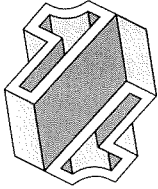


To :



TEST KEY INSTRUCTIONS

*For joint accounts/partnership/trust,
all account holders/partners/trustees are to sign.
(Complete as appropriate - Delete where not applicable)*

FIMBANK

First International Merchant Bank p.l.c.

7th Floor, The Plaza Commercial Centre, Bisazza Str, Sliema, SLM 15 - Malta.
Tel: (+356) 21 322100 Fax: (+356) 21 322122 Telex: MW 1775 FIMBNK
S.W.I.F.T.: FIMB MT M3 www.fimbank.com E-mail: info@fimbank.com
Company Registration Number: C 17003

Date _____

The attached list of numbers (Test Key) is to be used in conjunction with the Telex/Facsimile Indemnity instructions

dated _____

given by _____

to First International Merchant Bank p.l.c. to add authenticity to the customer's instructions. Each test key number is only used once and must follow in vertical order in each column. Strict order of application is to be adhered to, so that every number is used up.

These instructions shall remain in force until notice in writing to the contrary from me/us/any one of us is given to and received by the Bank.

These instructions shall form part of the mandate already signed and submitted to the Bank.

Customer Name _____

Accounting heading (if different) _____

Signature

Name in full

Signature

Name in full

Signature

Name in full

Signature

Name in full