

AUTHORIZATION LETTER

To authorize a person to pick up your ABOpass and PIN

Aruba Bank N.V.
Sales and Customer Support
Camacuri 12
P.O. Box 192
Oranjestad, ARUBA

Date: _____

Dear Sir,

I _____ living at
[Your name in full]

[Your address in full]

hereby, authorize

_____ living at
[Name of authorized person]

[Address of authorized person]

born in _____ on _____, 19_____
[place of birth] [month] [year]

to pick up my ABOpass and pin mailer at Aruba Bank N.V.

[Your signature]

Instructions:

1. ABO user should fill out and sign above authorization form.
2. Mail/ forward this form to the person you will authorize (can not be faxed) plus a copy of your ID.
3. Authorized person will need to come to the bank to pick up your ABOpass and PIN with
 - a) this authorization letter;
 - b) a copy of your ID (passport, drivers license or ID Card)
 - c) his/ her valid I.D (from authorized person).

Note: ABO user will be responsible for the ABOpass package.