

ONLY FOR FLOWBANK, GENEVA, («THE BANK») USE

Account/securities account number : _____

The account holder(s) (hereinafter referred to as «the Account Holder») hereby appoint(s) the following person(s) as authorised representative(s) (hereinafter referred to as «the Authorised Representative) for the accounts opened with FlowBank SA, Esplanade de Pont-Rouge 6, 1211 Geneva 26, (hereinafter referred to as «the Bank»). The Account Holder grants the aforementioned Authorised Representative the most extensive powers of representation, management, administration and disposal, without any restrictions, with regard to the his/her contractual relationship with the Bank for the aforementioned bank account.

	AUTHORISED REPRESENTATIVE 1	AUTHORISED REPRESENTATIVE 2
	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
Last name		
First name		
Civil status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Last name and first name of spouse	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Last name and first name of spouse
Official domicile	Street No Post code. Town Country	Street No Post code. Town Country
Postal address (if different from the official domicile)	Street No Post code. Town Country	Street No Post code. Town Country
Private / mobile telephone number		
Work telephone number		
e-mail address		
Date and place of birth		
Nationality		
Type of identity document (passport, identity card, ect.)		
Identity card/passport number valid until		
Relationship with the account holder(s) (partner, parent, etc.)		
Profession / occupation	<input type="checkbox"/> Clerical staff <input type="checkbox"/> Manual staff <input type="checkbox"/> Managerial <input type="checkbox"/> Self employed <input type="checkbox"/> Civil servant <input type="checkbox"/> Liberal profession <input type="checkbox"/> Job seeker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other : <input type="checkbox"/> Retired - last occupation :	<input type="checkbox"/> Clerical staff <input type="checkbox"/> Manual staff <input type="checkbox"/> Managerial <input type="checkbox"/> Self employed <input type="checkbox"/> Civil servant <input type="checkbox"/> Liberal profession <input type="checkbox"/> Job seeker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other : <input type="checkbox"/> Retired - last occupation :
Sector of activity		

Politically exposed persons	<p>Do you hold, or have you held, a political or public publique au plan office at regional, national or international level¹ ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the same apply to one of your close relatives (parents, children or partner) ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have answered yes to one of the questions above, please provide the following information: Name of the person and relationship with you:</p> <p>.....</p> <p>Precise title of the :</p> <p>.....</p> <p>Description and role of the in hierarchical terms :</p> <p>.....</p> <p>Date on which was taken up and date on which it was (or will be) relinquished :</p>	<p>Do you hold, or have you held, a political or public publique au plan office at regional, national or international level¹?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the same apply to one of your close relatives (parents, children or partner) ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you have answered yes to one of the questions above, please provide the following information: Name of the person and relationship with you:</p> <p>.....</p> <p>Precise title of the :</p> <p>.....</p> <p>Description and role of the in hierarchical terms :</p> <p>.....</p> <p>Date on which was taken up and date on which it was (or will be) relinquished :</p>
	US person status	<p>Are you American citizen (single, dual or multiple nationality)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you of another nationality, but resident in the United States with United Statesresidentialienstatus(e.g.holderofapermanentUS residentpermit such as a green card or have been physically present in the United States for a period sufficient to qualify as a «substantial presence») ² ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you an American taxpayer for another reason?</p> <p><input type="checkbox"/> Yes; For the following reason ?</p> <p><input type="checkbox"/> No</p>

1) As a head of state, minister, Member of Parliament, leader of a political party represented in government, senior civil servant (judicial or executive power - including the army), manager of a national public body, senior politician or senior official of an international or supranational organisation, such as the EU or NATO, etc.

2) You are considered to be a United States resident alien if, on the basis of a lengthy stay in the United States, you meet the criteria of the “substantial presence test”: you must have been physically present in the United States on at least 21 days in the current year and 183 days in the past three years. Further details on how to determine the length of physical presence are available on the IRS Internet site at <http://www.irs.gov/taxtopics/tc851.html>.

The Authorised Representative is authorised to represent the Account Holder alone.

Unless speci ed that a new Power of Attorney supplements or replaces a previous Power of Attorney, the latter shall remain in force, unless the Account Holder’s intention to the contrary is evident from the circumstances.

The Account Holder hereby con rms the authenticity of the signature(s) of the Authorised Representative(s) below and the validity of the powers granted hereby.

The Account Holder hereby acknowledges as good and valid all deeds undertaken by the Authorised Representativewithin the limits of the powers granted and fully discharges the Bank, which, other than in the eventof intentional wrong or gross negligence on its part and within the limits of the law, shall not accept any liability vis-à-vis the Account Holder or his/her legal heirs or any other third party. If so required, the Account Holder undertakes to discharge and guarantee the Bank against any claims against the Bank by any party.

This power of attorney is issued without right of substitution.

It alone governs the Authorised Representative’s powers of representation vis-à-vis the Bank, regardless of the internal legal relationship between the Account Holder and his/her Authorised Representative.

This power of attorney remains in force until the Bank is in receipt of written revocation. It shall expire upon the death of the Account Holder or for the other grounds for termination in Articles 35 and 405 of the Code of Obligations.

Moreover, the Bank’s General Terms and Conditions apply, particularly with regard to the governing law (Swiss law) and jurisdiction (the courts of Geneva).

Place and date :

Signature of Account Holder(s) :

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Place and date :

Signature of Authorised Representative 1 :

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Place and date :

Signature of Authorised Representative 2 :

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