



International Chamber of Commerce
The world business organisation

**PAYMASTER AGREEMENT AS PART OF NCNDA & IRREVOCABLE MASTER FEE PROTECTION AGREEMENT
(IMFPA) AND BANK ENDORSED PAY ORDER FOR THE TRANSACTION OF AURUM UTALIUM (ICC 619/650)**

IMFPA NCNDA REF NO
CONTRACT CODE
BUYER TRANSACTION CODE
SELLER TRANSACTION CODE

CONTRACT INFORMATION
COMMODITY/PRODUCT
QUANTITY
PRICE
COMMISSIONS / FEES
BUYER'S NAME
REPRESENTED BY
VIA
SELLER'S NAME
REPRESENTED BY

DECLARATION

I, xxxxxxxxxxxxxxxxxxxx a XXXXXXX CITIZEN with Passport Number , hereby confirm I am the Paymaster for the Commission on the Seller's Side and/or Buyer's Side Intermediary of which their respective share or entitlement is as indicated in Percentage of below mentioned Intermediaries in which, the commission will be paid by the Buyer within 24 hours from the deal's successful completion. The Paymaster Agreement applies to the reference and event and will remain in full force as agreed in the NCND Agreement between the Buyer and the Seller. The duration of the Agreement shall perpetuate for five (5) years from last date of signing.

I hereby undertake irrevocably that the entitlement of all the herein specified Intermediaries will be credited to his/her designated account within 24 hours upon payment credited to my designated account.

PAYMASTER'S INITIAL

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PAYMASTER INFORMATION & BANK DETAILS

PAYMASTER COMPANY NAME	
REGISTRATION NUMBER	
REPRESENTED BY	
PASSPORT N°/NATIONALITY	
ADDRESS	
TELEPHONE / FAX	+
E-MAIL / WEB SITE	
MOBILE	+
BANK NAME	
BANK ADDRESS	
ACCOUNT NAME	
ACCOUNT NUMBER	
SWIFT - CODE	
BANK IBAN NUMBER	
BANK OFFICER	
BANK TELEPHONE / FAX	+
SIGNATURE & SEAL	
DATE	

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ACCEPTED & AGREED BY BENEFICIARIES NAMED BELOW

ANNEXURE A

BUYER CONSULTANT: Shall receive XX% of total XX% of the buy side of the total contract with rolls & extensions to be paid by the Buyer to the bank accounts designated. This amount is payable to the designated paymaster bank account, upon the closing of each and every tranche for the duration of the contract and including all rolls and extensions.

BENEFICIARIES

PAYMASTER

PASSPORT № / COUNTRY

ADDRESS

TELEPHONE / FAX

E-MAIL ADDRESS

BANK NAME

BANK ADDRESS

ACCOUNT №

ACCOUNT NAME

ABA ROUTING №

SWIFT CODE

BANK OFFICER

TELEPHONE / FAX

E-MAIL ADDRESS

WIRING INSTRUCTIONS

PRE ADVICE MUST BE SENT VIA SWIFT PRIOR TO WIRE TRANSFER. Please send E-mail notification with the TRANSACTION CODE: immediately per each remittance to:

The SWIFT or transfer instructions covering all remittances shall clearly state the following:
"Clean, cleared, lien-free, and unencumbered funds, earned from consulting fees on commercial enterprises of non-criminal and non-terrorist origins, known by TRANSACTION CODE: payable in cash immediately upon receipt by the Beneficiary's bank."

REQUIRED MESSAGE

SIGNATURE & SEAL

Signed Date:

PAYMASTER'S INITIAL

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ANNEXURE B

BUYER CONSULTANT: Shall receive XX% of total XX% of the buy side of the total contract with rolls & extensions to be paid by the Buyer to the bank accounts designated. This amount is payable to the designated paymaster bank account, upon the closing of each and every tranche for the duration of the contract and including all rolls and extensions.

BENEFICIARIES

PAYMASTER

PASSPORT № / COUNTRY

ADDRESS

TELEPHONE / FAX

E-MAIL ADDRESS

BANK NAME

BANK ADDRESS

ACCOUNT №

ACCOUNT NAME

ABA ROUTING №

SWIFT CODE

BANK OFFICER

TELEPHONE / FAX

E-MAIL ADDRESS

WIRING INSTRUCTIONS

REQUIRED MESSAGE

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SIGNATURE & SEAL

Signed Date:

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ALL BANK CHARGES SHOULD BE BORNE BY ACCOUNT BENEFICIARY

NOTARY PUBLIC

On this ____ day of Feb 2011

Before me, the undersigned Notary Public personally appeared the following:

M. -----

Holding ----- Passport N°: -----

to me known to be the individuals described herein and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

My commission expires:

Notary Public Signature

Officer Name:

Title:

Notary Public Name:

Address:

Tel:

Today's Date:

[SEAL]

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BANK ENDORSEMENT

This is to certify that the above irrevocable payment order has been lodged with us and will be executed in accordance with the instructions stipulated in this document. We, the **Bank Officers**, acting on behalf of the **Paymaster**, will irrevocably pay the Beneficiary, the amount of consultancy fees as per the NCNDA & MFPA signed and sealed without any change and discussions.

Paymaster's Bank

BANK OFFICER 1 SIGNATURE

Bank officer name:
Title:
Pin number:
Bank name
Bank address:
Bank tel.:
Today's date:

[Seal]

BANK OFFICER 2 SIGNATURE

Bank officer name:
Title:
Pin number:
Bank name
Bank address:
Bank tel.:
Today's date:

[Seal]

I, **The Paymaster**, hereby order my bank to irrevocably pay the Beneficiary, the amount of consultancy fees here above mentioned in this Agreement.

Date:
Company Name:
Represented by:
Passport N°/Country:
Issue date/Expiry date:

SIGN AND SEAL:

PAYMASTER'S INITIAL