

Customer Profile

All signatures on the account must sign the application beside X.

Personal Information

Name of Account: PARASRAM S. DARYANI H/OE NEELAM

DARYANI H/OE VIKAS P. DARYANI H/OE NIKESH P. DARYANI

Residence Address:

Personal Information
Redacted

Mailing Address: _____
(If different from residence) _____

Passport Information

(Please provide copies of your passport)

Name: PARASRAM Nationality: INDIAN

DARYANI Number: _____

Name: NEELAM Nationality: INDIAN

PARASRAM DARYANI Number: _____

Name: VIKAS Nationality: INDIAN

PARASRAM DARYANI Number: _____

Name: NIKESH Nationality: INDIAN

PARASRAM DARYANI Number: _____

Business Information

Occupation: _____

Line of Business: _____

Business Address: _____

Personal Information
Redacted

Home Telephone: _____

Office Telephone: _____

Telex/Fax Numbers: _____

Amex Cards:-

Personal Card No: _____

Platinum Card No: _____ x _____

Corporate Card No: _____ x _____

If U.S. Citizen or resident please enter U.S. social security number: -N.A.-

Bank Use Only

Account Number: _____

CHF: _____

Details of Remittance: _____

Joint Accounts - Individual Accounts only

(Please indicate as appropriate)

All transactions to be concluded with or through the Bank (including the creation of any charge, assignment or other encumbrance over any monies or other property from time to time as security for the liabilities of any person) in your names and the execution of any amendment or supplement to this agreement must be authorized by the following signatories:

ANY ONE of the individuals signing on this application

OR

ANY TWO of the individuals signing on this application

OR

ALL of the individuals signing on this application

OR

OTHER (specify) _____

Bank References

Name of Bank: _____

Full Address: _____

Contact Person: _____

Personal Information
Redacted

Name of Bank: _____

Full Address: _____

Contact Person: _____

American Express Bank Ltd. is hereby irrevocably and unconditionally authorized by you (the Customer) to contact the above banks in order to obtain any reference or other information required by the Bank (and for this purpose the Bank may make disclosure of such information as the Bank, in its sole discretion, consider to be relevant for its purposes).

All transactions to be concluded by you with or through the Bank shall be subject to the terms and conditions of this account application and the Private Banking Services Agreement. By signing this application, I acknowledge that I have received a copy of the Private Banking Services Agreement and that I have read and fully understand the terms.

**Signed, Sealed and Delivered
By All Applicants**

X Parasram Daryani
Print Name PARASRAM DARYANI

X N. Daryani
Print Name NEELAM P. DARYANI

X Vikas Daryani
Print Name VIKAS P. DARYANI

X Nikesh Daryani
Print Name NIKESH P. DARYANI

Date: _____

Signed for American Express Bank Ltd.

Thank you for establishing an account with American Express Bank Ltd., Singapore. The General Banking and Investment services are immediately available.

Availability of Foreign Exchange and Credit Services will be as advised to you by American Express Bank Ltd., Singapore from time to time.

In the presence of Witness:

X Suren R. Menon
Print Name SURENDRAN R. MENON

Date: AUGUST 11, '09

Signed for American Express Bank Ltd.

X Morteza K. Farzangh, G.H.
Print Name MORTEZA K. FARZANGH, G.H.

Date: AUG. 12, 09

LETTER OF AUTHORITY - SPECIMEN SIGNATURE AND SIGNING INSTRUCTION

The Bank is hereby authorized to accept written instructions from the following authorized signatories given in the manner specified below concerning the operation of all of my Accounts and all other matters as provided for in this document between the Bank and me. This authority is to remain in full force and binding upon me until receipt by the Bank of written instructions from me to the contrary.

Name of signatory & I.D. Card/Passport No. (1) Mr./Mrs./Miss	AMERICAN EXPRESS BANK LTD		SIGNATURE CARD	
(2) Mr./Mrs./Miss	Title of Account(s)	(4)	Account(s) No.:	Signing Instructions <input type="checkbox"/> Single <input checked="" type="checkbox"/> Joint. Any <input type="checkbox"/> Special Instruction
(3) Mr./Mrs./Miss	(2)	(5)		
(4) Mr./Mrs./Miss	(3)	(6)		
(5) Mr./Mrs./Miss	Specimen Signatures			
(6) Mr./Mrs./Miss	For Internal Use Only Signatures Witness By	Approved By	Date	Branch Singapore
	RM	Director		