

Please return, completed and signed, to: **Wirecard Bank AG**, Einsteinring 35, 85609 Aschheim, Germany

Particulars of 1st Account Holder or of the Company

Customer number (if known):

Last name or company name:

Street:

Postal code: Town:

First name or still company name:

House no.: Address supplement:

Country:

Particulars of 2nd Account Holder

Customer number (if known):

Last name or company name:

Street:

Postal code: Town:

First name or still company name:

House no.: Address supplement:

Country:

Instructions by fax for all accounts - except securities transactions

I/We instruct you to execute instructions received by facsimile provided that on the face of them said instructions appear to bear the signature of the 1st account holder or, as the case may be, the person entitled to represent said account holder (business customer) or - if there is a 2nd account holder - the 2nd account holder or representative and a comparison of said signatures does not result in any noticeable deviation. In the event that instructions are illegible, please contact me/us under telephone number . When this means of transmission is used you can verify the genuineness of the instructions only on the basis of the copy of the facsimile, which you receive. You do not have the original document available for verification purposes. You are therefore basically unable to recognise from the facsimile whether instructions have been forged - e.g. by a genuine signature from another document having been affixed - or falsified - e.g. by the recipient's details having been altered. This is only possible if the forgery or falsification is gross and can still be detected after the transmission. I/We shall bear all loss or damage that arises out of the execution of forged or falsified instructions unless you failed to exercise the requisite care when checking the instructions. However, you are only obliged to check whether there is a gross forgery or falsification, which can still be detected after the transmission. If you breach this duty to check, your fault shall be taken into consideration proportionately.

Place, date:

With business customers: Company stamp and signature of the person(s) entitled to represent the company

Signature of 1st account holder / statutory representative:

Place, date:

With business customers: Company stamp and signature of the person(s) entitled to represent the company

Signature of 2nd account holder / statutory representative:

Copy for the account holder

Version: 1.1.1 | Status 08/2009

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Particulars of 2nd Account Holder

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Postal code: Town:

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