_					,	-
I C	บร	tor	ner	Pr	nfi	Ìρ

All signatures on the account must sign the application beside  $\boldsymbol{X}$ .

Personal Information	Joint Accounts - Individual Accounts only
PARAGRAM S. DARYAMI HOL NEELA	(Please indicate as appropriate)
Name of Account:	All transactions to be concluded with or through the
Residence Address: Personal Information	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
Mailing Address: Redacted (If different from residence)	or any person) in your names and the execution of any amendment or supplement to this agreement must be authorized by the following signatories:
Passport Information	ANY ONE of the individuals signing on this application
(Please provide copies of your passport)	OR .
Name: PARASRAM Nationality: INDIAN DARYANI Number	ANY TWO of the individuals signing on this application
	OR .
Name: NEELAM Nationality: INDIAN	ATT of the to the t
FIRASRAM DARYANI Number	ALL of the individuals signing on this application
Name: VIKAS Nationality: INDIAN	OR ,
PARASEAM DARYAN 1 Number	OTHER (specify)
Name: NIKESH Nationality: INDIAN	
PARASRAM DARYANI Number:	
National .	Bank References
<b>Business Information</b>	2 day Activities
0	Name of Bank:
Occupation:	Full Address:
Line of Business:	
Business Address: Personal Information Redacted	Contact Personal Information
Home Telephone:	Redacted
Office Telephone: '	Name of Bank:
Telex/Fax Numbers:	Full Address:
Amex Cards:-	Contact Person: 1
Personal Card No:	
Platinum Card No: x	American Express Bank Ltd. is hereby irrevocably and
Corporate Card No:×	contact the above banks in order to obtain any more
If U.S. Citizen or resident please enter U.S. social security number:	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).
Bank Use Only	
Account Number:	RM in attendance:
	Date of Meeting:
Details of Remittance:	Location of Meeting:
2	

#### Telephone and Telefax Instructions

You authorize the Bank to accept your instructions in respect of any transaction by telephone and/or facsimile transmission in accordance with the terms of the Private Banking Services Agreement.

If you want this service all clients must sign below:

x <u>_1</u>	anger De
Print Name	PARASRAM S. DARMANT
x	N. Dargeni
Print Name	NEELAM P. DARVANI
<b>~</b>	VINTO DARYANI
Print Name	
	Mikesh Daryani NIKESH P. DARYANI
Print Name	NIKESH P. DARYANI

#### **Hold Mail Instructions**

You authorize the Bank to hold all correspondence relating to any account or transaction concluded with the Bank until collected by you (or in the case of a joint account by any one of you). The annual fee for such services will be as advised by the Bank from time to time

If you want this service all clients must sign below:

X	- × - × -	
Print Name	L.	
x -	_ × × _	
Print Name		]
x -	_ × ×	
Print Name		]
x ·	_x x-	
Print Name		

#### Confidentiality Waiver

You authorize the Bank to disclose details of your relationship with the Private Bank in Singapore to other American Express subsidiaries & affiliates for their confidential and internal use.

#### Disclosure of Risks and Disclaimer

I confirm that I have read the section entitled "Disclosure of Risks and Disclaimer" of the Private Banking Services Agreement and fully understand it.

x
Print Name PARASRAM DARVANI
x N. Daryani
Print Name NEELAM P. DARYANI
> Voly Dage
Print Name VIKAS P. DARVAN I
Print Name NILESH P. DARVANT
Print Name NIKESH P. DARVANS

#### Spousal Consent

I hereby consent to the charge of the assets in the account.

x — x — x —	
Print Name Spouse of:	
•	
x × ×	•
Print Name Spouse of:	
x - x -	
Print Name Spouse of:	
× -× -	
Print Name Spouse of:	
•	

## Exemption from U.S. Withholding Tax

I hereby confirm that for tax purposes I am not a resident or citizen of the United States of America. Accordingly I request that interest paid or credited to balances with the Bank should not be reported to the U.S. internal revenue service. I will immediately advise the Bank should I become resident or citizen of the United States of America.

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 <u>b</u>	عاسم
Print Name	OPARASRAM DARYANI
	P. Daryani
Print Name	NESCAM P. DARYANI
<u>&gt;</u>	Videy Dames
Print Name	VIKAS P. DARYANI
* Mi	Kesh Daryani NIKESH A. DARYANI
Print Name	NIKESH P. DARKANI
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.

X	Si	ha	· ·
Print Name	SURENDRAN	R. MENON	
Date: Au	quet 11, 104	•	
	-		,
Signed for	American Evoness	Rank I td	

In the presence of Witness

6, H.

AUG. 12, 04

# 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 witten instructions from me to the contrary.

Name of signatory & LD. Card/Passport No. (1) Mr./Mrs./Miss	AMERICAN EXPRESS BANK LTD		SIGNATURE CARD		
	Title of Account(s)		Accoun	t(s) No.:	
(2) Mr./Mrs./Miss	(1) ×	,	(4) ×		Signing Instructions  Single  Joint. Any Special Instruction
(3) Mr./Mrs./Miss	(2)		(5) ×		
(4) Mr./Mrs./Miss	(3)	Specimen :	(6)		
(5) Mr./Mrs./Miss	For Internal Use Only Signatures Witness By	Approved By	Date	ž. Brand	
		Approved by	LAG		
(6) Mr./Mrs./Miss				Singa	pore
	RM	Director			