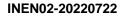
New Delhi / Sriperumbudur Branch



CTBC BANK 中國信託銀行

Application Form for Services of Internet Banking, Fax Banking, and Automated Message Notification

The Applicant hereby completes and submits this Application Form to the Bank, authorizes the Bank to act accordingly, and agrees to comply with and be bound by the terms and conditions contained herein and in the Agreement for Services of Internet Banking, Fax Banking, and Automated Message Notification (the "Agreement") as amended and restated from time to time. The Applicant acknowledges that a copy of the Agreement has been received, read, and accepted as of the submission date of this Application Form.

Internet Banking Services

Inqui	ry	(If the name is not filled in, the column of name on the Bank's Internet Banking website will be shown with "Inquirer 1-4", as the case may be)				
Inquirer code	* Name & Email Address (For activation and notification)	Product Type	Inquirer code	* Name & Email Address (For activation and notification)	Product Type	
V1	Full Name: Email:	□Cash Management □Trade Services	V3	Full Name: Email:	□Cash Management □Trade Services	
V2	Full Name: Email:	□Cash Management □Trade Services	V4	Full Name: Email:	□Cash Management □Trade Services	

The persons named above can only make inquiries about the accounts of the Applicant and its related parties.

Please indicate you are 🗌 corporate 🗌 resident 🗌 non-resident Indian (NRI)

Note: Transaction functions of Internet banking services are currently for corporate and resident customer. If you are non-resident Indian, please apply for fax banking for transaction functions.

Transactions		(If the name is not filled in, the column of name on the Bank's Internet Banl website will be shown with "Maker 1- 5" or "Checker 1- 5", as the case may be)			
Maker Code	* Name & Email Address (For activation and notification)	Product Type	Checker Code	* Name & Email Address (For activation and notification)	Product Type
М1	Full Name: Email:	□Cash Management □Trade Services □File Upload	C1	Full Name: Email:	□Cash Management □Trade Services □File Upload
M2	Full Name: Email:	□Cash Management □Trade Services □File Upload	C2	Full Name: Email:	□Cash Management □Trade Services □File Upload
МЗ	Full Name: Email:	□Cash Management □Trade Services □File Upload	C3	Full Name: Email:	□Cash Management □Trade Services □File Upload
М4	Full Name: Email:	□Cash Management □Trade Services □File Upload	C4	Full Name: Email:	□Cash Management □Trade Services □File Upload
М5	Full Name: Email:	□Cash Management □Trade Services □File Upload	C5	Full Name: Email:	□Cash Management □Trade Services □File Upload

Maker is the person authorized by the Applicant to initiate, modify or cancel transactions. Checker is the person authorized by the Applicant to approve transactions. Each Maker and Checker will receive a device (ex. Token) from the Bank.

New Delhi / Sriperumbudur Branch



CTBC BANK 中國信託銀行

Authorized Administrator

Name & Email Address of Authorized Administrator: _

The Authorized Administrator may set and change the Inquirers, Makers and Checkers by himself/herself on the Bank's Internet banking website.

If the option above is not chosen, the Bank will act in accordance with this Application Form or any subsequent Amendment Form.

Group of Checkers		(Please fill in the checker code (C1, C2,…) as specified in "Transactions" section above. One checker code can be listed in only one group. Any checker listed in a group can act for and on behalf of any other checker in the same group.)						
Group Code	Code (1)	Code (2)	Code (3)	Code (4)	Code (5)			
G1								
G2								
G3								
G4								
G5								

Authority for Making Transactions										
 * If "All Accounts" below is chosen, it shall include the Applicant's Debit Accounts for Internet Banking below and the accounts of the Applicant's third party pursuant to the Application for Notice of Authorization to Third Party submitted by such third party. * If the Authorized Amount is not filled in, it will be deemed as having no ceiling amount. If there is no currency designated, INR shall be applied. * To designate a Maker, please fill in the Maker Code as described above, such as M1, M2 								zation*		
Designated Maker	Types of	Authorized	Curroney	Authorize	ed Amount	Gr	Group/Checker Code			de
Designated Maker	Transactions	Account	Currency	Min (≦)	Max (≦)	1	2	3	4	5
□No Designation	□No Specification	□All Accounts								
			□INR							
			□INR							
			□INR							

*If the sequential authorization is chosen, the transaction shall be approved by each of the Checkers in accordance with the numerical sequence. The Bank will only act in accordance with this Application Form or any subsequent Amendment Form for set and change on Group of Checkers and Authority for Making Transactions above.

*If the limited transaction function is adopted, the authorization can be agreed term by term by cash management, trade finance service, or designated transaction functions.

Debit Accounts for Internet Banking	(Accounts set by the Bank for the discharge of debts owed to the Bank are not eligible to be chosen as Debit Accounts.)
Debit Account No.	Debit Account No.

I/We hereby authorize the Bank to transfer or deduct the related funds from the Debit Account(s) above without our written instruction or confirmation. The Bank's record regarding the balance of the Debit Account(s) above shall be final and conclusive without manifest error.

Credit Accounts of Des	(If not filled, it means unlimited Credit Account)		
Bank Name	Bank Code / Swift Code	Credit Account No.	Beneficiary Name

New Delhi / Sriperumbudur Branch

中國信託銀行



* If there is not enough space, please	attach supplemental page(s) to	this application form with cross-page	chop; the supplemental page(s) should
	edit Account is specified, it mear	ns that there is no limitation to the ben	
	g, fund transfer made through the	e Electronic Banking will be restricted	to Designated Beneficiary. Any input of
			above settings (Check for Beneficiary

* Once the Bank completes the setting, fund transfer made through the Electronic Banking will be restricted to Designated Beneficiary. Any input of Bank Name, Bank Code/Swift Code, Credit Account No and Beneficiary Name must be consistent with the above settings (Check for Beneficiary Name is not required if the account is opened with the Bank; for FCY remittance and bulk payment, check on the first 35 characters, including space and symbols, of the Beneficiary Name is required).

Delivery Instruction

The Bank will deliver password letters and related equipment (Token etc.) via postal service or courier to the following:

Addressee:

Contact Phone No.:

Address:

Same as contact address

Fax Banking Services

Please specify the pin code below. I/We understand and agree that each and all of the fax instructions sent to the Bank shall properly contain the pin code for authentication. The Bank will not act or execute the fax instruction(s) which contain(s) the wrong pin code. I/We represent and agree to take any and all necessary measures to keep the pin code in safe custody and shall ensure that no one other than me/us may have access to and use the pin code. Any and all losses or damages resulted from any improper use of the pin code shall be borne by me/us, and the Bank shall in no event be held liable or responsible with respect thereto.

Pin Code		
(in 4 digits)		

Please specify the contact persons below. The Bank will contact any of the contact persons below upon its receipt of fax instruction involving a transaction with a total amount exceeding ______ or another amount decided by the Bank. I/We hereby authorize the Bank to contact with any of the contact persons via phone to confirm the content of the fax instruction(s). If the Bank fails to get in touch with the contact person to confirm the content of the fax instruction(s) for whatever reasons, the Bank may refuse to act or execute such fax instruction(s).

Contact Persons									
	Name	Position	Tel No	Mobile		Name	Position	Tel No	Mobile
1.					3.				
2.					4.				

The customer agrees to send transaction instructions to the Bank's designated email, activates the service, and designates the following email for sending transaction instructions.

Fax Transaction – Email Designation				
1.	1. 3.			
2.	2. 4.			

%Image instructions shall be prepared in TIF or PDF format. Changes shall apply after announcement by the Bank.

Authorized Limit for each fax instruction

I/We hereby specify the authorized amount limit in USD or equivalent for each individual fax instruction ("Authorized Limit") below. I/We understand and agree that the Bank will not be obligated to act or execute the fax instruction in which the transaction amount of any individual fax instruction exceeds the Authorized Limit. If there is no Authorized Limit given by us, I/We hereby authorize the Bank to act or execute the fax instruction regardless of the transaction amount of each fax instruction. This authorized limit applies to each individual fax instruction, and shall not be aggregated.

USD	(or equivalent)
No Authorized Limi	t required

For Bank Use only

Verified Bv

Processed By

Approved By

New Delhi / Sriperumbudur Branch **CTBC BANK**

中國信託銀行



Automated Message Notification Services

Please specify the email address / IP address / URL below to receive monthly statements and transaction related notifications including, but not limited to, debit/credit, remittance, term deposits, and loans through Automated Message Notification Services.

EMAIL ADDRESS / IP ADDRESS / URL	Encryption(V)	EMAIL ADDRESS / IP ADDRESS / URL	Encryption(V)			
Note : WinZip application is needed If encryption is chosen.						

Others

Debit Accounts for Fees and Expenses	
Debit Account No.	Debit Account No.

I/We hereby authorize the Bank to debit or deduct the related fees and expenses in connection with Internet Banking, Fax Banking, and Automated Message Notification services from the Debit Account(s) above without our written instruction or confirmation. The Bank's record regarding the balance of the Debit Account(s) above shall be final and conclusive without manifest error. If no Debit Account above is specified, fees and expenses shall be deducted from the Debit Accounts for Internet Banking in the column in page 2.

Declaration of the Applicant:

The Applicant hereby declares that it/he/she has carefully read the Application Form, all the terms and conditions hereof, and the Agreement for Services of Internet Banking, Fax Banking, and Automated Message Notification and fully understands the contents hereof and thereof and agrees to comply with and be bound by the same, as may be amended and restated from time to time. The Applicant understands that the Bank may reserve the right to approve or reject this Application Form and acknowledges that this Application Form will be executed in one counterpart which will be kept by the Bank.

(applicable to an individual) ...

Applicant's Name:	
Customer ID:	

Signature(s):	
Date:	

(applicable to a company)	
Applicant's Name:	
Customer ID:	

Name of Authorized Signatory(ies)

T:4		
1 11	פוי	•
	IU.	

Date:

The Bank will verify the signature with the specimen signature filed with the Bank.

* In case of any doubt about the contents of this Application Form, the Bank may verify such contents with the contact person below. Contact Person: Phone: E-mail: