INDIVIDUAL CLIENT FORM

PLANILLA DE CLIENTE PERSONA NATURAL

☐ Cuenta nueva
☐ Actualización de datos

PERSONAL INFORMATION / INFORMACION PERSONAL

Name / Nombre:	Middle Name / Segundo Nombre:	Surnames / Apellidos:

Sex / Sexo:	Date of Birth / Fecha de Nacimiento:	Country of Birth / País de Nacimiento:	Citizenship / Nacionalidad:	Marital Status / Estado Civil:

ID Document / Documento de Identidad:	ID Number / Número de Identidad:	Home Address / Dirección de Habitación:

City / Ciudad:	State or Province / Estado o Provincia:	Country / País:	Zip Code / Código Postal:	Housing / Tipo de Vivienda:
				◯ Own / Propia ◯ De un Familiar ◯ Rental / Alquilada

Home Telephone / Teléfono de Habitación:	Mobile / Móvil	Work Telephone / Teléfono de Oficina:	e-mail / correo electrónico:

SPOUSE'S INFORMATION (IF APPLICABLE) / DATOS DEL CONYUGE (EN CASO DE APLICAR)

Name / Nombre:	Middle Name / Segundo Nombre:	Surnames / Apellidos:

Sex / Sexo:	Date of Birth / Fecha de Nacimiento:	Country of Birth / País de Nacimiento:	Citizenship / Nacionalidad:	Marital Status / Estado Civil:
◯ Masculino ◯ Femenino				◯ Single / Soltero ◯ Divorced / Divorciado ◯ Married / Casado ◯ Widower / Viudo

ID Document / Documento de Identidad:	ID Number / Número de Identidad:	Home Address / Dirección de Habitación:

City / Ciudad:	State or Province / Estado o Provincia:	Country / País:	Zip Code / Código Postal:	Housing / Tipo de Vivienda:
				◯ Own / Propia ◯ De un Familiar ◯ Rental / Alquilada

Home Telephone / Teléfono de Habitación:	Mobile / Móvil	Work Telephone / Teléfono de Oficina:	e-mail / correo electrónico:

EMPLOYMENT INFORMATION / INFORMACIÓN LABORAL

Job and/or Profession / Profesión y/o Ocupación:	*Specify / Especifique:	Employer Name / Nombre de la Empresa:	Position Held / Cargo:
◯ Employed / Empleado ◯ Retired / Retirado ◯ Self-Employed ◯ Other / Otro*			

Years in the Company / Años en la Empresa:	Address / Dirección:	City / Ciudad:

State / Estado:	Country / País:	Zip Code / Código Postal:	Work Telephone / Teléfono de Oficina:	e-mail / correo electrónico:

POLITICALLY EXPOSED PERSON / PERSONA POLITICAMENTE EXPUESTA (PEP)

- ◯ Public Employee / Funcionario Público
- ◯ Military / Integrante de las Fuerzas Armadas
- ◯ Political Party Member / Miembro de Partido Político
- ◯ Diplomat / Miembro de Cuerpo Diplomático
- ◯ Closely related to people in the categories above metioned / Vinculado a personas pertenecientes a las catgorías arriba mencionadas
- ◯ Specify / Especifique: _____

FINANCIAL INFORMATION / INFORMACION FINANCIERA

Account Number / Número de Cuenta:	Account Type / Tipo de Cuenta:	Financial Institution / Institución Financiera:	Currency / Moneda:

PERSONAL REFERENCES / REFERENCIAS PERSONALES

Name / Nombre:	Surnames / Apellidos:	Relationship / Relación:

Phone / Teléfono:	Mobile / Móvil:	e-mail / correo electrónico:

Name / Nombre:	Surnames / Apellidos:	Relationship / Relación:

Phone / Teléfono:	Mobile / Móvil:	e-mail / correo electrónico:

Name / Nombre:	Surnames / Apellidos:	Relationship / Relación:

Phone / Teléfono:	Mobile / Móvil:	e-mail / correo electrónico:

ACCOUNT OPENING INFORMATION / INFORMACION DE APERTURA DE CUENTA

Account Type / Tipo de Cuenta:

◯ Checking / Corriente ◯ Ahorros ◯ Certificate Deposit / Certificado de Depósito ◯ Other / Otro: _____

SOURCE OF FUNDS / ORIGEN DE LOS FONDOS

Opening Amount / Monto Inicial de Apertura:	Source of Funds / Origen de los Fondos:	*Specify / Especifique:
	◯ Saving / Ahorros ◯ Sale of Assets / Venta de Activos ◯ Heritage ◯ Retirement / Jubilación ◯ Loans / Liquidación ◯ Other / Otro*	

Type of Initial Deposit / Tipo de Depósito Inicial:

◯ Check / Cheque ◯ Transfer / Transferencia ◯ Lending / Préstamo ◯ Other / Otro

Specify / Especifique:

INDIVIDUAL CLIENT FORM

PLANILLA DE CLIENTE PERSONA NATURAL

WIRE TRANSFER INFORMATION / DATOS DE TRANSFERENCIA		
Estimated Monthly Transfers (To be Sent) / Estimado de transferencias a Enviar mensualmente:		
Number / Cantidad:	Amount / Monto:	
Possible Recipients / Posibles Destinatarios:		
Name / Nombre:	Surnames / Apellidos:	Country / País:
Name / Nombre:	Surnames / Apellidos:	Country / País:
Name / Nombre:	Surnames / Apellidos:	Country / País:
Estimated Monthly Transfers (To be Recieve) / Estimado de transferencias a Recibir mensualmente:		
Number / Cantidad:	Amount / Monto:	
Possible Senders / Posibles Remitentes:		
Name / Nombre:	Surnames / Apellidos:	Country / País:
Name / Nombre:	Surnames / Apellidos:	Country / País:
Name / Nombre:	Surnames / Apellidos:	Country / País:

By Signing, I (we) hereby declare under oath, that monies / funds, valuables, securities, shares / stocks, bonds, or any other financial instruments to be transferred to NIBank don't have any relationship with illegal activities or originate from any criminal activity as described on international laws and specific laws of the jurisdictions in which NIBank or its affiliates and partners operate. I (we) authorize NIBank. to verify all the data contained in this form.

Mediante nuestra firma, yo (nosotros), declaro (declaramos) bajo juramento que, los capitales, valores, acciones, títulos o haberes a ser transferidos a NIBank no tienen relación alguna ni son producto de actividades criminales, ilícitas,o delictivas, de acuerdo a lo previsto en las leyes penales vigentes internacionales y especificas en las jurisdicciones donde opera NIBank Mediante la presente declaración, se autoriza a NIBank para que verifique la información y datos contenidos en esta planilla de registro

The signee (s) (The Client) declares to have read, understand and expressly agrees to the General Contracting Terms and Conditions of NIBank and all other contracts contained in the document "Terms and Conditions for the provision of services and / or products" identified on this form, which was approved as general contracting conditions of NIBank (the contract). The Customer further confirms its intention to submit the contracts and transactions entered into with NIBank to institutional arbitration in accordance with the provisions of the Contract.

El (los) firmante(s) (El Cliente) declara haber leído, comprendido y expresamente acepta los Términos y Condiciones Generales de Contratación de NIBank así como los demás contratos contenidos en el documento de "Términos y Condiciones para la prestación de Servicios y / o Productos" que se identifica en esta planilla el cual fue aprobado como condiciones generales de contratación de NIBank (el contrato) . El cliente además ratifica su intención de someter los contratos y operaciones celebradas con NIBank a arbitraje institucional de conformidad con lo dispuesto en el Contrato.

Date and Place/Lugar y Fecha: _____

Client Signature/Firma del Cliente: _____ Name/Nombre:_____

NIB
North International Bank

SIGNATURE CARD FOR INDIVIDUAL ACCOUNTS

ACCOUNT NUMBER: _____

ACCOUNT OFFICER	ACCOUNT TYPE	DATE OPENED

ACCOUNT TITLE

PHONE NUMBER(S)	SIGNATURES REQUIRED FOR WITHDRAWAL

AUTHORIZED SIGNATURE(S)

NAME (1)	NAME (2)
PASSPORT No.	**PASSPORT No.**
SIGNATURE	**SIGNATURE**
NAME (3)	**NAME (4)**
PASSPORT No.	**PASSPORT No.**
SIGNATURE	**SIGNATURE**

FOR BANK USE ONLY

OFFICER NAME AND SIGNATURE	AUTHORIZED SIGNATURE	DATE

Date _____

COMPLETAR CON EL NOMBRE COMPLETO DEL CLIENTE

DIRECCION CLIENTE

Dear, Insert customer full name

On March 8th, 2010 the United States Congress passed the Foreign Account Tax Compliance Act (FATCA). Under Sections 1471 and 1472 which were added to the Internal Revenue Code by FATCA a Foreing Financial Institution (FFI) must register with the Internal Revenue Service as a Participating FFI which means that the FFI must provide information to the Internal Revenue Services of the majority of its U.S. account holder in order to avoid tax consequences. A Participation FFI must 1) obtain information from cach of its accountholder to determine if any account is held by a U.S. taxpayer, 2) initiate due diligence procedures designed to discover which of its account holders is U.S. accountholder, 3) provide Treasury with an annual report on its U.S. accountholders, and 4) deduct and withhold from certain payments made to other FFIs that are not in compliant with Section 1471 as well as from payments to accountholders who refuse to comply with reasonable requests for information from the FFI to determine if it is associated with a U.S. taxpayer.

North International Bank Ltd has entered into an FFI agreement with the IRS and therefore become a Participating FFI. As part of the due diligence procedures required under our FFI agreement we must inquire of each of our accountholders on their U.S. status and connection to determine if they are U.S. accountholders. Therefore, we request that you answer the following question regarding your U.S. status or connection and return this correspondence by Next Month 1st, 2016

1. To your knowledge based in reasonable inquirí, are you a U.S. citizen, U.S. permanent resident or U.S. resident for income tax purposes?

☐ Yes

☐ No

2. To your knowledge are you a member, shareholder or partner in any entity holding an account at the bank that it controlled by U.S. citizens or permanent residents?

☐ Yes

☐ No

Under penalties of perjury, I declare that to the best of my knowledge and belief, my responses to the questions posed by North International Bank Ltd are true, correct and complete.

I undestand that failure to truthfully provide the information requested in this letter may result in my being classified as a recalcitrant accountholder under FATCA which will force North International Bank to withhold 30% tax from any pass through payments from my account, remit such payments to the Internal Revenue Service, and/or close my account.

I hereby authorize North International Bank to provide the IRS or the Department of the Treasury all information required as a Participating FFI under the terms of FATCA or any other successor provision of the Internal Revenue Code or Treasury Regulations, and thereby reléase North International Bank Ltd from all consequences and responsabilities following the disclosure of the above information to the IRS or the Department of the Treasury. I will also inmmediately notify North International Bank Ltd of any change in the above information and in other document previously given to the Bank.

Signature: _____
Name: _____

Please do not hesitate to contact us with any questions regarding this letter and thank you for your promt cooperation.

Sincerely,

North International Bank