

APPLICATION FOR BENEFICIARY
DESIGNATION DORMANT
ACCOUNT

(Beneficiary Designation Account)



BANCO DE MEXICO

Date :

CLIENT ID :
(To be filled by Participant)

Branch : _____

Scheme Code :

A) TYPE OF ACCOUNT* :

I/We request the following details: (Please fill all the details in CAPITAL LETTERS only)

Foreign National	<input type="checkbox"/> USA	<input type="checkbox"/> CANADA	<input type="checkbox"/> OTHER	Others (Please specify) _____
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B) COMPLETE NAME :

Complete Name* :
(Mr. /Ms.)

Date of Birth

C) ADDRESS DETAILS :

Address for Communication/Corporate Benefits (Default option is Local Address) Local/Permanent Address Correspondence Address/Foreign Address

Local/Permanent Address*

City ST Zip Code :

Correspondence Address

City ST Zip Code :

D) COMMUNICATION DETAILS :

	First	Second Alt.
Telephone Number	<input type="text" value=""/>	<input type="text" value=""/>
Fax Number	<input type="text" value=""/>	<input type="text" value=""/>
Mobile Number	<input type="text" value=""/>	<input type="text" value=""/>
SMS Facility*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail	<input type="text" value=""/>	<input type="text" value=""/>
Occupation	<input type="text" value=""/>	<input type="text" value=""/>

* In case SMS alert is not indicated, it will be treated as "Yes".

All fields marked in * are mandatory

Please ensure that all mandatory fields have been filled correctly else the form is liable to be rejected.

BANKING HOURS:
Mon-Fri: 9am to 3pm.
Saturday: Close
Cutoff Time: Banking: 3PM
Remittance: 3PM

QUESTIONS?
For account information or any questions:
Call (559)557-8207

OR VISIT US ONLINE AT
www.banxicomx.com
24 hours a day.
Have your user ID and password ready.

E) BENEFICIARY BANK DETAILS***

Bank Account Bank Account No.

Bank Name

Branch Address (Mandatory)

Country USA Canada Zip Code Branch Phone Number

Swift Code Routing No. ABA #

F) GENERAL INFORMATION OF LEGAL REPRESENTATIVE

Complete Name* :

Address for Communication Institution / Agency / Corporation / Law firm / Brokerage office

Local/Permanent Address*

City ST Zip Code :

Telephone Number

Mobile Number

E-mail

Job Title

G) STANDING INSTRUCTIONS :

I/We authorize you to receive notifications automatically into my/our account (if not indicated, Standing Instruction will be treated as "Yes") Yes No

Account to be operated through Power of Attorney (PoA) Yes No

Date of Power of Attorney (PoA)



BANCO DE MÉXICO

Agreement. :

DECLARATION :

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/ misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action. I/We request you to issue booklet of Delivery instructions/Inter Depository Delivery Instructions to me/us.

	Complete Name(s)	SIGNATURE (S) *
Beneficiary	<input type="text" value="Beneficiary"/>	<input type="text" value="Beneficiary"/>
Legal Representative	<input type="text" value="Legal Representative"/>	<input type="text" value="Legal Representative"/>

Instruction for branch : Applicant’s Photograph is required to be verified by branch official under his/her signature & Branch Seal

N) DETAILS OF IN-PERSON VERIFICATION* : (For Branch use only)

Date : Place

CONFIRMATION : I have personally verified each of applicant’s identity and address. Applicant/s has/have affixed the above signature/s in my presence.

Name of the Officer : _____ Employee No.:

Sign. of Employee & Branch Stamp : _____

(For Central Office use only) Code Verified with verification department website

Name of the Officer : _____ Employee No.: Sign. & Bank Stamp : _____

A/c. Verified By : _____ Name of DP Official : _____

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NOMINATION
 I/We wish to make a nomination and do hereby nominate the following person in whom all rights and / or amount payable in respect of securities held in the Depository by me/us in the said beneficiary owner account shall vest in the event of my / our death.

 I/We do not wish to make a nomination.

 Name of the Nominee (Mr. / Ms.)

 Relationship with the Applicant (if any) Address of the Nominee Same as Local/Permanent Address of First Holder Same as Correspondence Address of First Holder

 If Different

 Pin Code :

 Date of Birth (in case of minor)

D	D	M	M	Y	Y	Y	Y
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 Signature of Nominee/Guardian

 Name of the Guardian (Mr./Ms.) (in case Nominee is a minor)

 If Different

 Address of the Guardian : Same as Local/Permanent address of First Holder Same as Correspondence address of First Holder

 If Different

 Pin Code :

Signature of two Witnesses Name 1. _____ 2. _____

Address 1. _____ 2. _____

 Signature of the Applicant's

 Applicant's Print Name

 Date

FEMA DECLARATION [In case of Foreign National(s)]

I/We hereby confirm that I am a /we are non-resident Mexicans/ foreign national/s individual/s.

 Signature of the Applicant's

 Applicant's Print Name

 Date

 Place:
 Date:


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AGREEMENT TO REACTIVATE DORMANT ACCOUNT

This Agreement to Reactivate Dormant Account ("Agreement") is made and entered into on this ___ day of _____, 24, by and between:

Banco de Mexico (Banxico)
 Contact Number: (+52)55 955 78 207
 Avenida 5 de mayo 2, Colonia Centro,
 Código postal 06000, Alcaldía Cuauhtémoc, Ciudad de México, México

and

Beneficiary: _____
 Name: _____
 Address: _____
 Account Number: [Account Holder's Account Number] _____

1. Purpose of Agreement

This Agreement outlines the terms and conditions under which the above-named bank ("Bank") agrees to reactivate the dormant account held by the beneficiary ("Account Holder") and the obligations of both parties in the reactivation process.

2. Reactivation Requirements

To reactivate the dormant account, the Account Holder agrees to complete the following requirements:

- Identity Verification: Provide a valid government-issued ID and any other documents required to verify identity.
- Initial Deposit: Make an initial deposit of 8% of the account balance to demonstrate intent to keep the account active as required by the Bank's policies.

3. Account Status and Maintenance

Upon fulfillment of the above requirements, the Bank agrees to remove the dormant status from the Account Holder's account. The Account Holder agrees to make at least one transaction (deposit, withdrawal, or transfer) every _____ months _____ years to avoid dormancy. The Bank reserves the right to charge any fees or impose restrictions in the event the account becomes dormant again, in accordance with the Bank's policies.

4. Acknowledgment of Updated Terms

The Account Holder acknowledges that they have read, understood, and agree to abide by the current terms and conditions of the account as outlined by the Bank. The Bank reserves the right to modify terms or fees related to account maintenance with due notification to the Account Holder.

5. Contact Information Update

The Account Holder agrees to update their contact information as necessary to ensure communication with the Bank remains current. The Bank is not liable for missed notifications due to outdated contact information provided by the Account Holder.

6. Termination and Relinquishment

In the event the Account Holder wishes to close the account after reactivation, they must notify the Bank in writing and complete a separate account closure form. If the Account Holder does not comply with the Bank's activity requirements, the Bank reserves the right to place the account into dormant status and may take steps to relinquish funds as per the Bank's dormant account policies and applicable regulations.

SIGNATURES

Signature for the Account Holder (Beneficiary)

Name: _____

Date: _____

(For and on behalf of the Client)

Print Complete _____
 Name Signature _____
 Date _____

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APPLICATION FOR AVAILING e-DEPOSITORY SERVICES AND TERMS & CONDITIONS FOR PROVIDING TRANSACTION AND HOLDING STATEMENTS BY E-MAIL AND / OR ON WEBSITE

DP ID-IN300484

To

Date :

The Branch

Head, Banxico, _____ **Branch**

Dear Sir,

I/We hold a dormant account with your branch. The details of my/our relationship are as under:

Client ID: (8 digits) **																			
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I/We would like to subscribe for the following service(s) as per the terms and conditions appended below. (Please tick (✓) whichever is required)

Online Banking Services :

I/We require access to Metrobank account through Internet banking service/ website.

Dial

I/We require to access the above Metrobank account through telephone and request you to issue me/us a PIN.

Auto E-Mailer Service:

I/We would like to have the statement of transaction and holding e-mailed to me/us at the following e-mail id:

E-mail ID (write clearly): _____ @ _____

Please mail me/us the same at the following **frequency** (please tick (✓) whichever is required)

On Monthly basis On Weekly basis On a Daily basis

I/We the under mentioned Beneficial Holders hereby agree, undertake and declare that, the aforementioned services are provided by Banxico Limited subject to the Terms and Conditions mentioned herein and as amended from time to time.

TERMS & CONDITIONS FOR PROVIDING TRANSACTION AND HOLDING STATEMENTS BY E-MAIL AND / OR ON WEBSITE

1. I/We am/are aware that I/we will not receive the transaction statements in paper form.
2. I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the Internet / e-mail account.
3. I/We am/are aware that the transaction statement may be accessed by other entities in case the confidentiality / secrecy of the login name and password is compromised. I/We take the entire responsibility of the same.
4. I/We agree that the transaction statements are sent by e-mail, I/we shall immediately inform Banxico about change in e-mail address, if any.
5. I/We agree and aware that Banxico shall have the right to terminate such service provided a written notice is given at least 10 days in advance and vice versa.
6. I/We agree that the above terms and conditions are in addition to and not in contravention of the terms and conditions forming a part of the "REACTIVATION OF A DORMANT ACCOUNT" signed by me/us at the time of sending confirmation of the reactivation deposit account with Banxico.

Please do the needful at the earliest at my/our sole responsibility and activate the services as mentioned above for my/our Dormant Account.

_____ _____ _____
 *** Applicant's Print Name Applicant's Signature Banker's Signature

**** Compulsory fields to be provided.**

(FOR BRANCH USE ONLY)

Account holder/s signature/s verified by : _____ ***** This Form must be signed**

_____ _____ _____
 Name of the officer Employee No. Signature of Employee & Branch Stamp

For Use at Central Office – Depository Services only:

Processing Unit	Processing Stage	Emp. No.	Signature	Seal / Remarks
Central Unit	Account Activation			<input type="checkbox"/> Online Banking Services <input type="checkbox"/> Telephone Service <input type="checkbox"/> Auto Email Services
Central Unit	PIN Printing			

PIN Status: Sent / Rejected / _____ PIN Dispatch Date: _____ / _____ / _____

NOTES :

1. All communications shall be sent at the applicants email address.
2. Thumb impressions and signatures other than Spanish or English or any of the other language not contained in the 8th Schedule of the Constitution of CDMX must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
3. A copy of any one of the following documents may be accepted as proof of identity / proof of address (local/correspondence/foreign address as the case may be):
Proof of Identity : Passport, Voter ID Card, Driving license, Card with photograph (mandatory), Identity card/document with applicant's Photo, issued by .
Proof of Address : Ration card, Passport, Voter ID Card, Driving license, Bank passbook, verified copies of Electricity bills (not more than two months old) / Residence Telephone bills (not more than two months old) / Leave and License agreement / Agreement for sale, Self-declaration by High Court & Supreme Court Judges, giving the new address in respect of their own accounts, Identity card / document with address, issued by **a)** Central / State Government and its Departments, **b)** Statutory / Regulatory Authorities, **c)** Public Sector Undertakings, **d)** Scheduled Commercial Banks, **e)** Public Financial Institutions, **f)** Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members.
 Legal Representative must **verify the copy of the document with** his proof of Identity.
4. Instructions , are as below:
 - I. The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same person who made the original nomination. Non-individuals including society, trust, body corporate, partnership firm, holder of Power of Attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form.
 - II. On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee.
5. Strike off whichever is not applicable.

CHECK LIST FOR CLIENT ACCOUNT
Common Mandatory Requirements

- I. Application Form filled & Signed
- II. Agreement duly stamped & witnessed
- III. Scheduled of charges - Acceptance by client
- IV. Identity Card / documents with applicant's photo
- V. Foreigner Proof of address (not more than two months old)

ACKNOWLEDGEMENT

Banco central en, Av. 5 de Mayo 2, Colonia Centro, Centro, Cuauhtémoc, Código postal 06000, Alcaldía Ciudad de México, CDMX
 E-mail: cuentas.extranjeras@banxicoorg.mx

DP ID-IN300484

Received the application from Mr./Ms. _____
 as the beneficiary for the dormant account.

Date : _____

Participant Stamp & Signature