iSX MONEY

**Customer Details**

Customer/Account Holder (Please include full legal name

(Company Registration Number (if applicable)

**To:** ISX Financial EU PLC, HE348009 (CY), Central Bank of Cyprus # 115.1.3.17 ("**ISXPay**")

**Authority:** I/We authorise:

 (a) each person who is authorised to operate on an account (each an **"authorised person"**) to give ISXPAY instructions to transact on that account on the terms of this authority by way of online access on isx.money or by email from the remitting email address(es) listed below
(each an **"electronic instruction"**); and

 (b) ISXPAY to accept and act upon any such **electronic instruction** that is given, or that appears to be given, in accordance with this authority.
By way of clarification, an **authorised person** shall have given an **electronic instruction** if the **authorised person** personally transmits the instruction or the **electronic instruction** is transmitted by another person on behalf of an **authorised person**, subject however to the **electronic instruction** otherwise meeting all the requirements of this authority and in particular including as an attachment any signed instruction referred to in sub paragraph

 (c) under the heading "Giving Instructions".
This authority applies to each account of the Customer with ISXPAY specified under  the Authority  Details  below. Unless  otherwise  stated,  this authority is separate to, and is given in addition to,  any other authority given by me/us in relation to the accounts or services (such as an authority given in an Account Authority Card) and also in addition to the terms and conditions of the accounts or services. To the extent of any inconsistency with prior authorities given by me/us, or the relevant terms and conditions, this authority prevails in respect of any **electronic instruction**. I/we can only terminate this authority by telling ISXPAY in writing. Where there is more than one of us, either of us can terminate this authority in this way.

**Payroll**

Full Access: Allows you to <u>execute</u> and <u>view</u> previous payrolls. **Execute:** Allows you to execute <u>only.</u>

List of authorised persons and specimen of signatures.

| Full Name | Position | Personal Email* | Mobile Phone No* | Signature | Execute | Full Access |
|---|---|---|---|---|---|---|
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |
| | | | | | ○ | ○ |

**\*** Mobile Phone / Email of the users will be used for OTP Notifications

**This authority is given by:**
(name of the authorised signatory as per the Board of Directors resolution)

| Full Name | Date | Signature |
|---|---|---|
| | | |