APPENDIX B

APPENDIX B TO SUBPART I OF PART 103 –
RECERTIFICATION REGARDING CORRESPONDENT ACCOUNTS FOR FOREIGN BANKS

[OMB CONTROL NUMBER 1505-0184]

The information contained in this Certification is sought pursuant to Sections 5318(j)and 5318(k) of Title 31 of the United States Code, as added by sections 313 and 319(b) of the USA PATRIOT Act of 2001 (Public Law 107-56).

The undersigned financial institution, **HSBC PRIVATE BANK (Monaco) S.A (formely HSBC Republic Bank (Monaco) S.A)**, hereby certifies as follows:

1. Foreign Bank has executed a Certification dated **December 13, 2004** (the "Certification") relating to one or more Correspondent Accounts maintained by one or more Covered Financial Institutions for Foreign Bank. Terms defined in the Certification have the same meaning in this Recertification.
2. The information contained in the Certification:
   ☒ remains true and correct.
   is revised by the information provided with this Recertification (attach a statement describing the information that is no longer correct and stating the correct information).

Foreign Bank understands that each Covered Financial Institution at which it maintains a Correspondence
Account may provide a copy of this Recertification to the Secretary of the Treasury and the Attorney General of the United States. Foreign Bank further understands that the statements contained in this Recertification may be transmitted to one or more departments or agencies of the United States of America for the purpose of fulfilling such departments' and agencies' governmental functions.

We, **John BERTOLINO & Virginie SABATIE**, certify that we have read and understand this Recertification, that the statements made in this Recertification are complete and correct, and that we are authorized to execute this Recertification on behalf of Foreign Bank.

HSBC PRIVATE BANK (Monaco) SA

J. BERTOLINO Chief Operating Officer

V. SABATIE Local Compliance Officer

Executed on this 21th day of June, 2010

Received and reviewed by:

Name: _____
Title: _____
For: _____
[Name of Covered Financial Institution]

Date: _____