Declaration Individual Customer

* The Customer(s) assume(s) full responsibility for the authenticity of the information provided and documents submitted for the purposes of Account Opening. The Customer(s) also undertake(s) to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

* The Customer(s) declare(s) that they are aware that the Account Opening Agreement consists of the Signatures Sheet, the Customer Information File, the Beneficial Owner Information File, the Declaration, the Standardised Information Sheet, and the General Conditions of the Account Opening Agreement.

* The Customer(s) also declare(s) that they have taken knowledge of all the clauses that constitute the General Conditions of the Account Opening Agreement (Version No. 1 of 16/06/2020), agreeing and accepting all its contents.

I(we) declare that I(we) am(are) the only Beneficiary(s) Effective Beneficiary(s) of this Contract:Sim:　　Não:
If "No", it is mandatory to fill out the Specific Form.

For the purpose of the Credit Risk analysis, the customer(s) declare(s) authorize(s) the obtaining of the elements that in the Central Credit Register of Central Bank.
Furthermore, the customer(s) declare(s) to have, on this date, been aware that the Bank's General Pricing Policy currently in force is published at ***https://www.iibanks.com.***

Place: _____ Date: _____

The Holder(s)
To be signed by all Account holders. In case the signatories are not the Account holders, indicate the powers and qualities of which they intervene, which must be proven by valid and sufficient documents to that effect.

Customers

1st Holder

Signature: _____

Other Holders

Signature:

_____
2º Tit. | ☐　3º Tit. | ☐　4º Tit. | ☐　Representative | ☐

Signature:

_____
2º Tit. | ☐　3º Tit. | ☐　4º Tit. | ☐　Representative | ☐

Signature:

_____
2º Tit. | ☐　3º Tit. | ☐　4º Tit. | ☐　Representative | ☐

Signature:

_____
2º Tit. | ☐　3º Tit. | ☐　4º Tit. | ☐　Representative | ☐

Promotor

Full Name: _____ TIN: |_|_|_|_|_|_|_|_|_|_|

Mobile: +_____ | _____　Email: _____

Account Manager

Operator No.: _____

Name: _____

Signature: _____

Date: _____
have verified the data contained in this document by comparison with the original documents.

Account Manager

Operator No.: _____

Name: _____

Signature: _____

Date: _____
have verified the data contained in this document by comparison with the original documents.

Intercontinental Investment Bank S.A.
Av. Cidade de Lisboa, C.P. 35, Praia - Santiago - Cabo Verde.
NIF 261973240, registada e matriculada na conservatória do Registo Comercial da Praia com nº 320100630　☎ +238 260 2626　🌐 iibanks.com/westafrica　Pag. 1/1

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