



NATIONAL COMMERCIAL BANK OF ANGUILLA LTD.

P. O. BOX 44, The Valley AI-2640, Anguilla, BWI

Tel: (264) 497-2101 | 497-2571 Fax: (264) 497-3310 | 497-3570

Website: <http://www.ncbal.com> Email: service@ncbal.com

FAX AND EMAIL INDEMNITY FORM

Date: _____

Account NO: _____

Account Name: _____

Re: _____

The undersigned understands that, by signing of this Fax/Email Indemnity Form, the risk of misunderstandings, including but not limited to the risk of misinterpretation of the instructions given and the risk of instructions being given by unauthorized parties, lies solely with the undersigned and that the Bank shall not be responsible for any loss or damage that may result from such misunderstandings or unauthorized instructions.

From time to time the undersigned may give National Commercial Bank of Anguilla Limited (the "Bank") fax /email instructions in respect of the account(s) referenced above, regarding:

1. payments and transfers of funds
2. placements, renewals, or cancellations of time deposits;
3. purchase and sale of securities;
4. such other instructions which the undersigned is authorized to provide to the Bank in its capacity of accountholder or due representative of accountholder.

The undersigned requests the Bank to execute these fax/email instructions immediately upon receipt of the fax/email message. The Bank itself will execute the instructions received by fax/email in accordance with its regular business practice.

As a precaution the Bank may in cases of doubt, such at the absolute discretion of the Bank, in respect of the instructions given by the undersigned in the fax/email message, refuse to execute such instructions or any part thereof, without incurring any responsibility or liability for such refusal. In such a case, the Bank will inform the undersigned within due course about the refusal of the execution of such instructions. The Bank shall have no obligation to verify or investigate the accuracy or validity of an instruction transmitted by fax/email.

The undersigned bears the risk of receipt of the fax/email instructions by the Bank. The Bank cannot be held liable for fax/email instructions that have not been received by it, even though the undersigned claims to have received a fax/email confirmation for such instructions; in such cases, the records and files of the Bank shall form binding proof of the receipt by the Bank.

The undersigned indemnifies the Bank against all action, claims, demands made against the Bank by third parties and all losses, damages and expenses whatsoever, which the Bank may incur or sustain or for which the Bank may become liable or for any loss or damage caused by any delay of the execution of the instruction of the client and/ or the proxy holder or the refusal to execute the instructions of the undersigned and/or the proxy holder save and except losses, damage and expenses incurred or sustained by the Bank arising from gross negligence or willful misconduct of the Bank, its employees and/or agents in respect of this agreement.

In case the undersigned has authorized a proxyholder with power of signature to execute certain instructions in respect of the abovementioned account number(s), such proxyholder would also be authorized to send fax/email instructions to the Bank and the Bank may execute the fax instructions provided by such proxyholder.

This agreement shall be governed by the laws of the location of the branch where the customer holds its account(s) with the Bank. All disputes in connection with this agreement shall be settled by the competent judicial authorities in the location of the branch where the customer holds its account(s) with the Bank. The Bank shall not be restricted from bringing any suit or action in any other court of competent jurisdiction.

Furthermore, the General Terms and Conditions of the Bank apply to this Fax and Email Indemnity Form. These General Terms and Conditions have been provided to the undersigned upon signing of this Fax and Email Indemnity Form.

Place and Date: _____
Address

Address

Address Date

Authorized Signatories:

Print Name: Sign here

Print Name: Sign here

Print Name: Sign here

I HEREBY CERTIFY that the above named appeared before me on the _____ day of _____ 20_____

and being identified by Passport Number(s) _____ & _____

& _____

I further acknowledge that the above signatures to be his/hers/theirs and that he/she/they had freely and voluntarily executed this document and understood its contents

Notary Public or Public Officer