

Completion

(filled in by authorized SB employee)

BRANCH

Remark:

# **APPLICATION**

Client ID number

for client identification/revision - individual

□ RESIDENT	□ NON-RESIDENT						
PERSONAL DATA	Name and surnam	le				Father's nam	e*
Date and place of bi	th Resident addres	ss (from the document for pe	rsonal identification)	Contact adress (if difere	nt than Resident adre	ess)	Personal Registration Number (PRN)
Document for person	al identification of th	he client (the data stated are	taken from one of the	documents listed below -	a copy of the docum	ent is kept in	the client file)
1. ID card number		Issuing authority	Dat	te of expiry	Col	untry	
2. Passport number		Country			Da	te of expiry	

1. CLIENT CONTACT DAT	Contact address	Telepho	ne / fax	Mobile telephone
E-mail*	Occupation	Employer	Address / Phone number o	f employer*
ACTIVITY OF EMPLOYER:       1. public administration       2. education       3. agriculture       4. health care       5. industry and construction       6. trade         7. accounting, information technology and telecommunications       8. traffic       9. sports, arts and culture       10. enforcers       11. lawyers         12. notaries public       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 chan         20. other       10. enternational comparizations       13. tourism and catering       13. non-government organizations       19. casinos, betting offices, games of chan				

2. OTHER CLIEF	NT DATA	Country of	residence				Nationality		
1. AMOUNT OF	AVERAGE I	MONTHLY IN	COME: a) up to MKD 2	20,000 b) MKD 20,000 -	50,000 c) above	e MKD 50,000	2. NO MONTHLY INC	COME	
OTHER ADDITIC	onal souf	RCES OF MON	NTHLY a) Y	ES 1. up to N	1KD 30,000 (if affirmative, t	2. above N the client should	1KD 30,000 circle 1 or 2)	b) NO	
PROPERTY OWNED*	1. apartm	nent, house	2. real estate	3. owner of a company _			(name of the	company)	
	4. holder of stake / shares in a company (more than 25% ownership)								
MARITAL STATU	JS* <b>1.</b> 1	married	<b>2.</b> single	2					
BANK PRODUCTS AND SERVICES USED OR TO BE USED BY THE CLIENT IN FUTURE*:       1. transaction account       2. credit card       3. deposits       4. loans       5. e-banking       6. safe-deposit box       7. other					7. other				
OTHER CAUSES FOR THE PURPOSE OF THE BUSINESS RELATIONSHIP:									
Accounts in ( Bank(s)*:	OTHER								

## CLIENT'S CONSENT

#### By signing this application I herewith confirm that:

a) The data stated above are correct.

b) in case of change of my personal data (including the address data), I shall notify the Bank thereof 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.

c) I agree my personal data stated in this application to be registered, processed and updated for the needs of the Bank and, if needed, the Bank to transfer my personal data to other EU or EEA member-countries 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.

d) I am informed that the above stated data are business secret according to the Banking Law and other applicable regulations.

e) The Bank reserves the right to require other client data with reference to the established business relationship.

f) I am informed and agree that the Bank reserves the right to reject the establishing of business relationship.

- g) I am informed and agree that Bank reserves the right to terminate the business relationship with the client at any time.
- h) I am familiar with the terms and conditions on establishing business relationship with the bank and I accept these in their entirety.

THE BANK RESERVES THE RIGHT TO REJECT THE APPLICATION WITHOUT ADDITIONAL CLARIFICAITON

Important notice: The application is considered as completed if all the required information is included, for which verification is done by an authorized Bank employee who is establishing / revising the business relation with the client.

### USE OF CONTACT DATA FOR SENDING PROMOTIONAL OFFERS

### By the completion of this application, I herewith confirm that:

□ **I agree** my personal data to be used for promotional activities and improvement of the services of the Bank.

□ I disagree my personal data stated in this Application to be used in future for any kind of promotional activities.

(The client may, by submitting a written request to the Bank, and without any charge, request from the Bank not to use his/her personal data for promotional activities.)

By signing this application I hereby confirm that:

□ I act solely on my own behalf, for my account and my interest, but not for behalf, for account and for interest of a third party, i.e. another persor	I act sole	ly on my own beh	half, for my account and	l my interest, but not for be	half, for account and for interest	of a third party, i.e. another person.
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I act for behalf, for account and for interest of another person \_\_\_\_\_

\*data that are not mandatory

### 3. STATEMENT FOR HOLDERS OF PUBLIC FUNCTION

т	with PRN	with ID card/passport	
(name and surname)	(for	residents)	(for non residents)
herewith declare, under moral, criminal and material responsibility			
a) I am neither a holder of public function (Politically Exposed Pe	erson – PEP) and/nor a person related to a hold	er of public function (PEP)	
b) I am a holder of public function (PEP) and/or a person related	d to a holder of public function		(the position is stated)
**Definition on holders of public function (PEP) and/or persons "Holders of public functions" are natural persons who are or			such as:
<ul> <li>a) presidents of states and governments, ministers and deputy</li> <li>b) elected representatives in legislative bodies (members of pal c) judges of Supreme Courts of Constitutional Courts or other 1</li> <li>d) members of management boards of supervisory or regulator</li> <li>e) ambassadors,</li> <li>f) high ranking officers in the armed forces (ranks higher than g) elected and appointed persons pursuant to Law and membe</li> <li>h) persons with functions in political parties (members of politic</li> </ul>	rliament), bearers of high judicial functions against which y bodies and agencies, state auditing institution colonel), rs of management and supervisory boards of st	n, and board members of a Central Bank,	s, legal remedies cannot be used,
<ul> <li>i) persons currently at or previously at outstanding function in equivalent functions, and</li> <li>i) mayors and chairpersons of municipality councils.</li> </ul>		deputy managers, members of management ar	nd supervisory boards or other
Persons shall be considered holders of public functions as referred out risk assessment by the entities. The term "holders of public functions" shall also cover:	ed to in items a) to j) for at least two years afte	r the cessation of the public function, and on th	e basis of a previously carried
1) Family members of the holder of public function, as follows:			
<ul> <li>marital partner or a person with whom the holder of the pi - children and their spouses or persons with whom the child</li> <li>parents of the holder of public function.</li> </ul>	ublic function lives in communion, ren of the holder of public function live in comn	nunion, or	
2) Person who is considered to be close associate with the hold	ler of public function is natural person:		
<ul> <li>who is known to have joint legal or beneficial ownership ov who is the only beneficial owner of the legal entity or legal</li> </ul>			h the holder of public function, or
Note: The application is considered as completed if all required i Bank employee who is establishing / revising the business relation		olders of public function, as well, for which verif	ication is done by an authorized
Submitted by			
(Name and Surname)	(signature)		(place and date)
TO BE FILLED IN BY THE BANK			
Application is accepted and inspected by:	Signature of the authorized pe	erson in the Bank: Position:	

Date:

Branch:

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