

**Name of Legal entity:**

\_\_\_\_\_

Legal entity number (MB): \_\_\_\_\_

Croatian personal ID number (OIB): \_\_\_\_\_

Address of registered office:  
\_\_\_\_\_

Correspondence address:  
\_\_\_\_\_

Contact person: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Phone - office: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is the Legal entity tax resident in U.S.?  YES  NO

If you ticked Yes above, please state TIN of Legal entity \_\_\_\_\_

For the purposes of taxation, I certify that the Customer is a tax resident in the following countries (Croatia and U.S. excluded) and Customer's TIN in each country is set out below or I have ticked the box providing the appropriate reason why TIN is unavailable:

Country	TIN

If TIN is unavailable please provide the appropriate reason:

- The country where the Legal entity is liable to pay tax does not issue TINs to its residents,
- The domestic law of the relevant Reportable Jurisdiction does not require the collection of the TIN

Please provide a reasonable explanation if your country of residence for tax purposes differs from your country of current residence address:

Are financial instruments of the Legal entity traded on stock market or other regulated market?

Yes  No  If the answer is Yes, please answer the next two questions:

Which country: \_\_\_\_\_

Which stock market / regulated market: \_\_\_\_\_

In case your financial instruments are traded on the stock exchange, you are not obliged to fill in the Statement of beneficial owners form.

## Management Board Members, Legal representatives or other equal functions:

1. Name and surname: \_\_\_\_\_

Your title: Board Member  Legal representative  \_\_\_\_\_

Address: \_\_\_\_\_

Croatian personal ID number (OIB): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Type and number of identification document (ID): \_\_\_\_\_

2. Name and surname: \_\_\_\_\_

Your title: Board Member  Legal representative  \_\_\_\_\_

Address: \_\_\_\_\_

Croatian personal ID number (OIB): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Type and number of identification document (ID): \_\_\_\_\_

3. Name and surname: \_\_\_\_\_

Your title: Board Member  Legal representative  \_\_\_\_\_

Address: \_\_\_\_\_

Croatian personal ID number (OIB): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Type and number of identification document (ID): \_\_\_\_\_

4. Name and surname: \_\_\_\_\_

Your title: Board Member  Legal representative  \_\_\_\_\_

Address: \_\_\_\_\_

Croatian personal ID number (OIB): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Type and number of identification document (ID): \_\_\_\_\_

**Type of business relationship with the Bank (please mark):**

- a. Transaction account
- b. Deposit
- c. Loan products or guarantees

**For which purpose are you opening the account with the Bank (please specify only for business accounts and deposits)?**

\_\_\_\_\_

**What type of transactions will be processed through your accounts (if it's not listed, please state under Other)?**

<input type="checkbox"/>	Cash transactions
<input type="checkbox"/>	Cashless transfers in domestic payment system
<input type="checkbox"/>	Cross-border and international payments
<input type="checkbox"/>	Savings and investments
<input type="checkbox"/>	Documentary letters of credit
<input type="checkbox"/>	Bank guarantees
<input type="checkbox"/>	Other: _____

**How much is the expected average annual turnover (please specify only for transaction accounts and deposit)?**

<input type="checkbox"/>	up to EUR 100.000,00
<input type="checkbox"/>	up to EUR 450.000,00
<input type="checkbox"/>	up to EUR 750.000,00
<input type="checkbox"/>	up to EUR 1.000.000,00
<input type="checkbox"/>	over EUR 1.000.000,00

Are you planning to use your account primarily for cash transactions? If so, why and which average amounts will be involved?

\_\_\_\_\_

**Who are the business partners of the legal entity? Where are they located?**

Suppliers	Customers

By signing this Customer Information Sheet I confirm that all data given in this document are true and authorize the Bank to check them. I commit without delay to inform the Bank about any changes regarding data given above.

Date: \_\_\_\_\_  
 (Signature of the person authorized to represent the Customer)

\_\_\_\_\_

**For the Bank purposes**

Name of the Relationship officer: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Comment: \_\_\_\_\_

\_\_\_\_\_