

Your Information

We collect and process various categories of personal and financial information throughout your relationship with us, to allow us to provide our products and services and to run our business. For more information about how we use your personal information, the types of information we collect and process and the purposes for which we process personal information, please read our Privacy Notice provided on our website at <https://www.rbsinternational.com/global/privacy-notice.html>. We may update this from time to time and would encourage you to visit our website regularly to stay informed of the purposes for which we process your information and your rights to control how we process it.

Please note – when filling out this form, please use the tab and arrow keys to move between the relevant fields. Do **not** use the return or enter keys. If completing by hand please use BLOCK CAPITALS and black ink.

Please complete this Mandate to appoint Authorised Signatories who can deal with the Bank and operate accounts on behalf of the Customer. They will also be able to arrange for the Customer to use the Bank's electronic banking service to view and make payments online from the Customer's Accounts and enter into foreign exchange or money market deposit transactions online and use SWIFT or other electronic communications service.

Each individual appointed will have important responsibilities and must be chosen carefully.

A separate Mandate is required for each Customer.

This Mandate must be completed without amendment. Any corrections or alterations will not be accepted. If you have any questions or concerns, please speak to your contact at the Bank.

1. Customer details

Customer name (in full)

Country of incorporation/
formation

Registered number

Customer's General Partner
(name in full)

Registered number

General Partner's GP
(name in full)

Registered number

Please attach a list of the Customer's General Partner's GP's current Directors and (if appointed) Company Secretary unless these details are provided in an accompanying New Account application form.

2. Application to Account(s)

This Mandate applies to all existing and future accounts of the Customer.

IBAN or Account number

Sort code

Please specify the main operating account.

New customers
please leave this blank.

3. Resolution

The following Resolution must be passed at a meeting or by written resolution of the Customer's General Partner's GP's Board of Directors.

It was resolved that:

- 3.1 A banking relationship will be maintained with The Royal Bank of Scotland International Limited (the **Bank**) and that this Mandate will apply to all existing and future **Accounts** of the Customer with the Bank.
- 3.2 The **Authorised Signatories** are the individuals identified in Section 5, or on a separate Authorised Signatory list, as amended from time to time.
- 3.3 The Authorised Signatories may, in accordance with the **Signing Rules** in Section 4 or as set out on a separate Authorised Signatory list, on behalf of the Customer and the General Partner's GP:
 - 3.3.1 Sign cheques or give instructions for Standing Orders, Direct Debits, banker's drafts and other payments from the Accounts, even if it causes an Account to be overdrawn or exceed any limit.
 - 3.3.2 Sign, accept or endorse bills of exchange or other orders and give instructions for discounting inland or foreign bills.
 - 3.3.3 Close Accounts with credit balances.
- 3.4 The Authorised Signatories identified in the Signing Rules for unlimited amounts may, in accordance with the Signing Rules, on behalf of the Customer and the General Partner's GP:
 - 3.4.1 Open new Accounts with the same Signing Rules and Authorised Signatories and agree the Account terms for Accounts.
 - 3.4.2 Give instructions for the issue of Letters of Credit, Bonds or Guarantees.
 - 3.4.3 (i) Approve and sign any agreement with the Bank for the Customer to use the Bank's electronic banking service, SWIFT or other electronic means to instruct the Bank to make payments or open and operate the Accounts, or otherwise to communicate with or instruct the Bank; (ii) accept the relevant electronic banking or other Terms or agreement; and (iii) agree and sign or accept any other document required for the provision of an electronic banking or communication service.
 - 3.4.4 Receive, and authorise others to receive, the security devices in relation to the operation of electronic banking.
 - 3.4.5 Appoint electronic banking **Administrators** and **Payment Authorisers**, or **Authorised Users** who have important payment and other powers in relation to the Customer's use of electronic banking, including (in some systems) the appointment of other Authorised Users with authority to create payments or transactions and setting their limits. The Authorised Signatories may appoint themselves.

Any existing electronic banking or communications agreement and the appointment of electronic banking Administrators, Payment Authorisers and Authorised Users, will continue until the Authorised Signatories request any changes.
- 3.5 Any of the Authorised Signatories may, on behalf of the Customer and the General Partner's GP:
 - 3.5.1 Give other instructions to or request information from the Bank in relation to the Accounts.
 - 3.5.2 Give instructions to close Accounts with nil balances.
 - 3.5.3 Give instructions to withdraw securities, documents or articles lodged for safe custody.
 - 3.5.4 Request that an Account be removed from or added to electronic banking.
 - 3.5.5 Request the removal of electronic banking Administrators, Payment Authorisers and Authorised Users.
- 3.6 The Bank may accept instructions that do not have an original written signature, if the Bank is satisfied that the instruction is genuine and subject to any other agreement the Bank may require for those instructions.
- 3.7 Any Director or the Company Secretary of the General Partner's GP's may give notice to the Bank to change any Signing Rules in Section 4 or as set out on a separate Authorised Signatory list, and/or add or remove an Authorised Signatory in Section 5 or the separate list.
- 3.8 The Customer accepts that the authority for entering into foreign exchange and money market deposit transactions (other than through electronic banking) is not governed by the terms of this Mandate.
- 3.9 The Customer accepts that if a winding up petition is presented against the Customer, the General Partner and/or the General Partner's GP, the Bank may refuse to make payments out of the Accounts.
- 3.10 The General Partner's GP will keep the Bank informed of any changes to the General Partner's GP's Directors and Company Secretary.
- 3.11 This Mandate will continue until the Customer gives the Bank a replacement Mandate.

4. Signing Rules for the Customer's Accounts

Please consider the options below and complete the relevant section(s) in line with your signing arrangements making sure to specify who may give instructions for unlimited amounts.

Section 4.1 – if up to two Authorised Signatories are required to sign

The Bank may act on the instructions, on behalf of the Customer, of:

One Authorised Signatory for unlimited amounts ← If unlimited is selected, do not add a value in the box below.

OR

for amounts up to and including £

Two Authorised Signatories for unlimited amounts ← If unlimited is selected, do not add a value in the box below.

OR

for amounts up to and including £

If unlimited is not selected, an additional Signing Rule must be added to Section 4.2 to specify who may give instructions for unlimited amounts.

Section 4.2 – if additional or more complex Signing Rules are to apply

Signing Rules can use the designation given to an Authorised Signatory in Section 5. This designation could be their official position (e.g. GP Director) **or** by Signing group (e.g. "A" or "B").

Example 1 – Any three Authorised Signatories if the amount exceeds £xxxxx

Example 2 – Any two Authorised Signatories, one of whom must be a GP Director if the amount exceeds £xxxxx

Example 3 – Any one Authorised Signatory for amounts up to and including £xxxxx
– One "A" Authorised Signatory and one "B" Authorised Signatory for unlimited amounts

Do not identify individuals here by name as these details are collected in Section 5.



Section 4.3 – if the Customer's/General Partner's GP's separate Authorised Signatory list is to apply

The Customer's/General Partner's GP's list of Authorised Signatories and Signing Rules is attached – please indicate here

5. Authorised Signatories for the Customer's Accounts

All Authorised Signatories must sign this section OR if they are recorded on a separate Authorised Signatory list as confirmed in Section 4.3, they must sign against their name on the list.

If more than 6 Authorised Signatories are required in this section, please copy this page, complete and attach. If designations or categories are specified in Section 4.2, please also include the designation or category in the Official position and/or Signing group fields below (e.g. GP Director and A).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

Specimen signature (please sign within the box)

Full name _____

Official position _____
(e.g. GP Director, GP Company Secretary, etc).

Signing group _____
(Required if Signing group category specified in Section 4, e.g. A, B, C, etc).

6. General Partner's GP's Director's or Company Secretary's Certificate

I certify that the Resolution set out in Section 3 was passed at a meeting of the Board of the General Partner's GP at which a quorum was present or by written resolution signed by all the Directors. In respect of this Mandate and any additional Authorised Signatories pages or attached Authorised Signatory list, I certify that:

- all the signatures are genuine.
- the information given is correct.
- if applicable, the accompanying list of the Customer's General Partner's GP's current Directors and (if appointed) Company Secretary is correct as at the date of this Certificate and is attached – please indicate here

The total number of Authorised Signatories in Section 5 and on any additional Authorised Signatories pages, or on an attached Authorised Signatory list, is

Please insert the total number of Authorised Signatories.

To confirm any information on this Mandate the Bank may call:

Please insert a contact name and telephone number.

For use where the Director or Company Secretary signing is an individual:

Signed by a Director or the Company Secretary of the Customer's General Partner's GP:

Signature

Full name _____

Official position _____

Date (DD/MM/YYYY) _____

OR

For use where a Corporate Director or Corporate Company Secretary is signing:

Signed by a Corporate Director or the Corporate Company Secretary of the Customer's General Partner's GP:

Signature (this must be the signature of an individual who is authorised to sign on behalf of the Corporate Director or Corporate Company Secretary)

Full name of individual _____

for

Name of Corporate Director/
Corporate Company Secretary _____

Official position held in Corporate Director/
Corporate Company Secretary _____

Date (DD/MM/YYYY) _____

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