



Attachment 2: Authorisation Form

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

Date: _____

To: **CMMB Limited**
1 Richmond Street
Furness Court
Independence Square
Port of Spain
Trinidad, West Indies

I hereby authorise CMMB to transfer the balance in my Money Market Account # _____ as follows:

Open a Fixed Income Paper account with (TTD/ USD/ Euro) \$ _____, for a period of _____ days.

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 : _____

Authorised Signatory

Authorised 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