

## Documents for Subscription to Poalim Business Online

(For Complex Signature Combinations)

Dear Customer,

**We recommend that you read the following explanations before filling in the form in order to facilitate the filling in process.**

In this form you will be able to set out in detail the business policy and your preferences with regard to online activity only. The form to be submitted, signed by a binding signature combination and certified by an advocate, will serve the Bank for the purpose of your subscription to Poalim Business Online.

The subscription form in front of you is divided into six chapters:

### **Chapter 1 – General Data**

**Chapter 2 – Groups of Signatories for Poalim Business Online:** Details of the groups of signatories authorized to act for the account online. Signature groups should include authorized signatories and/or account holders.

**Chapter 3 – Areas of Activity for Poalim Business Online:** In this chapter details should be given of the signature combinations required for each online area of activity.

### **Chapter 4 – Defining Restrictions and Limitations Applicable to Transfers of Funds to Third Parties:**

This chapter should be filled in if in Chapter 3 operative authorizations have been given in areas that include transfers to third parties (transfers of funds, payment of salaries, transfers of foreign currency, payments). In this chapter there can be listed the limitations of authority applicable to transfers to a casual third party and the details of the accounts of the beneficiaries established for the account

**Chapter 5 – Details of Personal Authorizations for Users Who Are Not Authorized Signatories for the Account and for Authorized Persons with Limited Authority:** In this chapter details should be given of all of the employees and external users, such as an accountant, who will be attached to the Poalim Business Online service, for the purpose of viewing information and keying data into the account. For each user details can be given of the authorizations to key in and view information in the various areas of activity.

**Chapter 6 – Signatures:** In this chapter the authorized signatories of the corporation should be made to sign according to the signature combination which is binding for the account, the stamp should be affixed and the signatures certified by an advocate.

### **Appendix “A” – Power of Attorney for Receiving Identification Particulars for the Business**

**Online Account:** Should you wish to obtain the identification particulars for the authorized persons and the users from the branch by means of a holder of a power of attorney, please fill in the attached appendix and get the authorized signatories of the corporation to sign with the signature combination that is binding for the account.

### **FOR YOUR ATTENTION**

- **The banking areas of activity** (for example: Current account, securities, deposits, foreign currency etc.), in which the account will be active, were defined in advance by you, when the account was opened. In order to expand the areas of activity for the account, you should apply to the branch.

- **The authorized signatories of the corporation in accordance the binding signature combination and the advocate should be made to sign** in Chapter 6 – Signatures.
- **The original form should be forwarded to the branch.**
- In the event that one of the authorized persons leaves or one of the employees leaves who is not an authorized signatory who was defined as a holder of authorization in the protocol, an update of the protocol should be effected on the website or a form updating the protocol should be forwarded to the branch as soon as possible, and the details of the employees that the corporation wishes to withdraw from the service should be specified in Chapter 2 and/or in Chapter 5.

• **The original form should be forwarded to the branch. For further information and instruction on how to fill in the subscription form you are invited to apply to the Customer Support Center by dialing \*2409 or 03-6532409.**

**Chapter 1**

**General Data**

Name of the Corporation / Account Holder \_\_\_\_\_  
Identifying Number: Pr. C. / Pub. C. / I. D. \_\_\_\_\_  
Date \_\_\_\_\_

**Protocol for an Account / Accounts:**

\* Private accounts may not be included.

<b>Branch</b>	<b>Accounts</b>

**If the form has been sent for updating accounts already included in the service, please fill in the following details:**  
**The number of sheets being sent: \_\_\_\_\_. The nature of the update **Must Be Filled In****  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attention: The binding combination and the advocate should be made to sign in Chapter 6 of this form**

**Contact person for clarifications by the corporation**  
Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone at Work: \_\_\_\_\_  
Additional Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Confirmation by the Branch / Customer Relations Officer – All of the details should be filled in clearly – Without all of the details the form will be returned as erroneous!**

- I have added to the account the area of activity “Poalim Business Online” (branches only).**
- I have ascertained that the form meets the needs of the customer. In as much as the customer has defined an authorization for transfers to a third party, I have checked and approved the adjustment of the restrictions on the amounts specified in Chapter 4 (for ceilings higher than NIS 10 million it is mandatory that the form be signed by the Customer Relations Officer).**
- I have ascertained the binding signature combination and the advocate’s signature.**
- I the undersigned approve the inclusion of the customer specified above in the Poalim Business Online service.**

Branch / Unit Number \_\_\_\_\_ Name of the clerk handling the matter (first and family name): \_\_\_\_\_  
Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Signature of the person handling the matter + the stamp of the Bank** \_\_\_\_\_

## Chapter 2

### Groups of Signatories for Poalim Business Online

In this chapter there should be enumerated the account holders, the authorized signatories and the persons with limited authority, who are authorized to execute transactions online on Poalim Business Online (approval of transactions, execution of transfers, and the like). The authorized persons should be listed according to their division into groups of signatories, in accordance with the following guidelines:

1. Any one authorized person or account holder can belong to one group only.
2. All of the members of a particular group of signatories may act in the same way as defined in Chapter 3 (signature combinations).
3. All of the authorized persons for the account and/or the account holders listed in this chapter may view the information in all of the areas of activity.

**Persons with limited authority may view information in line with the authorizations that may be determined for them in Chapter 5. The authorizations for the execution of transactions for persons with limited authority should be specified in this chapter.**

4. Authorized persons or account holders who are not specified in this protocol may not receive information or execute transactions online.
5. The description of the group indicates the nature thereof. It is recommended to give meaningful descriptions such as “purchasing department personnel” or “vice-presidents”.

Name of Group: <b>A</b> Description:		Mobile Phone Number ( <b>Obligatory</b> )
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	

Name of Group: <b>B</b> Description:		Mobile Phone Number ( <b>Obligatory</b> )
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	

Name of Group: <b>C</b> Description:		Mobile Phone Number ( <b>Obligatory</b> )
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	

Name of Group: <b>D</b> Description:		Mobile Phone Number ( <b>Obligatory</b> )
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	
Name:	I.D.*	

\*If the account holder or the authorized person is recorded in the account by means of his passport (instead of his identity document), the word “Passport” should be specified instead of “I.D.” as well as the name of the country in which the passport was issued. In order to add account holders or authorized persons an additional copy of this sheet can be printed. In order to add groups a copy should be printed and the name of the groups changed.

## Chapter 3

### Areas of Activity for Poalim Business Online

#### Signature Combinations That Require a Number of Signatories

1. For each area of activity in the table below a **number of conditions for signature** can be defined, according to the maximum amount for the transaction therein (see the example below). Under each condition the names of the groups which are required to sign should be specified, that is to say “the signature combination” (for example A + D). The signature groups are defined in Chapter 2 above.
2. If more than one signatory is required for a group, the name of the group should be stated several times, according to the number of signatories required. For example, if two signatories from Group B are required B + B should be recorded.
3. Each combination should be ticked if it is required to sign **in the order** designated in the combination (hereinafter “obligatory order”).

#### Example

A corporation that wishes to define an area of activity as “payment of salaries” with a limitation as to amount of up to NIS 200,000.

According to the example in the following table, the transaction will be executed if it is signed for:

- By any two authorized signatories from Group D  
or
- By an authorized person from Group A, an authorized person from Group D and an authorized person from Group C, in that order.

Area of Activity	Condition	Maximum Amount for Signature (NIS)	Signature Combination 1	Obligatory Order	Signature Combination 2 (Alternative)	Obligatory Order
Payment of Salaries	1	200,000	D + D	<input type="checkbox"/>	A + D + C	<input checked="" type="checkbox"/>

**For your attention, the authorizations and the restrictions as to amount can be limited in the following Chapter 4.**

Area of Activity	Condition	Maximum Amount for Signature (NIS) <sup>1</sup>	Signature Combination 1	Obligatory Order	Signature Combination 2 (Alternative)	Obligatory Order
Transfer of funds to third parties (NIS) including: Transfers, ordering foreign currency at the Terminal, payments to government offices such as VAT and income tax and other payments	1			<input type="checkbox"/>		<input type="checkbox"/>
	2			<input type="checkbox"/>		<input type="checkbox"/>
Payment of salaries (NIS)	1	Total to all of the beneficiaries included in the transfer		<input type="checkbox"/>		<input type="checkbox"/>
	2	Total to all of the beneficiaries included in the transfer		<input type="checkbox"/>		<input type="checkbox"/>
Transfer of funds to third parties in foreign currency and foreign trade	1			<input type="checkbox"/>		<input type="checkbox"/>
	2			<input type="checkbox"/>		<input type="checkbox"/>
Documentary credit – submission of application to open and amend	1			<input type="checkbox"/>		<input type="checkbox"/>
	2			<input type="checkbox"/>		<input type="checkbox"/>
Loans and credit facilities Submission of applications for receiving loans and credit facilities	1			<input type="checkbox"/>		<input type="checkbox"/>
	2			<input type="checkbox"/>		<input type="checkbox"/>

### Areas of Activity in Which Each Group Can Act Separately

The areas of activity in which each group can act separately are set forth in the following table. The names of the groups authorized to act in these areas should be specified.

#### Example

A corporation that wishes to define an area of activity of “deposits and savings plans in Shekels” for each one of the authorized persons in Groups “A”, “D”, “E” and “H”.

<sup>1</sup> It is not obligatory to fill in restrictions as to amount. If no restrictions as to amount are filled in, the restrictions as may be determined by the Bank will apply.

Number	Area of Activity	Group Authorized To Act In This Area									
Example		A	D	E	H						

**For your attention,** it should be ascertained that the areas chosen for online activity **are areas that were defined when the account was opened** (for example: Current Account, Securities, Deposits, Foreign Currency etc.) In order to expand the areas of activity for the account, please apply to the branch.

Number	Area of Activity	Group Authorized To Act In This Area									
1	Current account in Israeli currency including: Transfers between the corporation's accounts, ordering business cheque books, ordering statements and establishing or updating authorizations for debiting accounts										
2	Deposits and savings plans in Shekels including deposits and withdrawals from daily interest deposits and short term deposits										
3	Securities including buying and selling securities in Israel and foreign securities outside Israel										
4	Maof in and outside Israel										
5	Foreign currency including buying and selling foreign currency, making deposits of foreign currency, transfers between foreign currency accounts with the										

	same Priv. C or I. D. number										
6	Authorization to observe all of the credit cards										



## Chapter 4

### Restrictions and Limitations Regarding Transfers to Third Parties

This chapter should be filled in if authorizations for activity have been given in Chapter 3 in one or more of the following areas: Transfer of funds in Shekels to third parties, payment of salaries or transfer of funds to third parties in foreign currency and in foreign trade. If you do not wish to give a particular authorization “no authorization” should be indicated.

For your attention: Restrictions as to amounts which the Bank determines may vary from time to time.

#### Explanation about the types of beneficiaries

- **Permanent beneficiaries** – Beneficiaries defined in advance by the corporation, and large sums of money can be transferred to them, at the option of the corporation. If money needs to be transferred from the corporation’s account to the account of one of the authorized persons for the account, the authorized person should be defined as a permanent beneficiary.
- **Casual beneficiaries** – Beneficiaries that have not been defined in advance as permanent beneficiaries. Smaller amounts can be transferred to them
- **Permanent government beneficiaries** – **Government offices and authorities that are defined in advance, and large sums of money can be transferred to them.**

For your information: In the following cases, the transaction can be transferred to the care of whoever has been entrusted to deal with the customer’s business account for adopting a resolution (branch / customer relationship manager): When the balance available for withdrawal from the account is insufficient and/or when the amount of the transaction entails exceeding the maximum ceiling for amounts it is permitted to transfer on-line (except when the amount of the transaction exceeds the maximum amount defined by the customer in the protocol). Details or restrictions as to amounts may not be added and existing remarks may not be changed or erased.

#### A. TABLE OF TYPES OF AUTHORIZATIONS AND RESTRICTIONS AS TO AMOUNTS

Type of Transfer	Indication of Authorization	Maximum Amounts	Bank’s Limit for Customers of Retail Banking (in NIS)	Bank’s Limit for Customers of Corporate Banking (in NIS)	Restrictions as to Amount in NIS
Transfer to a Casual Beneficiary	<input type="checkbox"/> Authorization Given	Single transfer to a casual beneficiary	200,000	200,000	
	<input type="checkbox"/> No Authorization	Total number of transfers per month to casual beneficiaries	1,000,000	1,000,000	
Transfer to a Permanent Beneficiary	<input type="checkbox"/> Authorization Given	Single transfer to a permanent beneficiary	1,000,000	100,000,000	M U S T  B E
	<input type="checkbox"/> No Authorization	Total number of transfers per month to permanent beneficiaries	10,000,000	200,000,000	

Transfer to a Permanent Government Beneficiary	<input type="checkbox"/> Authorization Given	Single transfer to a government beneficiary	10,000,000	150,000,000	F I L L E D  I N
	<input type="checkbox"/> No Authorization	Total number of transfers per month to government beneficiaries	10,000,000	Unlimited	
Payment of Salaries (up to 3 lists per month)	According to the above authorizations	Transfer of salary to a single beneficiary	According to the definition of the beneficiary as permanent/casual		May not be limited
		Total number of transfers per month on account of salaries	1,000,000	1,000,000	May not be limited

**B. LIST OF PERMANENT BENEFICIARIES FOR A THIRD PARTY TRANSFER IN SHEKELS – (FOR ESTABLISHMENT AT THE BRANCH)**

In this table details of the accounts of the permanent beneficiaries can be given and the maximum amount to be transferred can be specified for each beneficiary. **To the extent money needs to be transferred from the corporation's account to the account of one of the authorized persons for the account, the authorized person should be defined as a permanent beneficiary.**

Number	Bank	Branch No.	Account No.	Beneficiary's Designation (in Hebrew)	Identifier in the Customer's System* (Optional)	Maximum Amount for a Single Transfer (Optional)	Validity of the Authorization (up to three years) Default: Year from input date
<b>Example</b>	10	707	12345678	Israel Israeli			
	IBAN: IL123456789012345678901					Name in English (for IBAN transfers): Israel Israeli	
1							
	IBAN: IL123456789012345678901					Name in English:	
2							
	IBAN: IL123456789012345678901					Name in English:	
3							
	IBAN: IL123456789012345678901					Name in English:	
4							
	IBAN: IL123456789012345678901					Name in English:	

\* Name / identification number of the beneficiary in your bookkeeping systems

## Chapter 5

### Details of Personal Authorizations for Users Who Are Not Authorized Signatories and for Authorized Persons with Limited Authority for the Account

This chapter is intended for users who are not account holders or are not authorized signatories for the account, and for persons with limited authority. The details should be filled in according to the example: Name, I. D. and the desired areas should be marked with an X.

1. **Users who are not authorized signatories for the account** – Employees or external users such as accountants, who are not defined as authorized signatories for the account and for which they are not authorized to execute transactions. Such users may use the internet only to view information and key in data.
2. Authorization to “key in” enables the user to prepare a draft instruction to execute a transaction. **The execution of the transaction is subject to the signatures as defined in Chapter 3.**

	First and Family Name	I.D. or Passport + Name of Country	Date Of Birth*	Mobile Phone Number (Obligatory)	Viewing of Information						Keying In Data			
					Viewing all Credit Cards	General Current Account (NIS)	Deposits (NIS)	Foreign Currency and Future Transactions	Securities	Maof	Credit	Transfers to Third Parties in NIS and Government Payments	Payment of Salaries in NIS	Transfers To Third Parties in Foreign Currency
Example	Israel Israeli	123456789	01-01-01	051-1111111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* Date of birth needs to be keyed in in order to verify the user’s details.

## Chapter 6

### Signatures

#### **Binding Signature Combination for the Account + Stamp (According to the Binding Signature Combination at the Branch)**

<b>Declaration: We are aware that the identification particulars are personal and are not transferable. It is the responsibility of the corporation to notify the branch of the termination of the contractual relationship of each one of the authorized persons of the corporation.</b>			
<b>First and Family Name</b>	<b>I. D. / Passport</b>	<b>Signature</b>	<b>Stamp</b>
I, the undersigned, hereby confirm that the resolution adopted by the corporation referred to above on _____, as set forth above on pages ____ to ____ was duly and lawfully adopted and is in complete accord with the corporation's incorporation papers, and is binding upon it for all intents and purposes. <b>Advocate's signature and stamp: _____ Date: _____ Israeli Licence Number: _____</b>			

### Appendix "A"

#### **Power of Attorney for Receiving Identification Particulars for an Online Business Account**

The corporation resolved to subscribe to Poalim Business Online.

The corporation empowers:

Name of the holder of power of attorney: \_\_\_\_\_ I. D. \_\_\_\_\_  
 to receive the identification particulars for the online business account of the persons specified below on behalf of the corporation:

Name	I. D. /Passport

#### **Binding signature combination for the account + stamp (according to the binding signature combination at the branch)**

Signature	Stamp

I am aware that the receipt of the identification particulars by the holder of power of attorney is subject to the receipt of telephonic confirmation from one of the authorized persons.