

TO BE COMPLETED BY THE CLIENT

Please note: Mandatory Fields are marked in bold* and must be filled in order to complete the Setup

| | |
|--|--|
| Account Holder*: _____ _____ | Full ARS Client Number*: _____ |
| Address*: _____ _____ _____ | Authorised ARS Contact*: _____ _____ |
| Phone: _____ | E-Mail*: _____ |

Request is also valid for Company or Subsidiary specified in the Mandate Letter.

| | |
|-------------------------|-------------------------------|
| Company Name: _____ | Full ARS Client Number: _____ |
| Address: _____ _____ | ARS Contact: _____ _____ |
| Phone: _____ | E-Mail: _____ |

The account holder requests Fides Treasury Services AG to execute the instructions regarding the ARS access of the bank accounts indicated below according to the required action for the specified user numbers.

| | |
|---------------------|--------------------|
| Bank*: _____ | BIC*: _____ |
|---------------------|--------------------|

| Action* | Account Number Format (f.e. for MT940 field 25:) | Currency* | Short Name (max. 14 characters) |
|----------------|---|------------------|---------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Alternatively – According to the enclosed document: _____

and / or for following Sub-User(s):

| | |
|-----------------------------------|-----------------------------------|
| Sub-User: pick your Sub-User here | Sub-User: None |
| Sub-User: pick your Sub-User here | Sub-User: pick your Sub-User here |
| Sub-User: pick your Sub-User here | Sub-User: pick your Sub-User here |

| | |
|--|--|
| Delivery format: pick the delivery format here | Additional Information or Remarks: _____ |
|--|--|

General information

Please send the original and fully signed Form to the bank (if required) and a scanned copy to clientservices@fides.ch

Place, date*: _____

Client Signature*: _____

Name, Surname*: _____

Explanatory Notes

| | |
|------------------------|---|
| Account Holder | Name of the company which, according to the bank, owns the account. |
| Full ARS Client Number | ARS contract number with Sub-User indication. |
| Authorized ARS Contact | Employee in charge with signature rights towards Fides according to the Authorized Signature List. |
| Bank | Name of the Bank managing the account(s). |
| Action | Required Action selectable from drop-down menu: Open, Delete, Modify or Exchange. |
| Account Number Format | Entered by the client, represents the account number used by the Bank f.e. field 25: of MT940. |
| Account Currency | Currency of the account in ISO-Code (f.e. CHF for Swiss Francs, USD for US-Dollar). |
| Short Account Name | Choose any name you want, up to 14 alphanumeric characters, with no spaces or special characters. |
| Sub-User | Sub-Users give the possibility to segregate the access (f.e. based on region, departments or single persons). Please make sure to inform Fides Treasury Services AG about the correct allocation of the accounts for each Sub-User, selectable by Drop-Down Menu if there is not enough space for all Sub-Users, please use the "Additional Information or Remarks" Field to state all Sub-Users. |

Kindly ask you to fill-in the form and send the original to the bank.

Please send the completed form to Fides, preferable by E-Mail:

Fides Treasury Services AG
Client Services
Raefelstrasse 28
CH-8045 Zurich
Tel: +41 44 298 65 55
Fax: +41 44 298 65 81
E-Mail: clientservices@fides.ch