

Customer ID Number										
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(For office use)

### CHECK LIST FOR OPENING ACCOUNTS BY INDIVIDUALS

Name of Individual:

(Please fill in block letters only)

S. No.	Documents to be submitted (please check✓)		
1	<input type="checkbox"/> Account opening form to be duly completed and signed (form enclosed)		
2	<input type="checkbox"/> W9 form to be duly filled and signed by Principal depositor -U.S. citizen / resident <input type="checkbox"/> W8BEN form to be filled and duly signed by all Non US residents individually <input type="checkbox"/> W-8ECI for individuals receiving income effectively connected with the conduct of a trade or business in the U.S.		
3	Identification documents to be submitted - One of each		
	Primary Photo ID (unexpired)	Address verification	Tax payer identification number
	<input type="checkbox"/> Photo bearing State Driver License <input type="checkbox"/> Photo Bearing State ID <input type="checkbox"/> Passport with valid Visa <input type="checkbox"/> U.S. alien registration card <input type="checkbox"/> Student ID with Valid Passport and Visa	<input type="checkbox"/> Utility Bill (If you do not have a utility bill in your name, but is in the name of your spouse /parent/relative with whom you are residing, you can submit the same with a letter to that effect and a copy of your latest bank account statement with the full address)	<input type="checkbox"/> Social Security Card <input type="checkbox"/> W2 Income statement <input type="checkbox"/> Proof of tax payers identification number issued by IRS <input type="checkbox"/> For NRA- Passport / alien identification card number / PAN card / unexpired government issued document evidencing nationality / residence
4	<input type="checkbox"/> Designation of Beneficiary (Payable on Death form) submitted In case you come <b>in person</b> – Bring original documents of identification for verification  In case you apply <b>by mail</b> – Send copy of Primary photo ID and signature on accounting opening form verified by notary public or Indian embassy or Indian consulate or existing banker		
<b>IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT</b>			
<p>To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.</p> <p><b>What this means for you:</b></p> <p>When you open an account, we will ask for your name, address, date of birth, and other information that will identify you. We may also ask to see your driver license or other identifying documents.</p>			
<p><b>Please note that in case requested follow-up information required for compliance with regulations pertaining to ‘Customer Identification Program’ and ‘Know Your Customer’ is not forthcoming <i>within 30 days after account opening or otherwise upon request by the branch, any relationship already established will be terminated.</i></b></p>			

Advance copies of all documents may be submitted by e-mail / courier for review prior to opening account.  
Duly completed documents may be mailed

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(For office use)

A/c. No.																				
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(Please fill in block letters only)

<b>CERTIFICATE OF DEPOSIT ACCOUNT</b>			
I/ We request you to open my / our Certificate of Deposit account with your branch for the amounts and period as indicated below.			
Amount – (USD) _____ Period _____ (months)			
Mode of operations – check one			
<input type="checkbox"/> Single <input type="checkbox"/> Either or survivor <input type="checkbox"/> Any one of us (more than two applicants) <input type="checkbox"/> Jointly <input type="checkbox"/> Former or survivor or survivors <input type="checkbox"/> Any other (please specify)			
(Name as per Govt. issued ID)	1 <sup>st</sup> applicant	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
First Name			
Middle Name			
Last Name			
Date of Birth (mm/dd/yyyy)			
Country of Birth			
Country of citizenship/ U.S. Permanent Resident /Green Card Holder (Please specify)			
SSN for US residents			
Country of residence and resident since when (mm/yyyy)			
Country of Tax Residency			
E mail address			
Occupation of each individual (if in service – name and address of employer)			
Bank Reference – Bank / Branch			
Type of account / A/c number			
Home Address and telephone number with ISD code			
Work Address and telephone number			

Care of Address				
Particulars of Primary Photo ID	1 <sup>st</sup> applicant	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant	
Photo ID number				
Issued by Country / State				
Place of Issue				
Date of Issue (mm/dd/yyyy)				
Date of expiry (mm/dd/yyyy)				
Comments of PEP	Inform whether customer or any individual associated with the customer is a domestic or foreign "PEP" or a close relative of a domestic or foreign "PEP"			
Source of funds (please check✓) <b>Proof to be provided</b>	<input type="checkbox"/> Current Income / Wages <input type="checkbox"/> Past savings <input type="checkbox"/> Pension / S.S. Benefits <input type="checkbox"/> Rent Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of property <input type="checkbox"/> Liquidation of investment <input type="checkbox"/> Others (please specify)			
Annual family Income (USD)				
Estimated number of deposits in a year	Number -	Amount -		
Mode of deposit (funding for certificate of deposit) (please check✓)	<input type="checkbox"/> cash	<input type="checkbox"/> Personal Check number _____ dated _____ drawn on Bank _____ / Branch _____	<input type="checkbox"/> Official Check number _____ dated _____ drawn on Bank _____ / Branch _____	<input type="checkbox"/> Others (please specify)
<p>1. I / We understand and agree that the above deposits and all future deposits, if any, for the A/C under reference, will be renewed automatically on due date with maturity value for a further period for which the original deposit was placed and on the terms and conditions prevailing on the due date unless prior instructions to the contrary are received by you before the due date.            I / We also note that the original / renewed deposit receipt / receipt (s) will be dispatched to us only upon specific request.</p>				
<p><b>2. We undertake to</b>            (i) abide by terms and conditions governing certificate of deposit accounts in the U.S. as well as terms and Bank of Baroda and            (ii) inform you of any changes in address/ occupation or other information provided hereinabove</p>				
<p><b>3. Depositor's Contract</b>            The Bank of Baroda (hereinafter called the "Bank") is authorized to recognize signatures appearing on this form and on the specimen signature card in payment of funds or the transaction of any business for this account. It is agreed that all transactions between the bank and the signers hereof (the "depositor") shall be governed by this contract and with respect to any matters not otherwise covered hereby, by the provisions for Bank Collections of the New York Uniform Commercial Code.            Items received for deposit or collection, are accepted on the following terms and conditions. The bank acts only as depositor's collecting agent and assumes no responsibility beyond its exercise of ordinary care. All items are credited subject to final payment and to receipt of proceeds of final payment in cash or solvent credits by this bank at its own office. The bank may forward items to correspondents and shall not be liable except for its own negligence. The bank may waive demand, notice and protest on any items received for deposit or collection. Items and their proceeds may be handled by any Federal Reserve Bank in accordance with applicable Federal Reserve rules, and by the bank or any correspondent, in accordance with any common banking usage, with any practice or procedure that a Federal Reserve Bank may use or permit another bank to use, or with any other lawful means. The bank may charge back, at any time, prior to midnight on its business day next following the day of receipt, any item drawn on itself which is ascertained to be drawn against insufficient funds or otherwise, not good or payable. Items drawn on any other office of this bank will be regarded and handled for collection as items drawn on another bank. Any items received after the bank's regular afternoon closing hours shall be deemed received on the next business day.            The Bank will not pay checks which are presented prior to the clearance of deposits, unless there is a sufficient balance to the depositor's credit in addition to such deposits at the opening of business on the day of such presentment. Deposits are not posted to accounts until after regular banking hours on the day they are received by the bank. The bank will in no way be responsible or liable for certification or payment through error, inadvertence, negligence or carelessness of post dated items.            The depositor will draw all checks on this account only on the office of the bank at which the account is open and the bank shall not be liable for failure to pay any checks not designated as drawn on such office.            The bank is authorized to mail statements to the last address known to the bank.            The bank is authorized to charge this account a service charge in accordance with its rules, and should this account become dormant to make a monthly charge for maintenance.</p>				

If the bank is requested to stop payment on an item or items, depositor agrees to hold the bank harmless for all expenses and costs incurred by the bank on account of refusing payment of said item and further agrees not to hold the bank liable on account of payment contrary to this request if same occurs through inadvertence, oversight, negligence or accident, or if by reason of such payment other items drawn by the depositor are returned for insufficient funds. Written request for stop payment shall be effective for six months but renewals may be made from time to time. No stop payment renewal or revocation shall be valid unless made in writing and served upon the bank.

The provisions of the uniform commercial code of the State of New York, local clearing House Rules and General Banking usage prevailing in the New York City shall be deemed to apply with respect to the obligations of the bank in connection with all items, whether or not negotiable, received by the bank of my / our account and all items received shall, in the absence of express agreement to the contrary, be deemed to have been received for collection only.

The bank is authorized to act upon any instructions / messages / applications or letters etc. sent to you by Facsimile (Fax) or tele copier for transfer of funds/ documents/ or any other transactions. The bank shall be kept harmless and to fully indemnify from and against all losses, claims, costs or damages, which may sustain or incur against the bank by reason of acting upon fax or tele copier or authorized signature is fraudulent or forged.

3. We acknowledge receipt of the following notices – check applicable

(i)	Initial Privacy Notice	
(ii)	Annual Privacy Notice	
(iii)	Opt Out form	
(iv)	Truth in Savings –(Time Deposit) Annexure III	
(v)	Format for computer generated auto renewal notice –Annexure IV a	

### Signature of Depositors

	1 <sup>st</sup> applicant	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
Specimen Signature			
Full Signature			
Name:			
Place :			
Date :			

**NOTARY VERIFICATION / EMBASSY OR CONSULATE VERIFICATION / EXISTING BANKER VERIFICATION**

### INTRODUCTION - ACCOUNT REFERENCE:

Name of customer \_\_\_\_\_

Customer Identification number \_\_\_\_\_

Account number \_\_\_\_\_

Signature \_\_\_\_\_

Introduced on basis of documents submitted

<b>FOR OFFICE USE ONLY</b>												
CUSTOMER ID / ACCOUNT OPENED AND SIGNATURE VERIFIED BY ME												
_____												
(Chief Manager / Senior Manager / Manager / Deputy Manager / Sub Manager)												
Customer Identification Number assigned												
Account Number												
Place												
Date												

**Customer Due Diligence by Bank officials – Please check ✓**

	Particulars	Reviewed	Approved
1.	Check list submitted by customer		
2.	All documents received as per check list, reviewed and verified		
3.	Documents received are complete in all aspects		
4.	OFAC Check conducted for customer and associated individuals		
5.	ID verification conducted for customer (all individuals)		
6.	<b>Customer requested to inform whether customer or any individual associated with customer is a domestic or foreign “PEP” or a close relative of a domestic or foreign “PEP” – <u>Incorporate response</u></b>		
	Whether customer / associated individual identified as “PEP” (World check) – give details		
7.	<b>Additional information obtained for special category of customers viz. PEP</b>		
8.	Receipt of disclosures obtained		
9.	Telephonic confirmation obtained (give name of person talked to and date / time)		
OR	Thank you letter / <b>copy of CD</b> mailed (place copy on record)		
10.	Customer risk rated and EDD performed where applicable		

**Compliance Monitoring Review - Please check ✓**

	Particulars	Reviewed	Approved
1.	Advertisements of FDIC Membership (Part 328)		
2.	Deposit Insurance Coverage(Part 330)		
3.	Compliance with Regulation DD: Truth –in-Savings Act		

Documents	Documents Verified by	Documents Approved by
Name		
Title		
Signature		
Place		
Date		

Review by Compliance Department

Signature - \_\_\_\_\_  
 Name - \_\_\_\_\_  
 Title - \_\_\_\_\_  
 Date - \_\_\_\_\_  
 Place - \_\_\_\_\_

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**Designation of Beneficiary /Payable on Death (POD)  
Supplemental Agreement to Accompany Signature Card**

1. I / We wish to designate the Beneficiary (ies) as detailed below for all my / our account numbers with this customer identification number, including result from rollover of those account(s).

2. I / We understand that:

A Payable on Death account is an account payable to the Account Holders during their lifetimes, and upon the death, of the last Account Holder, ownership passes to the named POD payee(s). The POD payee(s) have no present right of withdrawal.

The account will be subject to the Multiple Party Deposit Account Act, all other laws, regulations and rules of the Bank, the United States government and State of New York, and changes in any of the foregoing that may in the near future become effective.

- o Where there are two or more Account Holders, each Account Holder has a right to payment from the account. Each Account Holder owns his or her net contribution. In the absence of proof of net contribution and unless the Account Holders have specifically otherwise agreed, each Account Holder will own an equal share of the account during his or her lifetime. Upon death of an Account Holder, the surviving Account Holders will continue to own his or her proportionate share of the account. The share owned by the deceased party will be shared equally by the surviving Account Holders. Upon the death of the sole surviving Account Holder, the account will belong to the POD payee(s).
- o Where there are two or more POD payee(s), the account will belong to the payee(s) who survive all Account Holders. Unless otherwise specifically stated in the account by the Account Holders, each surviving POD payee will own an equal share of the account. Unless specifically stated in the account by the Account Holders, upon the death of a surviving POD payee, the remaining POD payee(s) will not own any portion of the deceased payee's share of the account.

3. If an account Holder wants to change the form of this account, the Account Holder must notify the Bank in writing.

Designated beneficiaries are as follows

	1 <sup>st</sup> Primary beneficiary	2 <sup>nd</sup> Beneficiary (optional)
Name (in block letters)		
SSN Number		
Relationship		
Percentage share		
Date of Birth		
Address		

4. I/we understand that Bank is expressly relying on information given herein above and shall have no liability or responsibility whatsoever, for any claims arising from the Bank's actions hereunder and the Bank shall be fully indemnified for any or all losses, damages, costs etc. This release and indemnity shall be binding on my/ our respective estates as well.

5. I / we understand that this designation of beneficiary (payable on death) will be effective on the date of receipt by Bank of Baroda and will supersede any previous designation of beneficiary that I /we might have made. I/we have the right to change this designation and designate new beneficiary at any time by writing to Bank of Baroda, New York branch.

<b>Signature and names</b>		
1 <sup>st</sup> applicant	2 <sup>nd</sup> applicant	3 <sup>rd</sup> applicant
Signature		
Name		
Date	Place	

**DISCLOSURES FOR CERTIFICATE OF DEPOSIT ACCOUNT****Appendix I - IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth, and other information that will identify you. We may also ask to see your driver's license or other identifying documents.

Please note that in case requested follow-up information required for compliance with regulations pertaining to 'Customer Identification program' and 'Know Your Customer' is not forthcoming *within 30 days after account opening or otherwise upon request by the branch*, any relationship already established will be terminated.

**1. Initial Privacy Notice**

Bank of Baroda, New York Branch respects the importance of personal privacy of our customers. We reaffirm that we would maintain all customer information confidential.

**Collection, Usage and Retention of Customer Information:**

The Bank shall collect, use and retain information about its customers only, when it believes that it would be useful and allowed by law in administering its business, and for providing existing/new products and services to its customers. If requested by a customer, the Bank shall disclose the specific business purpose for collection of information.

**Maintenance of Accurate Information**

The Bank has implemented procedures to ensure that the customer's financial information is accurate, current and complete in accordance with reasonable commercial standards. While some procedures are required by Federal or State Law, the Bank has procedures in place for rectifying inaccurate information in a timely manner.

**Limiting Employees Access to Information**

Employee access to personally identifiable information is restricted depending on the nature of the employees work. The Bank shall educate its employees so that they will understand the importance of customer confidentiality and customer privacy.

The customer privacy issues are a part of the Bank's employee handbook and "Code of Conduct". All employees are required to follow the guidelines without any exception.

**Protection of Information**

The Bank ensures that appropriate security standards and procedures are maintained to prevent unauthorized access to confidential customer information.

**Restrictions in the disclosure of Account Information**

The Bank does not reveal any specific information about customer accounts or other personally identifiable data to unaffiliated third parties for their independent use, except for the exchange of information with a reputable credit bureau or similar information reporting agency, to maximize the accuracy and security of such information, or in the performance of bona fide corporate due diligence, unless:

- a) the information is provided to help complete a customer initiated transaction;
- b) the customer requests it;
- c) the disclosure is required by/or allowed by law (eg. Subpoena, investigation or fraudulent activity etc); or
- d) the customer has been informed about the possibility of disclosure for marketing or similar purposes through a prior communication and is given the opportunity to decline (i.e. opt out).

**Additional Information**

In case any customer is concerned about financial privacy and wants to know more about this issue, can obtain a copy of the Bank's privacy policy at its office location, by calling at its main number 212-578-4550 or by sending a written request to:

Bank of Baroda  
1, Park Avenue  
New York, N.Y.10016

**2. Annual Privacy Notice**

Bank of Baroda, New York Branch respects the importance of personal privacy of our customers. We reaffirm that we would maintain all customer information confidential.

**Collection, Usage and Retention of Customer Information:**

The Bank shall collect, use and retain information about its customers only, when it believes that it would be useful and allowed by law in administering its business, and for providing existing/new products and services to its customers. If requested by a customer, the Bank shall disclose the specific business purpose for collection of information.

**Maintenance of Accurate Information**

The Bank has implemented procedures to ensure that the customer's financial information is accurate, current and complete in accordance with reasonable commercial standards. While some procedures are required by Federal or State Law, the Bank has procedures in place for rectifying inaccurate information in a timely manner.

**Limiting Employees Access to Information**

Employee access to personally identifiable information is restricted depending on the nature of the employees work. The Bank shall educate its employees so that they will understand the importance of customer confidentiality and customer privacy.

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**Restrictions in the disclosure of Account Information**

The Bank does not reveal any specific information about customer accounts or other personally identifiable data to unaffiliated third parties for their independent use, except for the exchange of information with a reputable credit bureau or similar information reporting agency, to maximize the accuracy and security of such information, or in the performance of bona fide corporate due diligence, unless:

1 Park Avenue, New York, NY 10016

Tel: (212) 578-4550; Fax: (212) 578-4578;

E-mail: [newyor@bankofbaroda.com](mailto:newyor@bankofbaroda.com) URL: [www.bankofbaroda-usa.com](http://www.bankofbaroda-usa.com)

- a) the information is provided to help complete a customer initiated transaction;
- b) the customer requests it;
- c) the disclosure is required by/or allowed by law (e.g. Subpoena, investigation or fraudulent activity etc); or
- d) the customer has been informed about the possibility of disclosure for marketing or similar purposes through a prior communication and is given the opportunity to decline (i.e. opt out).

**Additional Information**

In case any customer is concerned about financial privacy and wants to know more about this issue, can obtain a copy of the Bank's privacy policy at its office location, by calling at its main number 212-578-4550 or by sending a written request to:

Bank of Baroda  
 1, Park Avenue  
 New York, NY 10016

**3. Opt Out Form**

This section describes your privacy choices:

We give below Opt Out options regarding the sharing of nonpublic personal information, as well as the choices not to be contacted by mail or telephone.

**Check Box 1:** If you select this option, it will limit the information to be shared with nonaffiliated third parties.

**Check Box 2:** If you select this option, it will limit the information to be shared with affiliates of Bank of Baroda, New York Branch.

**Check Box 3:** If you select this option, you will not be contacted by our Bank regarding any of our products and services by mail.

**Check Box 4:** If you select this option, you will not be contacted by our Bank regarding any of our products and services by telephone.

If you decide to choose any or all of these options, please check the appropriate opt- out section(s) below.

1	Please do not share among non-affiliated third parties (a) nonpublic personal information about me that you receive from me or from others to determine my eligibility for products & services or (b) nonpublic personal information from credit bureau reports for marketing purposes.	
2	Please do not share nonpublic personal information about me with Bank of Baroda affiliates.	
3	Please do not contact me with offers of products & services by mail.	
4	Please do not contact me with offers of products & services by telephone.	



**4. Truth in Savings - Annexure-III  
TIME DEPOSIT ACCOUNT**

<b>Interest Rate</b>	:
<b>Annual percentage Yield</b>	:
<b>Term</b>	:
<b>Maturity</b>	:
<b>Initial Deposit Amount</b>	:

**BALANCE TO OPEN AND TO EARN INTEREST:**

The minimum balance required to open your account is \$1,000. You must also maintain this minimum balance in your account each day to obtain the disclosed Annual Percentage Yield.

Deposits and withdrawals may not be permitted during the term of the Time Deposit. Additional deposits may be made on the account on the maturity date, at which they become part of the principal amount for the new term.

**INTEREST RATE:**

The Interest Rate earned on your Time Deposit account will be guaranteed Fixed rate for the term of the account. The rate is determined by the Bank, based on market conditions at the time the account is opened or renewed. The Interest Rate, Term and Maturity Date for your account are shown above.

**ANNUAL PERCENTAGE YIELD (APY):**

Any stated Annual Percentage Yield is based upon the hypothetical assumption that the Interest rate remain unchanged, and the balance on deposit together with all interest earned is not withdrawn for the entire term. Account closing before maturity will reduce earnings. The Annual Percentage Yield for our account is shown above.

**INTEREST ACCRUAL:**

At New York branch, interest begins to accrue no later than the business day on which the branch receives credit for the deposit of non-cash items, such as checks.

**INTEREST COMPUTATION:**

Interest on your account is accrued daily as simple interest and credited at maturity.

**INTEREST PAYMENT METHOD:**

Earned interest will be added to the account at which time it will be available for withdrawal. If requested in writing, we will send you a check for the interest amount or transfer the amount to your other account.

**EARLY WITHDRAWAL PENALTY:**

You have agreed to maintain your certificate of deposit with Bank of Baroda until the maturity date.

Principal may not be withdrawn, in whole or part, before the account matures unless the Bank consents to the withdrawal. It has been our practice to permit such withdrawals for reasons of need (purchase of a home or car, payment of medical bills, etc.). This practice is in no way binding on the Bank in the future and the Bank reserves the right to refuse such withdrawals. The Bank does not permit partial withdrawals from Certificate of deposits, you may incur a penalty. The amount of interest payable on such case may be 1% less than the applicable rate for which the deposit was actually maintained. Please note that each request for early withdrawal with or without penalty may be evaluated and considered by the bank on case to case basis.

A minimum penalty equal to seven days' interest at the contract rate will be imposed if the account is closed within six days of opening.

These Bank's penalties will not be charged if an owner of a Time Deposit account dies or is declared legally incompetent. If a withdrawal is made for either of these reasons, we will credit and pay any accrued interest to the account, up to the closing date.

**AUTOMATIC RENEWALS :**

This account will renew automatically at maturity. We will send you a Maturity Notice, if the deposit is placed for a period of more than one month.

If we do not hear from you we will automatically renew the account for a term similar to the prior term at the rate offered for that term on the renewal date. Upon account renewal all credited interest remaining in the account will automatically become part of the principal for the new account term.

You will have 10 days after maturity to make withdrawals in any amount without incurring a premature withdrawal penalty described in this disclosure. If a withdrawal is made during the period, you will not earn any interest on the amount withdrawn from maturity date through the withdrawal date.

Time Deposit accounts that mature on Saturdays, Sundays or legal holidays (non-banking days) will be available to you for withdrawal on the next business day. We will credit and pay to the account any interest accrued between the maturity day and the next business day.

**5. ANNEXURE-IV. A** – Copy of computer generated letter that will be sent to you for renewal

**Ref:**       **CD Number.**                       :  
              **Principal amount**               :  
              **Maturity Date**                :  
              **Current Interest Date**       :  
              **Interest Amount on Maturity** :  
              **Term**                            :

We appreciate that you decided to maintain the captioned deposit with us which matures for payment as indicated above. We shall be glad to have your instructions at least one working day before the due date. Please note to return to us the original certificate of Deposit Receipt for renewal/payment. Rate applicable for renewal of deposit could be obtained on the maturity date. You may call 212-578-4550 for rates.

In case we do not hear from you, the matured amount with interest will be renewed automatically for a term similar to the prior term at the prevailing rate of interest and original Certificate of Deposit Receipt will stand cancelled.

Regards,

-

BOB US Operations

This is a computer-generated letter and needs no signature.

**Acknowledgement of receipt of disclosures:**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_