

Notice of Authority for Companies

Name of Custom	er			Date
o: BRED BANK SOLOMON				
/we hereby notify the Bank the Authority for Comparspecify date) (the "Authority") is varied as follows: New signatories to be added. Note that a custing action. Please provide for each one a copy of	stomer identifi	cation & Verif	fication Ch	eck must be completed for each new
Full Name of Authorized Person	Position		Specimen Signature	
Existing signatories to be deleted:				
Full Name of Authorized Person		Former Position		
3. Please confirm your signing auth	ority	l		
Any to sign. Any one of the authorized signa	atories can oper	ate the accoun	nt without th	e others permission.
All to sign. All of the authorized signatories a	are required to a	act to operate t	he account.	
Any two to sign. Any two of the authorized si	ignatories are re	equired to act t	to operate tl	ne account.
Other.				

I/We certify, that the Customer has passed all necessary resolutions and taken all necessary corporate and other actions to authorize the

New Authorized Person (s) to do the acts or things referred to in the Authority (as amended by this notice).

I/we acknowledge and agree that all accounts maintained with the Bank in the name of the Customer are governed by the Authority (as amended by this notice) and by the terms and conditions generally applicant to accounts maintained with the Bank (including those in the Bank's General Terms and Conditions).

FUR A CUMPANT			
The COMMON SEAL of the COMPANY is h	nere AFFIXED by authority of	its BOARD in the presence	of:
Signature of Director	Full Name of I	Director	Date
Signature of Director/Secretary	Full Name of Direc	tor/Secretary	Date
FOR AN ASSOCIATION			
	Full Name of Legal Entity		
Signature of Authorized Legal Representative	Full Name of Authorized	Legal Representative	Date
Signature of Witness	Full Name of	Witness	Date
Signature of Authorized Legal Representative	Full Name of Authorized L	egal Representative	Date
Signature of Witness	Full Name of	Witness	Date
FOR A BUSINESS			
Signature of Applicant	Full Name of A	applicant	Date
Signature of Witness	Full Name of ¹	Witness	Date
FOR PROCESSING (Bank Use Only)			
Update Company Account Opening/ Signato	ory file.		
Updated Authorized signatories have been s	scanned and inputted into the sys	tem for verification.	
Customer Identification & verification Check	completed for all new signatories	s.	
Account Opening Officer Branc	ch Manager	If Required: Manager I	Risks & Compliance