

For Internal Use:
Account Number:

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Authorized Officer:
Authorized Officer Number:
Date: (month/day/year)
1 Select an Account Registration
Account Registration Individual Joint Account Indistinct

Primary Signature:

First Name:	Second Name:	Last Father's Name:	Last Mother's Name:	Date of Birth: <small>month / day / year</small>
Mailing Address, (not a P.O. Box):			Type of Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Not applicable	
City:	State:	Country:	Zip Code:	
Residential Telephone:	Mobile:	Email:	Spouse's Name, if applicable:	
Mailing Address, (if different from above):				
City:	State:	Country:	Zip Code:	
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents: _____	
Country of Citizenship:	Nationality:	Country of residence where you pay taxes, if it is different from the country of citizenship:	Tax ID number:	

Employment Status

<input type="checkbox"/> Employed/Not Owner <input type="checkbox"/> Business Owner <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed			
Occupation:	Profession:	Employer or Business Name:	Nature of Business/Type of Industry:
Department:	Years of service:		Annual salary(USD):
Mailing Address of employer or Business:			Telephone:
City:	State:	Zip Code:	Country:
Employer web page:	Other annual income (USD), if apply:		Details of other income:

Identification Method

<input type="checkbox"/> Passport Copy of passport is mandatory in addition to a second ID.	Passport Number:	
City / Country of Issuance:	Issue Date: (month/day/year)	Expiration Date: (month/day/year)
<input type="checkbox"/> Identification 2	Type of identification:	Identification number:
City/Country of Issuance:	Issue Date: (month/day/year)	Expiration Date: (month/day/year)

2 Account Information

Account details *(Select more than one, if necessary)*

Type of Account:	
<input type="checkbox"/> Checking with checks	<input type="checkbox"/> Savings
<input type="checkbox"/> Checking without checks	<input type="checkbox"/> COD
Terms: _____ Amount USD: _____	
Purpose of the account:	
<input type="checkbox"/> Personal Payments	<input type="checkbox"/> Savings
<input type="checkbox"/> Personal Investments	<input type="checkbox"/> Other <i>(Specify)</i> : _____

Bank Reference

Bank Name:	City:	State:	Account Number:	Telephone Number:
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3 Information regarding the source of funds

Information related to USA Patriot Act

Estimated amount of the initial deposit in dollars:	Origin of the initial deposit funds:
Source of wealth of the initial deposit: <i>(If the initial deposit is greater than 100,000 USD)</i>	

Origin of funds of future deposits. Select all the options that correspond:

<input type="checkbox"/> Income and savings from professional activities	<input type="checkbox"/> Income from insurance	<input type="checkbox"/> Other - <i>(Specify)</i> :
<input type="checkbox"/> Investment income	<input type="checkbox"/> Pension / savings for retirement	
<input type="checkbox"/> Sale of assets / properties	<input type="checkbox"/> Sale of participation in business	
<input type="checkbox"/> Heritage, gift or donation	<input type="checkbox"/> Salary for employment	

Estimated number of monthly operations to be performed in the Bank

Check Movements	Expected amount in USD for check deposits :	Number of checks expected to be deposited monthly:
	<input type="checkbox"/> 1 - 10,000.00 <input type="checkbox"/> 10,000.01 - 15,000.00 <input type="checkbox"/> 15,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more
	Expected monthly amount in USD for issuance in checks:	Number of checks expected to be issued monthly:
	<input type="checkbox"/> 1 - 10,000.00 <input type="checkbox"/> 10,000.01 - 15,000.00 <input type="checkbox"/> 15,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more

Electronic Bank Transfers	Amount expected to receive monthly in USD through transfers:	Number of transfers you expected to receive monthly:
	<input type="checkbox"/> 1 - 25,000.00 <input type="checkbox"/> 25,000.01 - 75,000.00 <input type="checkbox"/> 75,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more
	Expected amount of monthly shipments in USD through transfers:	Number of transfers you expect to send monthly:
	<input type="checkbox"/> 1 - 25,000.00 <input type="checkbox"/> 25,000.01 - 75,000.00 <input type="checkbox"/> 75,000.01 - or more	<input type="checkbox"/> 1 - 10 <input type="checkbox"/> 11 - 20 <input type="checkbox"/> 21 - or more

4 Expected Transfers

Indicate from where you expect to RECEIVE deposit transfers

Countries:
Purpose:
Person:
Company:

Indicate where you expect to be sending wire transfers

Countries:
Purpose:
Person:
Company:

Access only by Internet

- Signers expressly authorize Intercam Banco Internacional Inc., to use the Internet as the only communications channel. Account statements sent by other means will incur in a **\$10.00 surcharge per statement**. The Client needs to request a PIN to access Intercam Banco Internacional Inc., Online services. The signers understand and agree that if Intercam needs to notify or request additional documentation or information related to the account, we authorize electronic contact through one of the following methods:

Email:	Telephone:	Mobil:	Fax:
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To regain access to your account without your PIN, please answer the following security questions.

<input type="checkbox"/> Name of your middle school:
<input type="checkbox"/> What is your favorite color:
<input type="checkbox"/> Your first employer:
<input type="checkbox"/> Name of your maternal grandmother:
<input type="checkbox"/> Name of your favorite pet:
<input type="checkbox"/> What is your favorite sport:

5 Additional Information

Tax Certification for U.S. Persons, including U.S. Citizens and U.S. Resident Aliens

Tax Certification: By signing this Account Application, each Account Owner certifies under penalties of perjury as follows:

Primary Account Owner (A), Secondary Account Owner (B), and all additional owners (C & D) must check the corresponding box:

- | A | B | C | D | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. I am a U.S. citizen (including a U.S. resident alien). The Tax ID I have provided on this Account Application is my correct taxpayer identification number. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. I am not a U.S. person (including a U.S. resident alien), I am submitting the applicable Form W-8BEN with this application to certify my foreign status. |

6 Additional Information

Yes No

- Are you or any of the account owners an employee of Intercam Banco Internacional, Inc. or any of its affiliate companies?

- Are you or any of the account owners related to an employee of Intercam Banco Internacional, Inc. or any of its affiliate companies?
If yes, please provide name of the employee and relationship to you. _____

Public Figure Questionnaire

Yes No

- Are you, or other account owner, or beneficiary or anyone with any interest in this account a public figure? – “Public Figure” is defined for these purposes as a current or former senior official in the executive, legislative, administrative, military, or judicial branches of a foreign government, whether or not they are or were elected officials; a senior official of a major foreign political party; and a senior executive of a foreign government-owned commercial enterprise. This definition also includes a corporation, business, or other entity formed by or for the benefit of such an individual. Senior executives are individuals with substantial authority over policy, operations, or the use of government-owned resources.

If yes, please provide details, including all positions and titles held, and dates held: _____

- Is any immediate family member or close associate of yours a public figure, as defined above?

If yes, please provide details, including all positions and titles held, and dates held: _____

Federal law requires financial institutions to obtain, verify, and maintain records of information that identifies each person who establishes an account with the institution. This is intended to help the Government of the United States of America and its territories to combat the financing of terrorism and money-laundering activities. When you apply for an account you will be asked for name, residential or physical address, date of birth and other information, as well as the documents that allow us to identify it.

AGREEMENT:

OF THE FIRST PART, the depositor (or depositors) that subscribes to the fit, (hereinafter referred to as " The Depositor ").

IN THE SECOND PART, InterCam Banco Internacional Inc, a banking entity organized and doing business under the laws of the Commonwealth of Puerto Rico, and represented in this act by the officer indicated below, who is duly authorized to campaign in this act in representation of Bank Whose faculties will credit as many times as necessary, (hereinafter referred to as "the bank").

All of represented parties acknowledge to be within their civil rights and to possess all necessary faculties required to perform this agreement.

THEREFORE, the Depositor authorizes the Bank to begin investigations into the Depositor's credit, banking habits, personal or commercial references necessary for the opening of this account.

THEREFORE, according to the dispositions set forth by the "Unlawful Internet Gambling Enforcement Act" of 2006 and the GG Regulation, the Depositor certifies that he/she does not take part in the gambling business or illegal games of chance, or that accepts payments related with a person's participation in illegal games of chance or gambling over the Internet. Furthermore, the Depositor certifies that it will not process or will process any type of transactions (debit or credit, including and not limited to, ACH transactions or wire transfers) related to games of chance or gambling over the Internet through the accounts or products acquired with the Bank. The Depositor will not use services offered by the Bank in relation to those types of gambling and games of chance. The Depositor understands and accepts that the Bank will close all accounts and it will end all commercial relationships if at any moment the Depositor uses any products or services offered by the Bank for the payment, deposit or any other transaction related to gambling and games of chance over the Internet.

THEREFORE, the Depositor, with the sole purpose to induce the Bank to offer the services, based on the information supplied to the Bank in the application documents related to such services, signs and adheres to the terms and conditions in this Application and in the Deposit Accounts Agreement.

THEREFORE, the Depositor certifies to have received the Deposit Accounts and Other Banking Services Agreements, the disclosure of Information and Characteristics of Deposit Accounts and the Interest Rates Disclosure, when dealing with Savings and Checking Accounts. The Bank's Privacy Policy, Terms and Conditions of the products contracted and the Electronic Account Statement Agreement.

THEREFORE, considering the services of deposit accounts and considering the credit lines covered by such services and other services that the Bank will lend and the mutual lending and counter-lending of value, the Depositor will submit to the norms and procedures of the Bank, to the dispositions of this request and to the dispositions of the Deposit Account and Other Banking Services Agreement.

THEREFORE, The depositor recognizes and agrees that the deposits available through the Bank are not insured by the Federal Deposit Insurance Corporation (FDIC), and are not deposits or other obligations of any other financial institution, and are not warranted by any other financial institution, and involve risk of investment, including the possible loss of capital.

7 Formalization of the Agreement

THIS APPLICATION AND CONTRACT WILL BE ENFORCED ONCE THEY ARE APPROVED AND SUBSCRIBED BY AN INTERCAM BANCO INTERNACIONAL INC., AUTHORIZED OFFICER AND ALL THE ACCOUNT OPENING DOCUMENTS (CORPORATE RESOLUTION, ARTICLES OF INCORPORATION TWO FORMS OF IDENTIFICATION AND FINANCIAL STATEMENT) ARE RECEIVED IN TESTIMONY TO WHICH WE SUBSCRIBE THIS APPLICATION,

DATE _____ MONTH, _____ YEAR _____ .

Principal Client Signature

Date (month/day/year)

THIS SECTION IS FOR INTERNAL USE ONLY

_____ Authorized Officer		_____ Principal Approval	
_____ Signature	_____ Date (month/day/year)	_____ Signature	_____ Date (month/day/year)