



Depositor Information Form

Depositor Information Form

Depósito à Ordem

Depósito a Prazo

Branch: Date: TIN:

Name:

Account No.: Account No.:

Basic Deposit Protection Information

Deposits at Intercontinental Investment Bank S.A. are protected by: Deposit Guarantee Fund. **(1)**

Protection Limit: 1,000,000 CVE (Cape Verdean Escudos) per depositor, per credit institution. **(2)**

Balances of deposits expressed in foreign currency will be converted to escudos for reimbursement purposes at the exchange rate on the date of unavailability of the deposits.

If you have more deposits with the same credit institution: All deposits with the same institution are "aggregated," subject to a total limit of 1,000,000 CVE (Cape Verdean Escudos). **(2)**

If you have a collective account with other person(s): The limit of 1,000,000 CVE (Cape Verdean Escudos) applies separately to each depositor. **(3)**

Repayment period in case of insolvency of the credit institution: Reimbursement period: Up to a maximum of 30 working days. **(4)**

Refund Currency: CVE (Cape Verdean Escudos).

Contact: Deposit Guarantee Fund - Bank of Cabo Verde Av. Amílcar Cabral P.O. Box 101, Praia, Santiago Island, Cabo Verde Telephone: +238 260 7000

More information: Website: www.bcv.cv

Additional Information:

(1) System responsible for protecting your deposit: Your deposit is covered by a legally established deposit guarantee scheme. In addition, your credit institution is part of an institutional protection scheme whose members support each other in order to prevent insolvency situations. In the event of insolvency, your deposits will be reimbursed by the deposit guarantee scheme up to the limit of CVE 1,000,000 (one million escudos).

(2) General protection limit: If a deposit becomes unavailable because the credit institution is unable to meet its financial obligations, depositors will be reimbursed by a deposit guarantee scheme. Reimbursement covers a maximum amount of CVE 1,000,000 (one million escudos) per credit institution. This means that all deposits held at the same credit institution are aggregated for the purpose of determining the coverage level. For example, if a depositor holds a savings account with a balance of CVE 900,000 (nine hundred thousand escudos) and a current account with a balance of CVE 200,000 (two hundred thousand escudos), only CVE 1,000,000 (one million escudos) will be reimbursed.

(3) Protection limit for joint accounts: In the case of joint accounts, the limit of CVE 1,000,000 (one million escudos) only guarantees coverage for private social solidarity institutions. However, deposits in an account accessible by two or more persons acting as members of an association or a special committee without legal personality are aggregated and treated as if they were made by a single depositor for the purpose of calculating the CVE 1,000,000 (one million escudos) limit.



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(4) Reimbursement: The deposit guarantee scheme responsible is the Deposit Guarantee Fund, which operates under the supervision of the Bank of Cabo Verde. **Address:** Av. Amílcar Cabral, P.O. Box 101, Praia, Santiago Island, Cabo Verde - **Telephone:** +238 260 7000 - **Website:** www.bcv.cv

The Deposit Guarantee Fund shall make available to depositors an initial amount of up to CVE 200,000 (two hundred thousand escudos) for all guaranteed deposits within a maximum of seven business days, and the remaining balance, up to the limit of CVE 1,000,000 (one million escudos), within a maximum of 30 business days.

If you have not been reimbursed within these timeframes, you should contact the deposit guarantee scheme, as the period to claim reimbursement may be limited. Further information is available at: www.bcv.cv.

Other important information: In general, individual depositors are covered by the deposit guarantee scheme. Exceptions for certain types of deposits are indicated on the website of the responsible deposit guarantee scheme. Your credit institution will also inform you, upon request, whether specific products are covered or not. If the deposits are covered, the credit institution will confirm such coverage on account statements.

Declaration

I declare that I have received and acknowledged the conditions stated in the Depositor Information Form.

Signature (s) (*)

_____	Date: <input type="text"/>

(*) *Signature(s) similar to the one(s) on the identity card or passport.*

In the case of a company, the signature must be that of its legal representative (or legal representatives, where there is more than one), indicating the respective capacity in which he/she signs.