

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: _____

National classification of activities - activity code () _____

National classification of activities - the code of the predominant activity from which you generate or will generate the highest income () _____

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.

Type of company

public company

private company – large

manual trade

private company – medium

private company – small

other

Area of profession:

Banking and finance

Mathematics and informatics

Law

Education or health

Production, engineering

Public services

Civil service

Trade and services

Management

businesses using frequent cash transactions (e.g. antique shops, jewelries, bazaars, pawnshops, currency exchange houses),

businesses (export, import) with risk commodities or products on sanctions lists, incl. dual-use goods dual-use goods,

weapons and military technologies production and trade,

gambling (including casinos, slot machines, betting shops and internet gambling business), crypto-assets service providers,

business with dangerous chemicals, metals, fuel, waste and scrap.

Other _____

Management Board Members, Legal representatives or other equal functions , Authorized signatories (account signatories and online banking users):

1. Name and surname: _____

Your title: Board Member Legal representative _____

Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

2. Name and surname: _____

Your title: Board Member _____ Legal representative _____

Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

3. Name and surname: _____

Your title: Board Member Legal representative _____

 Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

4. Name and surname: _____

Your title: Board Member Legal representative _____

 Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

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

	up to EUR 750.000,00
	up to EUR 1.000.000,00
	over EUR 1.000.000,00

Please state the source of funds that will be the subject of the business relationship

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: _____

Management Board Members, Legal representatives or other equal functions (annex if there are more than four of them):

5. Name and surname: _____

Your title: Board Member Legal representative _____ Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

6. Name and surname: _____

Your title: Board Member Legal representative _____ Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

7. Name and surname: _____

Your title: Board Member Legal representative _____ Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____

8. Name and surname: _____

Your title: Board Member Legal representative _____ Authorized signator (account signator and online banking user):

Address: _____

OIB/TIN: _____ Citizenship: _____

Type and number of identification document (ID): _____

Place, date and year of birth: _____