O seu Banco, O seu Futuro

(V. 03 of 03/2025)

Legal Entity Account Opening Agreement

The information herein requested shall be automatically processed and is intended to incorporate a Customers Data Base for the exclusive use of Intercontinental Investment Bank S.A., of other Credit Institutions and Financial Companies integrated within the scope of Supervision on a consolidated basis to which Intercontinental Investment Bank S.A. is subject to with the purpose to adequate the provision of Credit Products to each Customer, Credit Management and other Banking Transactions; the Customer may have access to the data contained in the referred Data Base upon a written request to the Bank. Filling in this form is mandatory.

Fill in the spaces in block letters. Mark with an "X" where applicable.

IDPN: | Account No.: | Account No.:

No. Persons of Agreement: | Branch: | Counter: | Date:

(Shaded areas to be completed by the Bank)

Purpose Account / Business Relationship ☐ New Customer ☐ Former Customer ☐ Change ☐ Representative

Day-to-Day Management: ☐ Management Investment: ☐ Others: ☐

Origin of the Funds to be Moved:

Trade Income: ☐ Foreign Investment: ☐ Disposal of Assets: ☐ Sale of Shares/Equity Interests: ☐

Supplies: ☐ Others: ☐

Corporate Customer Profile Form

Corporate Name:

Commercial Name: | Acronym: | TIN:

Tax Office: | Issuance: | Place/Country of Issuance:

Other Document: | Issuing Entity: | Resident: ☐ Non Resident: ☐

Corporate Object: | Main CAE: | Secundary CAE:

Listed on the Stock Exchange | Yes: ☐ Non: ☐ If **Yes**, Were:

Company Type / Legal Nature:

Limited Company: ☐ Collective Name Company: ☐ Cooperatives: ☐ Foundation: ☐ Public Company: ☐

Federation: ☐ Single Shareholder Limited Liability Company: ☐ Public Limited Company: ☐ Association: ☐

Foreign Trade Company: ☐ Others: ☐

Constitution: | Place Constitution/Notary Office: | Borough: | Constitution Country:

Share Capital: | Origin Capital: | Start Activity:

Head Office Address:

Location: | Postal Cod.: ☐☐☐☐-☐☐☐ | Country:

Branch Address / Stable Establishment:

(Complete if account holder is a branch or permanent establishment)

Location: | Postal Cod.: ☐☐☐☐-☐☐☐ | Country:

Tax Address:

Fill in only if different from the address of the head office or branch office | permanent establishment

Location: | Postal Cod.: ☐☐☐☐-☐☐☐ | Country:

Mobile: +_____ | _____ Phone: +_____ | _____ Email:

SWIFT: | Web Site:

Other Bank(s) you work with

1 . | Main Relation | Credit: ☐ Resources: ☐ Other Products: ☐

2 . | Main Relation | Credit: ☐ Resources: ☐ Other Products: ☐

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

Legal Entity Account Opening Agreement

Other Information

Business Turnover: ☐ Business Turnover Reference Year: ☐ No. Company Employees: ☐

For Fatca Purposes: | Financial: ☐ Active Non-Financial: ☐ Passive Non-Financial: ☐

In case of doubt, consult the following Website: https://www.irs.gov/businesses/corporations/foreign-account-tax-compliance-act-fatca

GIIN| ____ ____ ____ ____

Global Intermediary Identification Number.

Other Fiscal Residences(*) | Yes: ☐ Non: ☐ Country: ____ Country: ____

Answer "YES" only if you have tax obligations in the USA, or if you have tax residence in a country other than Cape Verde.

Is your main activity conducted abroad? Yes: ☐ Non: ☐ Country: ____ Country: ____

Identity of the Representatives of the Legal Person's Board of Directors

Legal Name/Corporate Name: ____

ID Document No.: ____ B.I ☐ C.N.I ☐ Pass ☐ TIN: ____

Full Name: ____

Fill in only the name of the natural person who performs the functions in the management body, if "Corporate Name" is filled in

Legal Name/Corporate Name: ____

ID Document No.: ____ B.I ☐ C.N.I ☐ Pass ☐ TIN: ____

Full Name: ____

Fill in only the name of the natural person who performs the functions in the management body, if "Corporate Name" is filled in

Legal Name/Corporate Name: ____

ID Document No.: ____ B.I ☐ C.N.I ☐ Pass ☐ TIN: ____

Full Name: ____

Fill in only the name of the natural person who performs the functions in the management body, if "Corporate Name" is filled in

Legal Name/Corporate Name: ____

ID Document No.: ____ B.I ☐ C.N.I ☐ Pass ☐ TIN: ____

Full Name: ____

Fill in only the name of the natural person who performs the functions in the management body, if "Corporate Name" is filled in

Beneficial Owner

Is there a Beneficial Owner? Yes: ☐ Non: ☐

In case there is a beneficial owner, who is not the account holder, the Specific Form must be filled out

Subscription to Products and Services

Transmission of orders by E-mail: ☐

E-mail: ____

E-mail: ____

E-mail: ____

EMP220216JU

Legal Entity Account Opening Agreement

iib Internet Banking Membership - iibNet

User Name:

Transaction Terms & Conditions:

E-mail:

User Name:

Transaction Terms & Conditions:

E-mail:

User Name:

Transaction Terms & Conditions:

E-mail:

User Name:

Transaction Terms & Conditions:

E-mail:

Specific Terms of Subscription:

Identity of Holders with a Stake in the Capital or Voting Rights with 5% or More

Legal Name/Corporate Name:

ID Document No.: B.I ☐ C.N.I ☐ Pass ☐ TIN:

Shareholding: %

Legal Name/Corporate Name:

ID Document No.: B.I ☐ C.N.I ☐ Pass ☐ TIN:

Shareholding: %

Legal Name/Corporate Name:

ID Document No.: B.I ☐ C.N.I ☐ Pass ☐ TIN:

Shareholding: %

Legal Name/Corporate Name:

ID Document No.: B.I ☐ C.N.I ☐ Pass ☐ TIN:

Shareholding: %

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