

This attachment is an integral part of “AGREEMENT FOR ELECTRONIC PAYMENT ADVICE”

Authorized Debit A/C No. EUR_____ , USD_____

Schedule Table of Authorized Payment Orders

Beneficiary	Account No.	Account with Bank

Remarks:

1. Any blank space at the above table should be crossed out.
2. The original payment instruction should be forwarded to this Bank immediately, if said payment order, to third party, was not listed at the above table.
3. This document will be effective from having received and duly signed by this Bank till the account holders notify us otherwise.

Signed

Date

Account Holder

Mega ICBC, Amsterdam Branch