Version date	ed March 20	2 U		, woodanti	10 .	

lf th	e company does not hav	e GIIN, please	e provide	FATCA s	status _	· · · · · · · · · · · · · · · · · · ·						
 С. <i>Р</i>	Are you an Exempt Benefi	cial Owner (EE	30)?	☐ Yes	3	☐ No						
lf Y	es, applicable category of	EBO (Refer G	lossary) -									
D. A	Are you a Non-Financial F	oreign Entity (Refer Glo	ssary)								
	Active NFFE	Passive	NFEE									
	Excepted NFFE	☐ Direct R	eporting N	NFFE								
·	If you select Passive NFFE fro vote or value. Please fill Annexi I/We hereby certify that the inf direct and indirect consequent confirm that I/we have provide I/We understand that providin me. I/We undertake to notify the Ba I/We undertake to complete, s	ure 1 formation we have the of the Bank distribution of this information of grades information and within thirty (30)	provided in closing, furr willingly. n, withholdin	this form is hishing and g relevant in days if there	true, corre sharing a nformatio	ect and company informaton or respond	olete. I/We indemn ion pertaining to m ling in a misleading ormation which we	ify and hold the Bank ny/our bank account g way, may result in r have provided to the	c harmless against a with any domestic ejection of my applic Bank herein.	any claim, damages, or overseas regulato cation or other appro	costs, expenses and cors or tax authorities. I	other I/We
	itle:											
	As per identity document)											
C	Contact Number:							Account Hold	der			
S	ignature:							Power of Att	corney / Mandate	е		
D	Pate:	D D	М	М	Y	Y		Other (please	e specify)			
T (/	uthorized Signator itle: As per identitydocument) contactNumber:						_	Account Hold	ler			
											Ц	
S	ignature:					 		Power of Atto	rney / Mandate			
[Date	D D	М	М	Y	Y		Other (Please	e Specify)		_ 🗆	

B P
THE BANK OF PUNJAB

Annexure1

Particulars of Beneficiaries/ Owners / Shareholder's / Trustee's or Settlors/ Partner's / Director.

Name	U.S. Citiz Holder		Placeof Birth	Contact Number (with Country Code)	TIN (If applicable)
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			
	Yes	No			

Ownership %	Position	Address

B P	
THE BANK OF PUNJAB	

Account No.	
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FATCA Due Diligence Form – Corporate/Entity											
			Fc	or Office Use Only							
Title of Account			Fo	rm No.							
Please confirm the Cust	omer's FATCA status by checking the relevant box.	Yes	No								
Is the entity specified	U.S. person?			If yes, please provide form W-9							
Is the entity Financia	I Institution?			If yes, please provide form W-9 or W-8 BEN E or other W8 form; providing the relevant FATCA status.							
Is the entity Exempt	Beneficial Owner			If yes, please provide form W8 BEN E or other W8 form as applicable							
Is the entity an Active	e NFFE?			If yes, please provide form W8 BEN E							
Is the entity a Direct	Reporting NFFE?			If yes, please provide form W8 BEN E and GIIN							
Is the entity a Passiv US citizen?	e NFFE and 10% or more of the entity is owned by			If yes, please provide form W8 BEN E							
Does the entity have	one or more U.S. indicia listed in Note 1?			If yes, please provide form W8 BEN E/ other W8 form (as applicable) or similar documentation establishing foreign status							
Does the entity subs listed in Note 2?	tantial owners have one or more U.S. indicia			If yes, please provide form W- BEN E; and U.S. /Non-U.S. passport/ID or similar documentation establishing foreign citizenship; or written explanation regarding U.S. citizenship.							
■ Listed on U.S. Sto ■ U.S. mailing// bus ■ Telephone numbe ■ An offshore obliga ■ account Power of ■ A "hold mail" addn Note 2:U.S. Indicia S ■ Shareholder/trusta ■ Place of birth shal ■ Shareholder/trusta Central Processing Ur Account Number	ation or organized in the U.S. lock Exchange liness / registered mailing address r for the entity in U.S. lition, standing instructions to pay amounts to a U.S attorney or signatory authority granted to a person less that is the sole address provided for the entity. substantial owner lee/partner/director is a U.S. citizen or lawful permanteholder/trustee/partner/director is in U.S. lee/partner/director has a US address or US phone in	with U	.S. add								
FATCA Status:	Specified U.S. person Non-U.S. person Non-Participating FFI U.S. owned Passive NFFE Direct Reporting NFFE Recalcitrant Other (As per W8 forms and FATCA Due Diliger	nce Fo		 							



Account No.																
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Cheque Book Requisition

The Manager,																	I	Date		D	D	ММ	Y	Y
Dear Sir/Madam,																								
,																								
A/c No												Α/	с Тур	e —										
Title																				In E	Block	Letters		
With reference to my/our A/c N	o., Please	debit	the cha	arges	(if an	y) fo	or the	issı	uand	ce of												Book (conta	ining
																	Y	ours	Faith	nfully			_	
																		A	Autho	orized				
Name			1 1					1	ı								lr	n Blo	ck Le	etters	1			
Address																								
Cheque Book containing Cheque	Nos						1	to							is	ssue	ed an	d ent	tered	l in co	mput	er.		
Signature of Officer marking entryin computer.					Of	ficer						L			Offic	cer								
I/We hereby confirm having rec custody and inform the bank imi										l four	nd in	ord	er, wi	th the	e ass	surai	nce t	o ke	ep th	ne sa	me ur	nder m	ıy/our	safe
"I/We have taken the new che cheques and I/We have unders	-					ue la	ayou	t. Fu	ırthe	er, th	e bra	ancl	n stat	ff has	ехр	lain	ed to	o me	e/us	new	meth	od of v	writin	g the
Date D D M M Y	Y																							
															A	utho	orized	d Sig	natu	re				

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