

Trust and Corporate Service Provider Short Form Foundation Mandate



Please complete this form in block capitals using blue ink if hand written and post back to Corporate Client Services, Investec Bank (Channel Islands) Limited, PO Box 188, Glatigny Court, Glatigny Esplanade, St Peter Port, Guernsey GY1 3LP.

Name of Trust and Corporate Service Provider

Address

We, the undersigned Applicant instruct Investec Bank (Channel Islands) Limited ("the Bank") to open an Account in the name of

 ("the Foundation")

Account number (if known)

We do hereby certify that a resolution to open the Account was duly adopted by the Council of the Foundation on and that said resolution is now in full force and effect. We further certify that the said resolution is in conformity with the provisions of the Charter and Regulations of the Foundation and within its lawful powers and that the signatures set forth below are the specimen signatures of the persons empowered by said resolutions.

Subject to other instructions from the Applicant, the Bank shall credit all and any assets received in the Applicant's favour to this Account. The Bank is hereby empowered to honour cheques, bills of exchange, and promissory notes, drawn, signed, accepted or made on behalf of the Applicant, and to act on any instructions given by the persons so authorised, using the signatory list for the entity named below, as amended from time to time:

Name of the corporate entity acting as authorised signatory

Declaration

Declaration to Investec Bank (Channel Islands) Limited

This declaration shall be governed by and construed in accordance with the Laws of Guernsey. This is an important document and by signing we hereby acknowledge receipt of and confirm that we have read, understood and agree to be bound by the terms of the Schedule of Charges, the General Terms and Conditions together with any Special Terms and Conditions and/or Facility Letter (together referred to as "the Terms"), and the Bank's Sensitive Country and Sensitive Business Activities List as amended from time to time.

We hereby request that the Bank act on instructions received from the authorised signatories in accordance with the revised original or originally certified signature list attached or, where no new list is provided, the most recent list already held by the Bank.

We authorise the Bank to send all notices and other written communication to the Introducer/Intermediary using the contact details held by the Bank from time to time.

We agree to keep any information about the Account confidential and take every possible care to prevent unauthorised use.

We agree that we are to be considered the Applicant for business and that we will immediately inform the Bank in writing of any material changes relating to any Beneficial Owners and Controllers including where we become aware of any adverse information relating to the Beneficial Owners and Controllers or where a Beneficial Owner and Controller becomes a Politically Exposed or Commercially Exposed Person or subject to sanctions.*

Application and declaration signed by two council members who are authorised signatories who have the capacity to bind the Foundation

Print name Date

Signature

Please clearly specify capacity

Print name Date

Signature

Please clearly specify capacity

Note: this mandate may only be accepted when it is supplied along with a duly completed Designated Account Application Form in the format acceptable to the Bank and a beneficial ownership structure chart for the Entity/Customer Applicant.

***Please refer to the guidance notes provided with the Designated Account Application Form for further information.**

Banking | Lending

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