

Depositor Information Form		
Depositor Information Form	Current Account Deposit Term Deposit	
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: Contact:	CVE (Cape Verdean Escudos). Deposit Guarantee Fund - Bank of Cape Verde Av. Amílcar Cabral P.O. Box 101, Praia, Santiago Island, Cape Verde Telephone: +238 260 7000	

Additional Information:

More Information:

(1) System responsible for the protection of your deposit: Your deposit is covered by a legal deposit guarantee system. Additionally, your credit institution is part of an institutional protection system whose members mutually support each other to avoid insolvency situations. In the event of insolvency, your deposits will be reimbursed by the deposit guarantee system up to the limit of 1,000,000 CVE (Cape Verdean Escudos).

Site: www.bcv.cv

- (2) Overall protection limit: If a deposit becomes unavailable due to the credit institution's inability to fulfill its financial obligations, depositors are reimbursed through a deposit guarantee system. The reimbursement covers a maximum amount of 1,000,000 CVE (Cape Verdean Escudos) per credit institution. This means that all deposits with the same credit institution are aggregated to determine the coverage level. For example, if a depositor holds a savings account with a balance of 900,000 CVE and a current account with a balance of 200,000 CVE, they will only be reimbursed up to 1,000,000 CVE (the maximum protection limit).
- (3) Limit of protection for joint accounts: In the case of joint accounts, the limit of 1,000,000 CVE (Cape Verdean Escudos) only guarantees coverage for private social solidarity institutions. However, deposits in an account accessible to two or more individuals acting as members of an association or special commission without legal personality are aggregated and treated as if they were made by a single depositor for the purpose of calculating the 1,000,000 CVE (one million Cape Verdean Escudos) limit.



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Additional Information:

(4) Reimbursement: The responsible deposit guarantee system is the Deposit Guarantee Fund, which operates alongside 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 provides depositors with a partial refund of up to 200,000 CVE (Cape Verdean Escudos) for all deposits covered by the Fund, within a maximum period of seven working days, and the remaining amount up to the limit of 1,000,000 CVE (one million Cape Verdean Escudos) within a maximum period of 30 working days. If you have not been reimbursed within these timeframes, you should contact the deposit guarantee system, as the period for claiming reimbursement may be limited. You can obtain more information at www.bcv.cv.

Other important information: In general, private depositors are covered by the deposit guarantee system. Exceptions for specific deposits are indicated on the website of the responsible deposit guarantee system. Your credit institution will also inform you, upon request, whether certain products are covered or not.

If the deposits are covered, the credit institution will also confirm such coverage on account statements.

Declaration:	
I declare that I have received and acknowledged the conditions stated in the Depositor Informat	ion Form.
Signature(s) (*)	
Date:	
Date: [
Date:	
Date:	
Date:	

(*) 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.