

Trusts

ABN AMRO Bank N.V.
Jersey Branch

These forms are mandatory for all clients. Additional documentation is required if you are seeking or likely to seek investment services.

Section 1 – Client Details

Name of Trust

Name of Trustee(s)

Jurisdiction of the Trust

Please complete the appropriate fields below that apply to you and the trust (for example, if you are an individual trustee, please complete the fields relating to individual trustees, and if you are a corporate trustee, please complete the fields relating to corporate trustees). If there are more than two trustees of the Trust, please complete the appropriate details on a separate page and attach it to this application form.

Trustee (Individuals)

Name of Trustee

Place and Country of Birth

Tax Reference Number

National Insurance Number

Residential Address

Postcode

Home Telephone Number (country/area/number)

Business Telephone Number (country/area/number)

Mobile Telephone Number (country/area/number)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Trustee (Individuals)

Name of Trustee

Place and Country of Birth

Tax Reference Number

National Insurance Number

Residential Address

Postcode

Home Telephone Number (country/area/number)

Business Telephone Number (country/area/number)

Mobile Telephone Number (country/area/number)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Settlor (Individuals)

Name of Settlor

Place and Country of Birth

Tax Reference Number

Residential Address

Postcode

Home Telephone Number (country/area/number)

Mobile Telephone Number (country/area/number)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Protector (Individual)

Place and Country of Birth

Tax Reference Number

Residential Address

Postcode

Home Telephone Number (country/area/number)

Business Telephone Number (country/area/number)

Mobile Telephone Number (country/area/number)

Date of Birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Trustee (Corporate)

Name of Trustee

Jurisdiction of Incorporation

Business Address

Postcode

Telephone Number (country/area/number)

Fax Number (country/area/number)

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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Trustee (Corporate)

Name of Trustee	<input type="text"/>								
Jurisdiction of Incorporation	<input type="text"/>								
Business Address	<input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Telephone Number (country/area/number)	<input type="text"/>								
Fax Number (country/area/number)	<input type="text"/>								
Date of Incorporation	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Settlor (Corporate)

Name of Settlor	<input type="text"/>								
Jurisdiction of Incorporation	<input type="text"/>								
Business Address	<input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Telephone Number (country/area/number)	<input type="text"/>								
Fax Number (country/area/number)	<input type="text"/>								
Date of Incorporation	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Protector (Corporate)

Jurisdiction of Incorporation	<input type="text"/>								
Business Address	<input type="text"/> <input type="text"/>								
Postcode	<input type="text"/>								
Telephone Number (country/area/number)	<input type="text"/>								
Fax Number (country/area/number)	<input type="text"/>								
Date of Incorporation	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Other Relevant Details (e.g. entity structure etc)

'Call-back' Authorised Person(s) Name ¹	Designated Telephone Number (country/area/number)

Capacity of Authorised Signatories (Section 10)

Please see attached signatory list

Number of Authorised Signatories Required (tick ONE category)

Any Authorised Signatory Listed in Section 10, Acting Individually

Any two Authorised Signatories Listed in Section 10, Acting Jointly

Other Arrangement as detailed below (e.g. specific signing arrangements/Parameters connected to accounts).

¹ The Bank may from time to time at its sole discretion, wish to authenticate any instructions received by calling a "Call-back" Authorised Person(s). Please list the names and telephone numbers of officers of the Company duly authorised to provide such authentication.

Section 2 – Anti-Money Laundering Requirements

We are required by current legislation and guidance recognised by the Jersey Financial Services Commission (“JFSC”)¹ to obtain evidence of (1) the identity(ies) and (2) residence(s) at the address(es) given in this application. Please tick the boxes next to the documents being provided. Please contact us if the provision of this information presents you with any difficulty. If your corporation is either listed on a recognised Stock Exchange or Regulated by an Approved Regulator, please contact your Relationship Manager to discuss documentation requirements.

Please Note: It is extremely important that the photograph on all photocopies is a clear and recognisable likeness of the individual and is certified by a “suitable certifier” as outlined below.

*“CERTIFIED” means:

For UK, Jersey, Guernsey and Isle of Man nationals, documents have been notarised or certified by a “suitable certifier” being a lawyer, notary public, actuary or accountant who is a member of a recognised professional body.

For Other nationals, documents have been notarised or certified by a “suitable certifier” being an Officer of an Embassy, Consulate or High Commission of the country of issue or a lawyer, notary public, actuary or accountant who is a member of a recognised professional body.

Please note that a “suitable certifier” must certify all documents by adding “CERTIFIED AS A TRUE AND ACCURATE COPY OF THE ORIGINAL SEEN BY ME” and add to the copy(ies) in capital letters or by means of a stamp, their name, address, profession and contact telephone number and date upon which they have certified the documents.

ALL documents containing a photograph (e.g. Passport), please note that a “suitable certifier” must certify all documents by adding “CERTIFIED AS A TRUE AND ACCURATE COPY OF THE ORIGINAL SEEN BY ME AND THE PHOTOGRAPH BEARS A TRUE LIKENESS OF” [enter name of person requesting certification] and add to the copy(ies) in capital letters or by means of a stamp, their name, address, profession, contact telephone number and date upon which the documents were certified.

(1) A copy of each of the following:

Certified copy of an extract of the Trust deed or Instrument, together with copies of all supplemental trust deeds or instruments.

(2) Please fulfil the requirement for your particular type of entity as listed below. “Individual” sections are overleaf:

(A) Conventional Family or Absolute UK Trust – please complete a (A) Legal Entity or (B) Individual section (as appropriate) for:

The Settlor/provider of funds (if a legal entity please complete the section below instead). If the Settlor is deceased please provide a copy of the Grant of Probate or a copy of the Will establishing the Trust.

Each Trustee:

Each Absolutely Entitled Beneficiary (not discretionary)

(A) Legal Entity

Name

Please provide a copy of EACH of the following:

Certificate of Incorporation (independently certified)

Complete list of Shareholders and Directors

Memorandum and Articles of Association (independently certified)

UK FSA Regulated

(B) Individual – Name

(1) A CERTIFIED* Copy of ONE of the following:

Passport

Current Full UK Photocard Driving Licence

National Identity Card

(2) A CERTIFIED* copy of ONE document in your name:

Utility Bill (last 3 months)

Bank/Building Society/Mortgage Statement (last 3 months)

Local Authority Tax Bill (last 3 months)

Valid UK Driving Licence (if not used for (1))

Valid Foreign Driving Licence (non-UK residents only)

Other (please specify):

Section 3 – Frequency of Statements (Please tick)

Quarterly

Monthly

On movement

Section 4 – Communication with third parties

Do you want us to liaise directly, without prior reference to you, with your tax/other adviser on Portfolio matters?

Yes No

If so, please complete details:

Full Name

Capacity in which they act

Address

Postcode

Telephone Number (country/area/number)

Fax Number (country/area/number)

Email

Any restrictions

Section 5 – Purpose of Account/Source of Funds/Source of Wealth/Type of Account

Purpose of Account

What are the main reason(s) for opening an account with ABN AMRO Bank N.V., Jersey Branch; the main purpose of the account and the intended nature of the relationship that you are seeking to establish? (PLEASE SPECIFY e.g. – to hold funds as part of a portfolio; to receive investment income; to receive funds in settlement of invoices issued; yield enhancement etc.)

What type of activity will the account be used for?

How frequently will the account be utilised? (e.g. – daily, weekly, monthly)

What is the typical value of the transactions that will pass across the account?

Source of Funds

What activity (activities) will generate the funds that will be applied to the account? (e.g. detail specific business activities of the Company)

In which geographical area(s) will this activity (these activities) be carried out?

Source of Wealth

Describe the activity (activities) that have generated the total assets of the Company?

In which geographical area(s) were these activities carried out?

Type of Account

What type of account are you looking to establish?

Fixed Deposit Account Call Account Premium Account Other

What currency of accounts are required?

GBP EUR USD Other (please indicate)

What is your base (main) currency?

GBP EUR USD Other (please indicate)

Do you require a Capital and Income structure?

Yes No

Would you like to receive details of the other products and services available from ABN AMRO Bank N.V.?

Yes No

How much will the initial sum of money be to open the account?

From which institution will the funds be remitted to us?

What is the anticipated date upon which the funds will be remitted?

Section 6 – Bank Reference to be Completed by All New Clients and return to ABN AMRO Bank N.V., Jersey Branch

Date	<input type="text" value="D D M M Y Y Y Y"/>
Bank Address	<input type="text"/>
Postcode	<input type="text"/>
Attention	<input type="text"/>
Client Account Name	<input type="text"/>
Client Account Number	<input type="text"/>
Branch Sort Code	<input type="text"/>
Client Address	<input type="text"/>
Postcode	<input type="text"/>
FOR AND ON BEHALF OF:	<input type="text"/>

I shall be obliged if you will kindly provide ABN AMRO Bank with the following:

1. Confirm to ABN AMRO Bank that you consider me/us to be trustworthy for opening an account with them.
2. Confirm the above address is correct.
3. Confirm that my/our signatures are correct.
4. Inform ABN AMRO Bank of this period of time that I/we have been a customer of your bank.

I/We appreciate that you may wish to levy a charge and in this respect, please charge my account.

Client Signature(s)

Client Signature(s)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

ABN AMRO Bank N.V.
ABN AMRO House
PO Box 255
7 Castle Street
St Helier
Jersey
JE4 8TB
Channel Islands

Client Account Name

We confirm that the above named client(s) is/are considered to be respectable trustworthy for opening and operating an account.

We confirm that in accordance with our records, the address is correct.

We confirm that the signature(s) of the above named client(s) is/are correct

The client(s) established a bank account with us on

Signed

Bank Stamp

Name and Position

Date

D	D	M	M	Y	Y	Y	Y
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Section 7 – European Savings Directive Declaration Private clients only (where applicable)

PLEASE NOTE that it is very important that this Declaration be completed correctly. You remain responsible for any information submitted on this form and ABN AMRO can accept no liability for the consequences of any errors. If you have any questions at all over the meaning of any term or the consequences of any part of this declaration, please consult with your Relationship Manager.

Customer Name	<input type="text"/>
Residential Address	<input type="text"/>
Postcode	<input type="text"/>

PLEASE TICK

We understand that all in-scope income we earn from our accounts/portfolio with ABN AMRO Jersey will be subject to deduction of tax at source (retention tax) or exchange of information with the relevant tax authority under the European Savings Directive.

We therefore authorise you to (tick as appropriate):	Retain Tax	<input type="checkbox"/>
	Exchange Information	<input type="checkbox"/>

Or

We request exclusion from either the deduction of tax at source (retention tax) or automatic exchange of information under the European Savings Directive. The reason for the exclusion is the following (indicate as appropriate below):

PLEASE TICK

- | | |
|--|--------------------------|
| 1. We attach a tax exemption certificate issued by the tax authority in the country in which we are permanently resident | <input type="checkbox"/> |
| 2. We are permanently resident outside the European Union (EU) | <input type="checkbox"/> |
| 3. We are resident in the UK but are not domiciled there and as such are only liable to tax in the UK if our interest is remitted there. | <input type="checkbox"/> |

We can confirm that either no taxable remittances are made into the UK or that if/when they are I subsequently declare them to the relevant tax authority.

If you ticked box 2, please ensure that your account opening request is accompanied by either an official document attesting to your residence or a utility bill attesting to the fact that you are in fact resident outside of the EU.

If you ticked box 3, please ensure that your account opening request is accompanied by one of the following:-

- Recent letter from the United Kingdom tax authorities confirming your status;
- Letter from your tax advisor confirming your status (must be a recognised advisor such as a Chartered Accountant or Chartered Tax Adviser); or
- Copy of your most recent tax return, where such a return indicates your tax status (e.g. UK resident non-domiciled individuals tick a box on the return confirming non-UK domiciled status)

Print Name	<input type="text"/>
Customer Signature	<input type="text"/>
Date	<input type="text" value="DD MM YYYY"/>
Print Name	<input type="text"/>
Customer Signature	<input type="text"/>
Date	<input type="text" value="DD MM YYYY"/>

Section 8 (a) – Declaration – Assets & Income subject to U.S. Withholding Tax

Client Name

We, the above named (hereinafter defined as the "Account Holder"), in connection with requirements under United States Withholding Tax Regulations and in order to enable the Bank to correctly determine the status and qualification of the settlor of the Account Holder and/or for the purpose of United States Withholding Tax as a Non-U.S. Person, or a U.S. Person, hereby make and confirm the following declarations to the Bank in connection with any account or accounts held with the Bank from time to time:

1. Non-U.S. Person Declaration

Is the Settlor of the Account Holder a U.S. citizen (sole or dual citizenship)?

Yes No

If your answer is "NO", please continue answering the questions below, however if your answer is "YES" please proceed to part (b) "Declaration of U.S. Persons":

Is the Settlor a U.S. resident alien?

Yes No

(lawful permanent resident, e.g. "green card holder", or substantial physical presence in the United States in the current and the previous two years)

Is the Settlor of the Account Holder a U.S. taxpayer for any other reason?

Yes No

(e.g. dual resident, rescinding U.S. citizenship or other long term residency, others)

This form is only valid if all questions are answered.

2. Beneficial Ownership

The undersigned Account Holder hereby declares that it is the beneficial owner according to U.S. tax principles of the assets and income to which this form relates.

3. Change of Circumstances in status as a Non-U.S. Person

The undersigned Account Holder undertakes to notify the Bank if its status as a Non-U.S. Person under U.S. tax principles changes to the status of a U.S. Person under U.S. tax principles.

Print Name

Customer Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section 8 (b) – Declaration of U.S. Persons – Assets & Income subject to U.S. Withholding Tax

Client Name

The above named (hereinafter defined as the "Account Holder"), in connection with requirements under United States Withholding Tax Regulations and the holding of U.S. securities through a U.S. custodian, herewith declares that it is a U.S. Person. In connection with the U.S. withholding and reporting regulations (effective 1 January 2001) we acknowledge that ABN AMRO cannot provide to us any of its Banking Services until such time as it has received from us a duly signed IRS Form W-9 in form and substance acceptable to ABN AMRO. We undertake to provide such a form promptly to ABN AMRO, and further to inform ABN AMRO promptly in the event of any material change to the content of the Form W-9 which might reasonably affect the operation of my account with ABN AMRO.

Print Name

Customer Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section 9 – Mandate in favour of third party/ies individual(s) to operate account

Operating instructions of account

I/We request that, until you shall receive written instructions from me/us to the contrary or in the event of my/our death until you shall receive authenticated written notice thereof, and notwithstanding that I/we may in the meantime personally exercise any of the powers in question, you will treat.

Name of Individual(s)

Signature of Individual(s)

as fully authorised for me/us and for my/our account

- to operate on any account with you and to draw, sign, accept and endorse cheques, notwithstanding that the debiting thereof may cause any account to be overdrawn or any overdraft to be increased provided that in case of the account being in debit or overdrawn, prior arrangements to that effect have been agreed upon by you failing which I/we herewith authorise you to refuse to honour any of the aforementioned instruments.
- to give, vary and revoke instructions to you regarding remittances, including telegraphic transfers, and as to the manner in which any moneys payable by or to me/us (whether periodically or otherwise) are to be paid or dealt with.
- to give, vary and revoke instructions to you (i) to sell transfer or dispose of all or any stocks shares and other securities from time to time held by you for my/our account (including any stocks shares and other securities registered in the name of your nominee company) and (ii) to hold for your account any stocks shares and securities (including instructions to arrange for the same to be registered in the name of your nominee company).
- to deposit with you and to withdraw, and to give, vary and revoke instructions to you as to the custody or disposal of, personal property of all kinds, including (without prejudice to the generality of the foregoing) certificates relating to stocks, shares and other securities, documents of title and all kinds and boxes (including sealed boxes) for all of which this request shall be full and sufficient authority to you.
- to discuss my/our account with you by telephone, and to provide you with instructions regarding my/our account by telephone/telex/facsimile.

(DELETE IF NOT APPLICABLE)

I/we confirm that you are to be under no obligation to ascertain or to enquire into the purpose for which any of the said powers is exercised. I/we acknowledge that instructions received from third parties that are empowered to operate the account will be accepted without limitation.

Print Name

Usual Signature

Date

D	D	M	M	Y	Y	Y	Y
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Print Name

Usual Signature

Date

D	D	M	M	Y	Y	Y	Y
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(each party must sign in relation to Joint Accounts) N.B. WE REQUIRE IDENTIFICATION DOCUMENTS FOR THE THIRD PARTY INDIVIDUAL(S).

Individual – Name

(1) Please provide a CERTIFIED* copy of EACH of the following and tick the box accordingly:

Passport

Current Full UK Photocard Driving Licence

National Identity Card

(2) A CERTIFIED* copy of ONE document in your name:

Utility Bill (last 3 months)

Bank/Building Society/Mortgage Statement (last 3 months)

Local Authority Tax Bill (last 3 months)

Valid UK Driving Licence (if not used for (1))

Valid Foreign Driving Licence (non-UK residents only)

Other (please specify)

Individual – Name

(1) Please provide a CERTIFIED* copy of EACH of the following and tick the box accordingly:

Passport

Current Full UK Photocard Driving Licence

National Identity Card

(2) A CERTIFIED* copy of ONE document in your name:

Utility Bill (last 3 months)

Bank/Building Society/Mortgage Statement (last 3 months)

Local Authority Tax Bill (last 3 months)

Valid UK Driving Licence (if not used for (1))

Valid Foreign Driving Licence (non-UK residents only)

Other (please specify)

Individual – Name

(1) Please provide a CERTIFIED* copy of EACH of the following and tick the box accordingly:

Passport

Current Full UK Photocard Driving Licence

National Identity Card

(2) A CERTIFIED* copy of ONE document in your name:

Utility Bill (last 3 months)

Bank/Building Society/Mortgage Statement (last 3 months)

Local Authority Tax Bill (last 3 months)

Valid UK Driving Licence (if not used for (1))

Valid Foreign Driving Licence (non-UK residents only)

Other (please specify)

Signature of Authorised Third Party

Note: Complete only if a mandate in favour of a Third Party has been completed and you wish that Third Party to be able to operate the account in terms of this mandate.

Print Name

Usual Signature

Date

D	D	M	M	Y	Y	Y	Y
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Section 11 – Electronic Communication Indemnity

WE (insert account name)

in consideration of your agreeing at our request to act in accordance with instructions which you receive or which purport to be from me/us or from any other person, company or firm by facsimile, telephone, e-mail, other computer or electronic initiated transmission, any other telegraphically transmitted message or otherwise by any distance means (hereinafter "Message") and to obey the instructions therein contained, in accordance with the existing Mandate, hereby undertake to and agree with you as follows:

- We irrevocably authorise you to make any payments and comply with all instructions contained in such Message and without any reference to or further authority from us and without enquiry into the justification therefore or validity thereof and agree that you may assume the authenticity thereof and that any payment which you shall make or instructions with which you shall comply in accordance or purporting to be in accordance with such Message shall be binding upon us and shall be accepted by us as conclusive evidence that you were required to make such payment or comply with such instructions. In any event we acknowledge that all telephone instructions are recorded and the same may be used as evidence when relevant.
- Notwithstanding the above, we agree that you shall be entitled but not bound to take such steps in connection with or in reliance upon such Message as you in good faith consider appropriate, in spite of any misunderstanding or lack of clarity in the terms of the Message. This may result in your, in your sole discretion, not complying, or complying in part or in whole, with Message. Notwithstanding any oral acceptance of the Message by any of your officers, employees or agents, you may, in your sole discretion, for any reason whatsoever reject any such Message in whole or in part. When you reject any Message, you shall take all reasonable efforts to inform the person who sent the Message. We hereby acknowledge and agree that you will not accept responsibility for any loss incurred by us as result of you acting or declining to act (in whole or in part) in accordance with any such message whether or not such message had been given.
- We acknowledge that the risks of omissions, errors, misstatement, fraud or unauthorised interventions by third parties are inherent within the use of such Messages and assume all and any risks involved with this authorisation and agree to indemnify you and keep you indemnified against all actions, proceedings, claims, demands, liabilities, losses, charges, damages and expenses in relation to, or arising out of, any of your actions in accordance with such Message and to pay or reimburse to you on demand and in the currency in which the same shall have been made, suffered or incurred by you thereunder or in consequence thereof or arising therefrom and we irrevocably authorise you (without prejudice to any other right you may have) to debit to our account or any of our accounts with you all such payments, losses, costs and expenses whether such account or accounts is or are overdrawn or may become overdrawn by reason of any such debit.
- Failing payment by us on demand of any sum payable hereunder, interest shall accrue thereon from the date of such demand until payment (as well after as before judgment) at the rate of 5% per annum above the cost to you (as conclusively determined by you) of acquiring such funds from such sources and for such periods as you may from time to time decide and will be payable on demand.
- Where this indemnity is executed by or on behalf of firm or otherwise by or on behalf of more than one person, any liability arising hereunder shall be deemed to be the joint and several liability of the partner in the firm or of such persons as aforesaid, any demand made by you hereunder on any one or more of the persons so jointly and severally liable shall be deemed to be demand made on all such persons and none of such persons shall have or exercise in competition with you or to your prejudice any rights as surety guarantor or creditor as against any other of them.
- We further agree that we will indemnify you against any loss incurred by you as result of any judgment or order being given or made for the payment of any amount due hereunder and such judgment or order being expressed in currency other than that in which such amount is payable by us hereunder and as result of any variation having occurred in rates of exchange between the date as at which any such amount is converted into such other currency for the purposes of such judgment or order and the date of actual payment pursuant thereto. The foregoing indemnity shall constitute separate and independent obligation on our part and shall apply irrespective of any indulgence granted to us from time to time and shall continue in full force and effect notwithstanding any such judgment or orders as aforesaid.
- Any demand made by you hereunder shall be in writing signed by any of your offices and may be served by leaving the same at, or sending it through the post in pre-paid envelope addressed to the company, firm, or person on whom the demand is to be made at the address last known to you as the registered or principal office or, as the case may be, place of business or abode of such company, firm or person, and demand so served shall be effective (notwithstanding that it may later be returned undelivered) at the time it was so left, or as the case may be, at the expiry of forty-eight hours after it was posted excluding Saturdays, Sundays and Bank or Public Holidays.
- In this indemnity, unless the context otherwise requires, the singular includes the plural and vice versa and reference to companies or corporations and vice versa.
- The term of this indemnity may be varied by you in the same way as your General Terms and Conditions may be varied. This indemnity shall be governed and construed in accordance with the laws of the Island of Jersey and we hereby agree to submit to the non-exclusive jurisdiction of the courts of the Island of Jersey in connection herewith.

Name	Signature*

(Corporate/Trustee/Partnership etc)
FOR AND ON BEHALF OF:

Date of signature(s)

D	D	M	M	Y	Y	Y	Y
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Signature of authorised third party

(complete only if a mandate in favour of a third party has been completed and you wish that third party to be able to operate the account in terms of this indemnity)

Print Name

Signature

Date of signature

D	D	M	M	Y	Y	Y	Y
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B) Risk Warnings (MANDATORY for Advisory and Discretionary Clients)

We have read and understood the Risk Warning Notice in the Appendix to the General Terms and Conditions and authorise you (subject to my/our stated preferences) to invest in these instruments on my/our behalf.

Name of Signatory in Full (BLOCK CAPITALS please)	Signature	Date

ABN AMRO Bank N.V.
ABN AMRO House
PO Box 255
7 Castle Street
St Helier
Jersey
JE4 8TB
Channel Islands

Telephone: +44 (0) 1534 604000
www.abnamroprivatebanking.je

SECURITIES LAW DISCLAIMER

ABN AMRO Bank N.V. is not a registered broker-dealer under the U.S. Securities Exchange Act of 1934, as amended (the "1934 Act") and under applicable state laws in the United States. In addition, ABN AMRO Bank N.V. is not a registered investment adviser under the U.S. Investment Advisers Act of 1940, as amended (the "Advisers Act" and together with the 1934 Act, the "Acts"), and under applicable state laws in the United States. Accordingly, absent specific exemption under the Acts, any brokerage and investment advisory services provided by ABN AMRO Bank N.V., including (without limitation) the products and services described herein are not intended for U.S. persons. Neither this document, nor any copy thereof may be sent to or taken into the United States or distributed in the United States or to a US person.

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ABN AMRO Bank N.V. Jersey Branch is regulated by the Jersey Financial Services Commission.

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