

CLIENT'S INFORMATION (CORPORATE)

Dear Customer,

We require the details below to be able to establish your identity and mandate. Regulatory Authorities also do request for such information from time to time. Information provided will be treated confidentially and with discretion.

Company Name:	
Office Address:	
Current Share Capital	
Date of Incorporation/Registration:	Web site
Nature of Business:	Reg. Number:
Economy Sector	Contact Person (s) Designation
Telephone Number(s)	1 _____
E-mail:	2 _____
	Telefax Number(s):
	Introduced by
Registered Office Address (if different from above):	

To: GREENWICH TRUST LIMITED

We hereby request you to open an Investment Account in the name of the afore-mentioned company and authorize you to honour all instructions and deposition relating to the account signed by the authorised signing officials in accordance with the resolution of the Board of Directors/Trustees, Please find attached:

- i) Certificate of Incorporation of the Company or Certificate evidencing Change of Name of Company or Certificate of Registration for inspection and return.
- ii) Certified True Copy of the Memorandum and Article of Association of the Company, amended up to date.
- iii) Specimen Signature of the Directors, Secretary and/or other signing officials.
- iv) Certified copy of the resolution of the Board of Directors/Trustees

We agree that the set-off conditions received and signed by us shall apply as expressly set out therein, and we hereby declare that the information given is correct and is the basis for the opening of the Investment Account.

Yours faithfully,

A | _____
 Authorised Signatory *For and on behalf of (Company Name & Seal)*

Name:	Designation:	Date:
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B | _____
 Authorised Signatory *For and on behalf of (Company Name & Seal)*

Name:	Designation:	Date:
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INVESTMENT OBJECTIVES: Tick as appropriate

- | | | | |
|--------------------|--------------------------|---------------------|--------------------------|
| 1. Dividend Income | <input type="checkbox"/> | 2. Low Priced Stock | <input type="checkbox"/> |
| 3. Capital Gain | <input type="checkbox"/> | 4. Others (specify) | <input type="checkbox"/> |

INVESTMENT CONDITIONS: Tick as appropriate

- | | | | |
|------------------------------|--------------------------|---------------------------------|--------------------------|
| 1. Confirm Before Commitment | <input type="checkbox"/> | 2. Follow Specified Instruction | <input type="checkbox"/> |
| 3. Use your discretion | <input type="checkbox"/> | 4. Operate Nominee A/C | <input type="checkbox"/> |

STOCK PREFERENCES

- | | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| 1. | 3. | 5. | 7. | 9. |
| _____ | _____ | _____ | _____ | _____ |
| 2. | 4. | 6. | 8. | 10. |

STOCK SPECIFIC INSTRUCTION(S)

Contact Person(s) Name

Designation

Name

Designation

Preferred Mailing Address (Tick as a appropriate)

% Greenwich Trust Office Address Registered Address

BANKERS

- _____
- 1.
- _____
- 2.
- _____
- 3.

AUTHORISATION

We request and authorize you until we give notice in writing to the contrary, to honour all requests for the purchase of shares or payment of monies from the said account whether such request is written or oral. We also authorize you to debit such purchases or other orders to the said account with you whether such account be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit in consideration of which we agree to be responsible for the payment of such overdraft with interest accruing thereon.

Date

Signature

AUTHORISED SIGNATORIES:

Name

Position

Signature

Name

Position

Signature

IMPORTANT NOTICE

While due professional care shall be exercised in the management of your account, Greenwich Trust Limited shall not be held liable for any diminution in the value of the portfolio resulting from forces outside its control.

FOR OFFICIAL USE ONLY

Clearing House Number

Client's Account Number

Payment Details

Date

A/C Officer

Signature

CORPORATE/BOARD RESOLUTION

We hereby certify that the Board of Directors of (a) _____

At a meeting of the Board held on the (b) _____

at (c) _____

Passed the following resolution which was recorded in the Minute Book of the Company:

RESOLVED

- (I) That an Investment Account for the Company be opened with Greenwich Trust Limited
- (II) That Greenwich Trust Limited is hereby requested and authorized to act on any instructions with regard to any transactions of the Company provided such documents are signed by:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Signing Instructions: _____

(III) That Greenwich Trust Limited be supplied with a copy of the Memorandum and Articles of Association of the Company and a list of the names and signatures of the Directors, Secretary and other authorized officials in the Company.

(IV) That this resolution be communicated to Greenwich Trust Limited and remain effective until duly rescinded and /or modified by a subsequent resolution passed by the Board of Directors.

Director: _____

Secretary: _____

Company Seal _____

Notes: (a) Name of Company (b) Date of Meeting (c) Venue of Meeting