

Account Registration Form

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|---------------------------|--|---|--------------------------|----------------|
| Beneficiary Name | SAFPEM (MIDDLE EAST & EUROPE SPECIFIED INSTITUTE OF CONTEMPOR | | | |
| Beneficiary Address | 2426-15 NORTHOWN WAY - NORTH YORK - ONTARIO - M2N 7A2 | | | |
| Beneficiary Fixed Phone# | Country Code | 1 | Number | (416) 546-1576 |
| Beneficiary Phone# | Country Code | 1 | Number | (416) 878-0450 |
| Beneficiary Email Address | SAFPEMINSTITUTE@GMAIL.COM | | | |
| Bank Name | CIBC | | | |
| Bank Branch Name | CANADIAN IMPERIAL BANK of COMMERCE | | | |
| Bank Branch Address | 5255 YONGE ST. - NORTH YORK - ONTARIO - M2N 6P4 | | | |
| Bank Branch Phone# | Country Code | 1 | Number | (416) 223-8772 |
| Bank Branch FAX# | Country Code | | Number | |
| SWIFT(or B.I.C) | CIBCCATT | | CC Code= CC0010 (branch) | |
| Account Number | 1155016 | | | |
| Account Name | CBNAKE Business | | | |