

Details for Individuals With Signing Power

Information held in strict confidence



BRANCH	CODE	DATE	CURRENT ACCOUNT NR.
		A A A A M M D D	

(Highlighted fields to be filled in by the Bank)

COMPANY DETAILS (*)

Name of the Company _____

Legal Person Nr. _____

IDENTIFICATION OF THE INDIVIDUAL (*)

Name (*): _____

_____ Honorary/Academic Title: _____ Gender: F M

Abbreviated Name: _____

Full address of permanent residence (*): (St./Sq/AV) _____ Nr. _____ Floor: _____

Location: _____ Postal Code: _____ Country: _____

Do you have a residence for tax purposes in another address different from the one indicated above (*)? Yes No

(For the USA, for instance, if there is or you are subject to a regime relating to a "Permanent residence permit", "Green Card", "Long-term stay in the USA in the current year and in the two previous years", "Substantial physical presence test")

If YES, please state full address (*)

(St./Sq/AV): _____ Nr. _____ Floor: _____

Location: _____ Postal Code: _____ Country: _____

CONTACTS

Phone numbers:	Preferred calling time:
Home _____ to _____ FAX _____	
Office _____ to _____ e-mail address: _____	
Mobile _____ to _____	
Mobile _____ to _____	

PERSONAL DATA

Parents: Father _____

Mother _____

Date of Birth (*) _____ Place of Birth (*): _____ Nationality (*): _____

Identification Document Nr. (*) _____ Type: (ID/Citizen Card/Passport/Birth Certificate)

Issue date (*) _____ Valid until (*) _____ Issued by (entity/place): _____

Portuguese TIN (*) _____

Are you subject to tax duties, namely to filing tax returns in another country other than where you permanently reside (*)? Yes No

(For the USA, for instance, if there is or you are subject to a regime relating to a "Dual Residence", "Joint filing of tax return as spouse", "Renunciation of US citizenship or residence permit after long-term stay")

If yes, please specify: (*) Country: _____ Foreign TIN (2): _____

Do you have a nationality different from the one appearing in your identification document? (*) Yes No If yes, please specify: _____

2nd Nationality (1): _____ Nr. of the Identification Document of the 2nd Nationality: _____

Type: (ID/Citizen Card/Passport/Birth Certificate) Issued by (entity/place): _____

TIN of the Legal Representative: _____

Proof of Emigrant Statue (PQE) (if applicable) _____ Country: _____

Non Resident (PQNR) _____ Country: _____

Education: No formal schooling Primary Education Secondary Education 12th year University Student

Technical Studies Licentiate / Post-graduate degree Masters Degree / PHD

Single Married Divorced Other

Name of the Spouse: _____

Matrimonial Regime: _____ Nr. of Children: _____ Nr. of persons in household: _____

(*) Fields that must mandatorily be filled in.

(1) If you have one and of a country different from the one stated in the 1st identification document.

(2) Field that must be mandatorily filled in if the Customer is a US Citizen or resides in the United States of America.

BANCO COMERCIAL PORTUGUES, S.A. Public Company, with registered office at Praça D. João I, 28, Oporto, with Share Capital of 5,600,738,053,72 Euros, registered at the Company Registration Office of Oporto, with the unique registration and tax identification number 501 525 882. Tel.: +351 21 702 92 424. Site: www.millenniumbcp.pt. Credit Institution registered on the Bank of Portugal special register under no. 33. Financial Intermediary registered on the Portuguese Securities Market under no. 105. The Insurance Intermediary no. 20707/9605 - Registration Date: 26/06/2007 - Authorisation for intermediation of Life and Non-life insurance from Occidental - Companhia Portuguesa de Seguros de Vida, S.A., Occidental - Companhia Portuguesa de Seguros, S.A., Medis - Companhia Portuguesa de Seguros de Saude, S.A. and Pensagere - Sociedade Gestora de Fondos de Pensões, S.A. Information and other details of the registration available at www.bcp.pt.

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PROFESSIONAL DATA

Occupation (*): _____ Function: _____

Company (*): _____ Date of Admission:

Y	Y	Y	Y	M	M	D	D
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Place (*): _____

Type of Contract: Permanent Temporary Other (Please specify) _____

Professional status (*): Self Employed Employed Other

Are you, or have you been during the last 12 months a Politically Exposed Person (PEP) (*)? Yes No

If yes, please specify:
 Type of PEP (*): _____
 In which country? _____
 Since When (*): _____ / _____ / _____

Are you a relative of a politically exposed person (*)? Yes No

If yes, please specify:
 Name of the PEP (*): _____
 Type of PEP (*): _____
 In which country (*): _____
 Family relation (*): _____

Do you keep a close corporate or commercial relation with a politically exposed person (PEP) (*)? Yes No

If yes, please specify:
 Name of the PEP (*): _____
 Type of PEP (*): _____
 In which country (*): _____
 Type of corporate/commercial relation (*): _____

Do you or did you hold a political or public position in Portugal during the last 12 months (*)? Yes No

If Yes, please specify which position (*): _____

SHAREHOLDINGS IN OTHER COMPANIES

Position	Company Name	Turnover and Year	Share Capital	% held

MAIN BANKING RELATIONSHIPS

Name of the Bank	Branch	Customer since							
		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D
		Y	Y	Y	Y	M	M	D	D

(*) Fields that must mandatorily be filled in.
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PROCESSING OF PERSONAL DATA

The Individual with signing powers, hereinafter referred to as Customer, hereby authorizes the Bank to handle, automatically or not, the personal data provided and the accesses, consultations, instructions, transactions and other registries related with this contract, or with other contracts entered into with the Bank, as well as to handle information regarding itself gathered indirectly from other sources.

The Bank is furthermore authorised to keep a digital record of the Customer codes and instructions transmitted by its representative, including telephone conversations established under the scope of specialised telephone channels aimed at the clarification of doubts, being able to be used in court in the event of legal action.

The entities responsible for handling the data are the Bank, the joint ventures in which it takes part and companies controlled or partly owned by it, including the Bank's companies, branches and representation offices abroad, to which the Bank may provide the data gathered and registered.

The Customer hereby authorises the entity to which the personal data are provided to use the same for updating their respective records pursuant to the preceding paragraph.

The purposes of the data processing are exclusively the Customer's cognizance and the activities of the entity responsible, which imply ensuring service levels, minimizing risks deriving from financial activities, recording credit liabilities, enabling the exercise of rights and meeting the obligations arising from the contract for each party, adopting control procedures for credit and for the clients and services base, statistical processes, processes for adapting products and services to the Customer, contact management and promotions for customers.

With a view to opening an account, the allocation and use of credit cards, or consideration and resolution of credit transactions in which the Customer is a party, the Customer hereby authorises Banco Comercial Português to access all of its information details from the Bank of Portugal's Central Credit Register, as well as information from any other credit institution or company that specialises in credit risk.

The Bank ensures the legal right to inform, correct, amend or suppress personal data by means of a written communication addressed to the Bank.

I declare, on my honour, that the information stated in this questionnaire is complete and true.
I hereby declare that I assume the obligation of promptly informing the Bank of any changes that may occur to the data herein provided.

DATE

Y	Y	Y	Y	Y	M	M	D	D
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(Please use same signature as on the identification document)

<p>ACCREDITATION OF SIGNATURES We verified the identification data against the document(s) presented.</p>	<p>BANCO COMERCIAL PORTUGUÊS (Signature of Bank's Representatives)</p> <p>XNUC <input type="text"/></p> <p>DATE</p> <table border="1"> <tr> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td> </tr> </table>	Y	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	Y	M	M	D	D		

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