REQUEST FOR INFORMATION (RFI) FORM

Working within the bounds and guidelines of Code des Obligations and the Data Protection act, Fibi (Switzerland) Ltd in liquidation ("FIBI") data retention policy generally extends to ten calendar years.

Please send the completed form to our Data Agent : FIBI (Switzerland) Ltd in liquidation, c/o Deloitte S.A, Data Agent Team, Rue Du Pré-de-la-bichette 1, 1202 Geneva, Switzerland BY POST TO: OR A SCANNED COPY BY EMAIL TO: dafibi@deloitte.ch REQUESTOR AND ACCOUNT DETAILS REQUESTOR NAME REQUEST DATE REQUESTOR EMAIL ACCOUNT NAME REQUESTOR TEL. NO. **ACCOUNT NUMBER** Company Other (please specify): **ACCOUNT TYPE** Personal Joint ADDRESS AS RECORDED ON THE ACCOUNT ADDRESS WHERE DOCUMENTS ARE TO BE SENT (if different from above) **DOCUMENTATION / INFORMATION REQUIRED** BANKING DOCUMENTS From (earliest 2008): Statements Of Assets (Valuations) To: **Transaction Advices** From (earliest 2008): To: Statements Of Cash Account From (earliest 2008): To: **REPORTS Transaction Report** From (earliest 2008): To: From (earliest 2016): Tax Report To: OTHER DOCUMENTATION / INFORMATION REQUIRED (PLEASE DETAIL) **REASON FOR REQUEST** Legal Matter Other (please specify): Tax Compliance Succession **ROLE ON ACCOUNT** Beneficial Owner Power of Attorney Other (please specify): **Account Holder** ☐ No DO YOU REQUIRE A CERTIFIED COPY? Yes **AUTHORISATION** PLEASE ENSURE THE RFI IS SIGNED BY THE AUTHORIZED ACCOUNT SIGNATORY/-IES Individual Joint SIGNATORY RIGHTS SIGNATURE 1: SIGNATURE 3: Print Name : Print Name: Date of Birth: Date of Birth: Signature Signature SIGNATURE 2: **SIGNATURE 4:** Print Name: Print Name : Date of Birth: Date of Birth: Signature Signature

The above signed hereby instructs FIBI to provide the requested documentation to the address listed above, subject to positive authentication and verification of the request in accordance with Swiss law and applicable policies, and authorizes FIBI to communicate via the email address(es) or telephone number(s) listed above.