



## Attachment 2: Authorisation Form

Please complete this form in **BLOCK CAPITALS** throughout.

Date: \_\_\_\_\_

To: **CMMB St. Lucia**  
# 9 Brazil Street  
Castries  
St. Lucia, West Indies

I hereby authorise CMMB to close my Money Market Account # \_\_\_\_\_  
and effect the following option(s):

- Open a Fixed Income Paper account** with (XCD/ USD/ Euro) \$ \_\_\_\_\_,  
for a period of \_\_\_\_\_ days.
- Open a CMMB Retirement Advantage Plan** with (XCD) \$ \_\_\_\_\_.

**Remit the balance** of funds via either option below:

**a draft** to be mailed to the address below:

\_\_\_\_\_  
\_\_\_\_\_

**a wire transfer** to be remitted with the following transfer details:

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Intermediary Bank Name and Address: \_\_\_\_\_

Swift Code/ ABA/ Routing Number: \_\_\_\_\_

IBAN : \_\_\_\_\_

Account Number : \_\_\_\_\_

Account Name : \_\_\_\_\_

FFC to Account : \_\_\_\_\_

In the Name of : \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Company Stamp (for corporations)

We kindly request that the originals are notarized by a Notary Public and mailed in to us  
at the above address.

\_\_\_\_\_  
Signed by Notary Public