

E first Form



COMPANY PROFILE AND ADMINISTRATOR INFORMATION

| | | | |
|--|----------------|------------------------------|--|
| Company Name | | | |
| Registered Address Line | | | |
| City | Country | Trinidad & Tobago | |
| Operating Address Line | | | |
| City | Country | Trinidad & Tobago | |
| Email Address | | | |
| Telephone No. | | Fax No. | |
| Trading Activity: (specify: drug store, supermarket etc.) | | | |

Company Administrator 1

| | | | |
|-------------------------------------|--|------------------|--|
| Client ID (For Official Use) | | | |
| First Name | | Last Name | |
| Position | | | |
| National ID/PP/DP No. | | | |
| Day Phone No. | | | |
| Email Address | | | |

Company Administrator 2

| | | | |
|-------------------------------------|--|------------------|--|
| Client ID (For Official Use) | | | |
| First Name | | Last Name | |
| Position | | | |
| National ID/PP/DP No. | | | |
| Day Phone No. | | | |
| Email Address | | | |

Company Administrator 1

Company Administrator 2

THE ROLE OF THE COMPANY ADMINISTRATOR

The company has the option to appoint a maximum of two officer/s who will act as the administrator/s. The bank will provide the administrator/s with a user ID and password, which gives access to all the Online Banking Services for all the accounts accessible via efirst. This individual will be solely responsible for the administration and due diligence of users granted access to company accounts. The responsibilities of the administrator function are:

- Adding, modifying or deleting users and / or their access rights on efirst
- Granting company levels and limits for transactions
- Enabling access to account/s and entitlements for all users
- Resetting user passwords
- Monitoring user activity on efirst

I / We have read and understood the above and as such have duly designated persons as defined on this application under e first Company Profile and Administrator Information as the authorized company administrator/s.

Authorized by – Director

Name

Date

Authorized by – Director OR
Corporate Secretary

Name

Date

E first Form

COMPANY LEVEL LIMITS AND ACCOUNT SECURITY SET UP

| Account Number | Account Name | Transaction Type | Access (Indicate features required) | Daily Limit \$ |
|----------------|--------------|------------------------------|-------------------------------------|----------------|
| 1. | | Transfer bet. Accounts | <input type="checkbox"/> | NOT APPLICABLE |
| | | Bill Payments | <input type="checkbox"/> | |
| | | ACH Payments | <input type="checkbox"/> | |
| | | Direct Debits | <input type="checkbox"/> | |
| | | International Wire Transfers | <input type="checkbox"/> | |
| | | Stop Payments | <input type="checkbox"/> | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

**International Wire Transfers are only applicable to foreign currency accounts*

Please list any Directors, Shareholders (10% or more), Beneficial Owners or Account Signatories that are classified as PEP (politically exposed person) using the definitions provided. (use separate sheet if required)

-
 (Full name in block letters)
(Job Title/ Position)

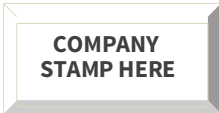
.....
 (Please indicate function entrusted to this individual from the attached definitions)
-
 (Full name in block letters)
(Job Title/ Position)

.....
 (Please indicate function entrusted to this individual from the attached definitions)
-
 (Full name in block letters)
(Job Title/ Position)

.....
 (Please indicate function entrusted to this individual from the attached definitions)

Company Name:

| | | |
|--|-------------|-------------|
| _____ | _____ | _____ |
| Authorized by – Director | Name | Date |
| _____ | _____ | _____ |
| Authorized by – Director OR Corporate Secretary | Name | Date |



| | |
|--|-------------------------------|
| FOR OFFICIAL USE ONLY | |
| COMPANY HOUSEHOLD ID # _____ | COMPANY CIF #: _____ |
| IMPORT REQUESTED: YES <input type="checkbox"/> NO <input type="checkbox"/> | IMPORT #: _____ |
| ACH ID UPDATED: YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| ENTERED BY _____ | INITIAL VERIFICATION BY _____ |
| DATE: _____ | DATE: _____ |