



BRANCH / SUB-BRANCH	Client ID number	Remark:
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(filled in by authorized SB employee)

## REQUEST for client registration - legal entity

RESIDENT     NON-RESIDENT

<b>1. GENERAL CLIENT INFORMATION</b>	Full name	Short name
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Tax number	ID number	Country by the Law of which the client is registered
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RESIDENT:	Address in RM	City	Country	Telephone in RM	Fax in RM
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NON-RESIDENT:	Address in resident country	City	Country	Telephone in resident country	Fax in resident country
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Number of document within the appropriate register in which the legal entity is registered (provided there is such a register in the country where the legal entity is registered). In lack of such a number, the date of the document issuing should be stated	Date of evidencing in the Register (date of constitution of the legal entity)
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Decision by a special registering institution for a license for certain activities or a license (exchange operations, leasing, games of chance, insurance, fast money transfer) (in case the legal entity activity requires a special license/ license according to the positive legal regulation)	a) yes (fill-in cells <b>I</b> and <b>II</b> below) b) no (continue to <b>III</b> )
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<b>I.</b> Issuing authority of the document / Name of the institution	<b>II.</b> Date of issuing of the license / permission
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<b>III.</b> Principal activity	<b>IV.</b> Code of activity
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(circle the number of activity)

1. public administration   2. education   3. agriculture   4. health care   5. industry and construction   6. trade   7. accounting, information technology and telecommunication  
 8. traffic   9. sports, art and culture   10. enforcers   11. lawyers   12. notaries   13. tourism and catering   14. financial mediation and banks   15. economic & legal consulting  
 16. international organizations   17. self employed person   18. non-government organizations   19. casinos, betting offices, games of chance  
 20. other

TYPE OF CLIENT (circle the form of the legal entity):	1. sole proprietorship limited liability company   2. Limited liability company 3. Joint-stock company   4. Public company   5. State owned   6. Association of Citizens   7. Sole proprietor   8. Other
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SIZE OF COMPANY / LEGAL ENTITY: (before answering please read the additional explanation given below)	1. micro   2. small   3. medium   4. large	Number of employees (current situation)*
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<b>2. OTHER CLIENT DATA</b>	E-mail address*	Web page*
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CAPITAL RELATED ORGANIZATIONS / LEGAL ENTITIES WITH SHARE EQUAL OR HIGHER THAN 20% OF THE CAPITAL
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OWNERS OF SHARES INDIVIDUALS WITH SHARE EQUAL OR HIGHER THAN 20% OF THE CAPITAL
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BANK PRODUCTS / SERVICES TO BE USED*	1. MKD account   2. Foreign currency account   3. Credit card   4. Loan   5. Letter of credit   6. Letter of guaranty   7. safety-deposit box   8. Other
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EXPECTED ANNUAL TURNOVER ON THE ACCOUNT IN THE BANK (IN EURO)	1. up to 500.000 euro   2. from 500.000 to 2.000.000 euro   3. from 2.000.000 to 5.000.000 euro   4. above 5.000.000 euro
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EXPECTED BUSINESS RELATIONSHIPS WITH CLIENTS FROM THE FOLLOWING COUNTRIES	1. Macedonia   2. USA   3. Canada   4. EU   5. Australia / New Zealand   6. Japan   7. Russia   8. Pakistan   9. Uzbekistan   10. Turkmenistan   11. Azerbaijan   12. Moldavia   13. Korea 14. The Bahamas   15. African Countries   16. Gibraltar   17. Cayman Islands   18. Iran   19. British Virgin Islands   20. Panama   21. China   22. Cyprus   23. Burma/ Sao Tome and Principe 24. Other <input type="text"/>
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Manager (name and surname)	Address	Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Manager (name and surname)	Address	Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Manager (name and surname)	Address	Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Manager (name and surname)	Address	Unique Tax Identification Number	No of ID / No. of passport	Issuing authority

Authorized person (name and surname)	Address	
Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Authorized person (name and surname)	Address	
Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Authorized person (name and surname)	Address	
Unique Tax Identification Number	No of ID / No. of passport	Issuing authority
Authorized person (name and surname)	Address	
Unique Tax Identification Number	No of ID / No. of passport	Issuing authority

### 3. CLIENT'S CONSENT:

By signing this request I/we herewith confirm that:

- the data stated above are correct;
- in case of change of statutory data I/we shall notify the Bank within 3 working days from the occurrence of the change. Otherwise, each delivery by the Bank to the Client shall be considered as properly facilitated on the address stated herewith;
- I/we agree my/our data stated in this application to be registered, processed, transferred to another country and updated for the Bank's needs in cases determined by valid legal regulations, and, if needed, the Bank to transfer my/our personal data to other member countries of EU or EEA or other countries which are not members of EU or EEA, upon prior approval for transfer of personal data by the Office for personal data protection;
- I/we am/are informed that the above stated data are considered as business secret according to the Banking Law and other positive regulations;
- the Bank retains the right to require other client data with reference to the established business relationship;
- the Bank retains the right to terminate the business relationship with the client at any time;
- I/we am/are informed about the provisions on establishing business relationships with the bank and I accept these in their entirety.

\*data that are not mandatory

**Remark:** the Request is considered completely filled-in if provides / encompasses all mandatory data, which will be checked out by a Bank official, who establishes/updates the business relationship with the client.

Place and date:

Signature of an Authorized person  
(person who opens / updates the account in the Bank)

Additional explanation (size of company / legal entity):

- A micro size commercial entity shall be a commercial entity that, in each of the last two accounting years, or in the first year of its operations, has met the following two criteria:
  - the average number of employees, based on the number of their full-time working hours, is up to 10 employees; and
  - the gross annual revenue acquired from any source does not exceed EUR 50,000 in MKD counter-value;
- A small size commercial entity shall be a commercial entity that, in each of the last two accounting years, or in the first year of its operations, has met at least two of the following criteria:
  - the average number of employees, based on the number of their full-time working hours, is up to 50 employees;
  - the annual income is less than EUR 2,000,000 in MKD counter-value, and the total turnover is less than EUR 2,000,000 in MKD counter-value; and/or
  - the average value (at the beginning and at the end of the accounting year) of the total assets is less than EUR 2,000,000 in MKD counter-value.
- A medium size commercial entity shall be a commercial entity that, in each of the last two accounting years, or in the first year of operations, has met the first criteria and at least one of the second or third of the following criteria:
  - the average number of employees, based on the number of their full-time working hours, is up to 250 employees;
  - the annual income is less than EUR 10,000,000 in MKD counter-value; and/or
  - the average value (at the beginning and at the end of the accounting year) of the total assets is less than EUR 11,000,000 in MKD counter-value.
- Commercial entities, which are not classified as small or medium size commercial entities shall be treated as large commercial entities. In case of the inability to classify the commercial entities in paragraph 2 and 3, i.e. when each of the three criteria is different, the commercial entities shall be classified as medium size commercial entity. In case of the inability to classify the commercial entities in paragraph 1, i.e. when the two criteria are different, the commercial entities shall be classified as small size commercial entity.

### STATEMENT FOR BENEFICIAL OWNER

I (name and surname) \_\_\_\_\_ with ID no \_\_\_\_\_ and residence at \_\_\_\_\_

act as an authorized person for opening /updating the account of the below mentioned company, on the position of \_\_\_\_\_ in the Company:

Full name \_\_\_\_\_ Address \_\_\_\_\_ Tax number \_\_\_\_\_

In order to establish business relationship with the Bank, I herewith declare that the beneficial owner/s (\*\*please look at the explanation stated below) is/are:

#### Private individuals:

	Name and surname	ID No	Passport no / ID card No	Address
1.				
2.				
3.				
4.				

\*\* Beneficial owner of a legal entity is a individual who accomplishes direct or indirect participation of at least 25 % of the total shares i.e. voting rights of the legal entity, including possession of bearer shares and/or who otherwise establishes control over the management and achieves benefit with the legal entity.

Determining of the beneficial owner is not necessary in the following cases:

- for legal entities listed on public stock exchange
- banks, affiliations of banks, saving houses, companies for investment funds management, pension funds and insurance companies that have appropriate licenses for operating issued by the supervision authorities in their countries.
- state owned institutions, local self government bodies, public companies, institutes and economic chambers.

#### Notice:

- In case of changing of the ownership and management structure of the Company, it is obliged to inform the Bank in short notice about the changes in the part of the beneficial owner and to submit to the Bank a new Statement with updated data, within 15 days from the change
- According to my/our findings, the abovementioned persons are not involved in any kind of illegal activities
- The data in this Statement are given under full material and criminal responsibility, and by this signature I hereby confirm that the same are accurate and complete

Place and date:

Signature of the authorized person

### TO BE FILLED IN BY THE BANK

The request is received and checked by:	Signature of the Bank official:	Position:
Date:	Branch / Sub-branch:	