

* 모든 작성은 영문으로 부탁드립니다

" 건 부 "



Corporate Customer

To : KEB Hana Bank Amsterdam Branch

Date : 2018.01.12

Dr. Willem Dreesweg 2, 1185 VB Amstelveen (Tel 020-546-9377, Fax 020-546-9399)

I/We hereby request you to open a (EURO, USD, GBP) account in my/our name.

All business with your bank shall be governed by your General Banking Conditions, copy of which I/we hereby declare to have received and the contents of which we hereby explicitly approve and accept. Current accounts, savings and deposits held at KEB Hana Bank Amsterdam Branch fall under the Dutch Deposit Guarantee Scheme. I hereby acknowledge the receipt of the Basic Information about the protection of deposit. Also, I/We understand that the bank may process personal data in accordance with the EU General Data Protection Regulation as explained in the Privacy Notice, suspend and/or close my account(s) to comply with the Anti-Money Laundering/ Counter-Terrorist Financing/ Sanctions Laws and Regulations.

1. Company Name	회사명
2. Trading Name	회사명
3. Office Address	회사 주소
4. Telephone No Fax No	회사 전화번호 또는 연락가능 번호 (영문 시)
5. Principal place of business operations	회사영양국가
6. Statutory seat	법적 형식 (B.V. or N.V.)
7. Nationality	회사 국적
8. ID Card No or Passport No of the authorized Person	KVK 대표의 여권번호
9. Registration No of the chamber of commerce and industry	상공회의소 등록번호 (KVK NUMBER) 독일사주 한국법 경우 본사 법인등록번호 또한 기재해 주십시오
10. E-mail Address	이메일

Yours faithfully

" 사인 "

(Signature)

N.B. Please fill in carefully to prevent mistakes, Signatures on the receipts and letters must be in strict conformity with the specimen signatures filed with our bank

<To be filled in by the bank>

Account opened on:

Account No.:

Identified by (staff)	Application Accepted by(Manager)	Compliance Officer (Money Laundering)	General Manager

<Required documents>

1. The original or a certified copy of the Certificate of Incorporation
2. The resolution of the board of directors to open an account and to confer authority on those who choose to operate it
3. A copy of the latest management accounts and the annual report
4. A certified excerpt from the chamber of commerce where that legal entity is registered
5. Copy of Passport or Driving License or ID Card of all authorized persons appearing on the excerpt of Chamber of Commerce.
6. Agreement for transactions by FAX (additional application for transaction by e-mail)
7. CDD and/or EDD Interview Form (High Risk-> EDD)
8. UBO Declaration Form
9. Application Form for I-bank
10. Result of Watch List Screening
11. Self-certification form for FATCA/CRS

Version 12. 2018

Identified by (staff)	Application Accepted by (Manager)	Compliance Officer (Money Laundering)	General Manager



To: KEB Hana Bank Amsterdam Br.

Dr. Willem Dreesweg 2, 1185 VB Amstelveen (Tel 020-546-9377, Fax 020-546-9399)

Date: 산정일자

Gentleman :

We give you on the below side here of a list of the specimen signatures of the officers who are authorized to sign on behalf of our company. All business with your bank shall be governed by your General Terms and Conditions.

Yours faithfully

KVK 대표이사인

(Signature)

SPECIMEN SIGNATURES

Name : 회사명

Account No :

Address 회사주소

Telephone No(Fax No) : 회사 전화번호

Name	Function (Position)	ID Card No or Passport No	Signing severally Or jointly (S or A or B) ★	Signature
<u>사명대표자 성명</u>	<u>대표이사</u>	<u>여권번호</u>	<u>S</u>	<u>사인</u>
Birth date	<u>생년월일</u>			
Birth place	<u>출생지 (도시, 나라)</u>			
Private Address	<u>개인 거주지 주소</u>			
Birth date				
Birth place				
Private Address				

★ Note : Each of the officer(s) in Group S is authorized to sign severally
Each of the officer(s) in Group A is authorized to sign if jointly with other officer(s)
Each of the officer(s) in Group B is authorized to sign if jointly with other officer(s) in Group A

AGREEMENT FOR TRANSACTIONS BY FAX

The undersigned

1. _____ [name], residing at [address], hereinafter to be referred to as the 'Client':
1. 김민준 (주소)에 사는 김민준 (이름), 이하 '고객'이라 한다.

And

2. KEB Hana Bank Amsterdam Branch, residing at (1185 VB) Dr. Willem van Dreesweg 2 in Amstelveen, hereinafter to be referred to as the 'Bank';
2. Dr. Willem Dreesweg 2, 1185 VB Amstelveen 에 위치하고 있는 KEB Hana Bank Amsterdam Branch, 이하 '은행'이라 한다.

It is agreed between the parties as follows:

다음과 같이 합의함:

Article 1 General

In the event that the Client requests the Bank for a money transfer by fax, the Bank may regard the request, regardless of amount and beneficiary, as a money transfer instructed by a person that is authorized to act for the Client, in accordance with the following conditions.

제1조 일반사항

고객이 은행앞 팩스로 자금이체를 요청한 경우, 은행은 그 요청을 금액 및 수혜자에 불문하고 정당한 권한을 부여받은 서명권자가 요청한 다음과 같은 조건에 부합하는 자금 이체와 동일한 것으로 본다.

Article 2 Contractual Capacity and Representative Authority

- a. The Client vouches for his contractual capacity in respect of the moneys deposited to his name with the Bank.
b. The Client shall be liable towards the Bank for any damage the Bank may sustain as a consequence of total or partial absence of contractual capacity. The Client

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holds the Bank harmless against all consequences and any claims by third parties in respect of the total or partial absence of contractual capacity.

- c. The Bank shall be furnished in writing with one or more specimen signatures of the Client and the party(parties) who is (are) authorized together with, for or in the name of the Client, to dispose of the account deposited with the Bank and to represent the Client in transactions with the Bank, along with a specification of any restrictions set on such authority. The Client shall not be capable of pleading towards the Bank that the signature cards given to him by the Bank have been completed incorrectly.
- d. Along with his mandatory / authorized representative, the Client shall be liable towards the Bank for any damage the Bank may suffer as a consequence of the acts of the parties representing him towards the Bank.

제2조 계약상 법적자격과 대리권

- a. 고객은 은행에 본인 명의로 예치된 예금과 관련하여 계약을 체결할 수 있는 법적능력이 있음을 보증한다.
- b. 고객은 계약체결 권한이 없거나 흠결이 있는 경우에 은행이 입게되는 모든 손실에 대하여 책임을 진다. 고객은 동 경우와 관련하여 제3자가 요구하는 손해배상청구로 은행에 손실이 발생한 경우 그 손해액 전부에 대해 책임을 진다.
- c. 고객은 은행에 예치된 예금을 인출하거나 은행거래에 있어 본인 및 대리인을 대표하는 서명을 하나 또는 그 이상 등록하여야 하며, 그 서명에 일정한 제한을 둘 경우 그 제한내용을 기재하여야 한다. 고객은 은행앞 기재출한 서명등록부가 잘못 완성되었다고 주장할 수 없다.
- d. 고객은 권한을 위임한 서명권자와 더불어 본인을 대표하는 관련인들의 행위로 인하여 은행이 입게되는 모든 손해에 대해 보상할 책임을 진다.

Article 3 Changes in Contractual Capacity and Representative Authority

- a. In case no restrictions as referred to in article 2 have been stated, or if incorrect restrictions have been stated, each of the signatures furnished to the Bank shall bind the Client in full and for any amount, even if such restrictions are specially set forth in articles of association or regulations or in general or special powers of attorney or in any other records.
- b. Changes in or revocation of the authority of the client or of his representatives or authorized agents, even if entered in public registers, shall take effect towards the

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Bank only after the Bank shall have been informed thereof in writing.

- c. Entries in the Trade Register, Registers of Foundations, Community Property Register or in other public registers, or changes in any such entries, shall not be capable of being invoked towards the Bank until after the Bank shall have been informed thereof in writing.

제3조 법적자격 및 대리권 교체

- a. 2조에 기술된 제한 내용들이 분명하지 않거나 부정확하게 규정되어 있을 경우, 이 제한들이 정관, 일반 또는 특별 위임장 또는 기타 다른 서류에 명시되어 있다 하더라도 은행에 기신고된 서명은 고객이 전적으로 책임이 있는 것으로 구속한다.
- b. 고객의 권한, 고객의 대표자 또는 대리인의 위임의 변경 또는 취소가 공식적으로 등록되었다 하더라도 은행이 고객으로부터 이 사실을 문서로 통지를 받을 때까지는 그 효력이 발생하지 아니한다.
- c. 상공회의소, 비영리단체 등록기관, 등기소 및 다른 공적기관앞 공식적인 등록 또는 변경사항을 은행이 문서로 통지를 받을 때까지는 그 효력이 발생하지 아니한다.

Article 4 : Use of Fax as Means of Communication

The risk of misunderstanding, mutilation, delay, or of orders and communications not coming through adequately via fax used in transactions between the Client and the Bank, shall be for the Client's account. Without prejudice to the above, the Bank reserves the right not to execute orders received by it, which appear unclear to it, until after it shall have received confirmation or clarification thereof.

제4조 통신수단으로 Fax의 사용

고객은 은행과 팩스에 의한 거래시 지급지시서의 잘못된 해석, 훼손, 지연과 전송 미접수와 관련하여 발생할 수 있는 위험에 대하여 전적인 책임을 진다. 위와 관련하여 특별히 부당한 경우를 제외하고는 은행은 불분명한 자금이체 지시에 대한 추가 확인 및 보충 설명을 받을 때 까지는 동 자금이체지시를 실행하지 않을 권리를 갖는다.

Article 5 Instructions for Execution and Responsibilities

- a. The Client shall see to it that the orders, statements and communications to the

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Bank shall be clear and shall contain the correct data.

- b. The Client should confirm the Bank by telephone that the client has sent a payment order to the Bank and that the Bank has received the order. The Bank will execute the payment order independently of whether the Bank has received confirmation. However, the Bank reserves the right not to execute orders received by it until after it shall have received confirmation.
- c. Payment order shall immediately be executed by the Bank based on the account number stated by the Client, and the Bank shall not be bound to verify the accuracy of the data stated in the order with exception of the name, account number, and the authorized signature on the payment order. The Bank is exempt from verifying the authenticity of payment order.
- d. The Client shall take full responsibility of any damage resulting from forged signature, duplicate transfer, delay, misunderstandings, or mistakes except for the apparent mistakes of the Bank. Only in exceptional cases the Client will be able to request the Bank in writing or by telephone to suspend the payment order that the Client requested before. If the payment order has then already been executed, this is at the risk of the Client.

제5조 실행지시 및 책임

- a. 고객은 은행앞으로 보내는 자금이체 지시서, 세부명세 및 정보가 명확하고 그리고 정확한 자료들이 포함될 수 있도록 노력하여야 한다.
- b. 고객은 은행 앞 전화를 하여 자금 이체 지시서 FAX 송부 사실을 통보하여야 하며, 은행이 이를 받았는지를 확인하여야 한다. 은행은 위 확인전화 여부와 관계없이 자금 이체 지시를 실행한다. 단, 은행은 은행이 정한 절차에 따라 자금이체 지시서의 진정성이 확인될 때까지 자금이체를 실행하지 않을 권리도 갖는다.
- c. 은행은 자금이체 지시서를 고객이 명시한 계좌번호로 즉시 처리하여 한다. 은행은 수혜자 이름, 계좌번호, 서명확인을 제외하고는 자금이체지시서 그 자체의 진위를 확인할 의무는 없다.
- d. 고객은 서명의 위조, 이중이체, 지연, 해석의 오류 또는 은행이 명백하게 한 실수한 경우 이외의 다른 실수로 인하여 발생하는 모든 손해에 대하여 전적으로 책임을 진다. 고객은 서면 또는 전화로 은행앞 기 요청한 자금이체 지시서의 실행을 일시적으로 중단할 것을 예외적인 경우에 특별히 요청할 수 있다. 그러나, 이미 자금이체가 완료된 경우의 책임은 고객에게 있다.

Article 6 Scope of Application

서명

This agreement shall apply to all accounts of the Client with the Bank and becomes effective on the day this agreement is signed and the Client cannot terminate this agreement as long as the Client holds any account with the Bank.

제6조 적용 범위

이 약정은 고객이 보유하고 있는 모든 은행계좌에 적용되며, 이 약정은 체결된 날로부터 효력이 발생한다. 고객은 은행에 계좌를 보유하고 있는 동안은 이 약정을 해약할 수 없다.

Article 7 Governing law and jurisdiction

This agreement shall be governed by the laws of the Netherlands.

All disputes arising out of this agreement will exclusively be brought before the competent court of Amsterdam, the Netherlands.

제7조 재판 관할권

이 약정은 네덜란드 법률의 적용을 받는다.

이 약정과 관련하여 발생하는 모든 법적분쟁은 네덜란드 암스테르담 법원에 관할권이 있다.

This agreement has been entered into in 서울 [place], on 작성일자 [date],
이 약정서는 [장소] 에서, [날짜] 체결 되었다.

Company Name (the "Client"): 회사명

Representative Name: 대표자

사인
signature (사인)

 KEB Hana Bank

KEB Hana Bank, Amsterdam Br. (the "Bank")

Manager Name:

Signature (사인)

본 계약서의 국문은 UNOFFICIAL TRANSLATION이며, 한국 고객을 위한 참고용임

Additional agreement for transaction by fax



To : KEB Hana Bank, Amsterdam Br.

I, 에이치씨, have entered into an 'Agreement for transaction by fax' for money transaction when we opened bank account. However, due to unavoidable circumstances on our part, hereby we also ask you to allow the money transaction by e-mail and hereby pledge to stick to the below provisions.

는 자금거래와 관련하여 개좌 개설 당시 귀 지점과 Fax 거래 약정을 체결한 바 있으나 당사의 사정상 부득이 E-Mail 을 통한 자금거래도 요청하는 바 동 거래 방법과 관련하여 다음과 같이 서약합니다.

1. We shall send the application for money transfer via the e-mail with attached scanned file from the authorized person (이데오 5/2) to KEB Hana Bank, Amsterdam branch's official e-mail (keb5634@hanafn.com)

자금거래신청서는 scan file 첨부 방식으로 발신인이 서명권자 ()이고 수신인이 KEB Hana Bank 암스텔담지점의 대표 이메일 (keb5634@hanafn.com) 로 송부한다.

2. We shall take the full responsibility of any damage resulting from forged signature, duplicate transfer, delay, misunderstandings or mistakes except for the apparent mistakes of the Bank regarding the money transaction by e-mail.

E-Mail 통한 자금거래와 관련하여 서명의 위조, 이중이체, 지연, 해석의 오류 또는 실수(은행의 명백한 실수 제외) 등으로 인하여 발생하는 모든 손해에 대하여 전적으로 책임을 진다.

3. For other matters relating to money transaction, we shall comply with the 'Agreement for transaction by fax'.

기타 자금거래와 관련된 내용은 Fax 거래 약정서 내용을 따른다.

Date : 신정일자

Company Name : 에이치씨

Representative Name : 김민준

김민준

(Signature)

KEB Hana Bank
Amsterdam Branch
Comm. Register 33157495

**UBO (25%)
Declaration**

To: KEB Hana Bank Amsterdam Branch
(herein after: "Bank")

Undersigned;

Statutory Name:	회사명
Trade Name:	회사명
Legal form:	법정형태 (예: BV, offire...)
Place of establishment:	설립지 (예: Nederland)

(herein after: "Organization")

Declares as follows:

Definition in this declaration:

※ **Interest:** interest in capital (i.e. shares, share certificates), voting rights in shareholders' meeting, actual control, or -in case the Organization is a foundation or a trust- interest as beneficiary of its capital or special control over that capital.

※ **UBO (Ultimate Beneficial Owner):** every natural person, who has a direct or indirect interest in the Organization.

A. Does your organization have one or more UBO with an interest of 25% or more?

- ☐ No, the organization does not have an UBO with an interest of 25% or more. Proceed with signature.
- ☒ Yes, fill in the details hereunder.

B. Details of all UBO's with an interest of 25% or more.

	Name	Full address	Date of Birth	% direct interest	% indirect interest
1	회사 대표자 성함	주소	생년월일		
2					
3					
4					

C. The Organization shall inform the Bank as soon as possible in the case of: i) change of UBO with an interest of 25% or more and ii) Issuance of new shares.

D. Signature by Organization (to be signed by managers acting towards the Bank)

Name:	Date:	Place:	Signature:
회사명	일자	장소	사인

Contents checked by

www.ikeb.com

Clerk	Manager	GM

Applicant

Classification	<input checked="" type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Termination	
Service Change	<input type="checkbox"/> Transfer Limit <input type="checkbox"/> Account (Add, Delete) <input type="checkbox"/> Approval Process <input type="checkbox"/> Password Initialization <input type="checkbox"/> Approver/Security Manager Registration (Add, Delete) <input type="checkbox"/> Digital Certificate (Revocation, Reissue)	
Name	(English) <u>홍사명</u>	Representative <u>KVK 대표 성함</u>
(Company Name)	(Local)	Phone Number <u>홍대표</u> (FAX)
Registration No.	<u>KVK 번호</u>	E-mail Address <u>이메일</u>
Address	<u>주소</u>	

* Limit on transfer is to protect your valuable assets.

Currency	Amount
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(D: Deposit, W: Withdrawal, DW: Deposit & Withdrawal)

A/C No.	Transaction Type	A/C No.	Transaction Type	A/C No.	Transaction Type
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW
	<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW		<input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> DW

Withdrawal A/C				
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*Alpha Characters or Alpha Character(s) + Alphanumeric(s) (6 - 12 digits)

Personal User ID*	
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Approval Process Registration

Independent approval <input type="checkbox"/>	One user is responsible for each transaction.
Multiple approval <input type="checkbox"/>	More than 2 users are required for each transaction. • Number of Signers <input type="checkbox"/> 2 Persons <input type="checkbox"/> 3 Persons

*Alpha Characters or Alpha Character(s) + Alphanumeric(s) (6 - 12 digits)

Role	Approver	Security Manager	Approver of Security Manager's activity
User ID*			
Name			
E-mail Address			
Mobile No.			

I apply HANA i-Bank service and have read and agreed to the General Terms and Conditions of i-Bank Service and the HANA i-Bank Service Certification Practice Statement.

Date :

Applicant : 사외이사장 정영남 (Signature) 사외이사장 정영남



Self-certification form to establish foreign (tax) status

Registration of entity data

Financial institutions are legally required to verify whether entities and/or controlling persons are U.S. persons. As a financial institution we must therefore ask you several questions. We are legally bound to report the data of U.S. persons to the Dutch tax authorities. The Dutch tax authorities will report this information to the United States tax authorities.

Several words in this form are underlined. Please find an explanation of these terms in the glossary.

1 General Information

1a Entity name

한신은행

1b Business account number/IBAN

☐ The entity does not yet have an account number

1c Chamber of Commerce number

KVK 번호

☐ The entity does not have a Chamber of Commerce number

1d Business address

Street

한신은행

Number

Addition

Zip code

City

Country

2 Additional Information

2a Is the entity organized in the United States?

☐ Yes → Please proceed with 3

☐ No

2b Was the entity incorporated in the United States?

You can find this information in the statutes, the formation documents or the articles of incorporation of the entity.

☐ Yes → Please proceed with 3

☐ No

2c Is the entity a financial institution?

☐ Yes → Please proceed with 4

☐ No

2d Does the entity have any controlling persons that are U.S. persons?

☐ Yes → Please proceed with 5

☐ No → Please proceed with 7

3 Employer Identification Number (EIN)

3a Please provide the EIN (Employer Identification Number) of the entity

→ Please proceed with 3b

☐ The entity does not have an EIN

Please request an EIN for the entity. You can request an EIN directly via the U.S. Tax authorities: www.irs.gov. Please fill out this form starting from question 3a once you have obtained an EIN.

3b Is the entity a non-specified US person?

☐ Yes, the exempt code of the entity is

→ Please proceed with 7

☐ No → Please proceed with 7

(The entity could be liable to tax in the United States. We are therefore legally bound to report information about the entity to the Dutch tax authorities. The Dutch tax authorities will report this information to the United States tax authorities.)

Please proceed on the next page

Controlling person 4

First and middle name(s) _____

Title _____

Last name _____

Date of birth _____ dd-mm-yyyy

US TIN _____

Residence address Street _____

Number _____

Number addition _____

Zip code _____

City _____

Province/state _____

Country _____

If the entity has more than four controlling persons, please make a copy of this form and complete the information for the additional controlling persons.

7 Declaration and signature

As a representative authorized to sign on behalf of the entity, I declare that I have examined the information on this form and that to the best of my knowledge and belief it is true, correct and complete.

As a representative authorized to sign on behalf of the entity, I agree that I will submit a new form within 30 days if any certification on this form that may occur in above mentioned information becomes incorrect.

If the representative authorized to sign is jointly authorized, please note that in that case this form has to be signed by at least two of the jointly authorized representatives.

Signatory date _____ dd-mm-yyyy

City _____

Authorized representative 1

First and middle name(s) _____

Title _____

Last name _____

Signature _____

Authorized representative 2

First and middle name(s) _____

Title _____

Last name _____

Signature _____