# Imex banka – Customer's Application Form

# Application form for natural persons

Purpose of opening an account									
What is the purpose of opening a bank account?									
Do you open an account or establish business relationship with the Bank on behalf of a third party?	YES NO If YES, please attach a proof of authorisation to represent the beneficiary (e.g. a Power of Attorney)								
Personal data provided in this Application (apart from the data designated as freely given) are legally mandated and shall be inserted.  If you refuse to provide personal data, we shall not be able to establish a business relationship with you and/or process the transaction.									
General information									
	tomers-natural persons shall be collected in compliance with Anti Money Laundering and Terrorist Financing ank for the purpose of conducting the customer's due diligence, carrying out its activities and fulfilment of								
Name and surname									
Place of residence (street, number, postal code and town)									
Place of birth (day, month, year)									
TIN									
Identification document	Identity Card Passport Other								
Identification document number									
Identification document expiry date									
Issuing authority									
Country of the issuing authority									
Citizenship									
Residence address									
<b>Employer information</b>									
Name of the company/institution									
Employer's address									
TIN									
Type of the employer	Public company Private enterprise – small Private enterprise – medium  Private enterprise – large Business Other								
Telephone									
E-mail address									
<b>Employment information</b>									
Total years of service									
Type of employment	Employee     Student     Self-employed     Pensioner     Entrepreneur       Tradesman     Farmer     Seaman     Other								
Position	Person with special powers Higher management level Middle management level  Lower management level Owner Employee Other								
Financial information									
Average regular monthly income	Up to 1,500 EUR From 1,500 EUR to 3,000 EUR  Over 3,000 EUR								
Additional annual income									
Other information									
Type of transactions to be performed in the account	Cash transactions Non-cash transactions Cross-border payments  Savings and investments Other								
Do you plan to use your account primarily for cash transactions? If YES, why and state the average monthly amounts?									
What is the expected annual turnover of funds in the account to be opened with the Bank?	Up to 30,000 EUR Up to 60,000 EUR Up to 130,000 EUR Over 130,000 EUR								
What is the source of funds inflowing in the account	Regular salary Other								

Αc	ditional (non-mandatory) information																							
pro I ac	The following non-mandatory information are freely made available and I give my consent to the Bank to use the same for the purpose of identification, protection of the Bank's and my own interests. I hereby give my consent to the Bank to process the non-mandatory data.  I acknowledge that I have been informed about the right to withdraw this consent at any time and without any consequences provided that such withdrawal shall not affect the lawfulness of personal data processed based on this consent until the time of its withdrawal.																							
Sex	S.			M	ſale				Fen	ale														
Ma	iden name																							
Pla	ce of birth																							
Cit	izen registration number																							
Ad	dress for receipt of the Banks notices																							
Мо	bile phone																							
Tel	ephone																							
E-r	nail address																							
Pei	nsioner's personal number																							
Re	irement date																							
	RESIDENCE FOR TAX PURPOSES																							
	Are you a citizen of the United States of Ame	rica'	•																YE	S			N	Ю
a)	Are you a taxpayer of the United States of Ar	nerio	ca?																YE	S			N	Ю
	If you are a citizen or a taxpayer of the USA,	plea	se i	nse	ert you	r ta	x ide	ntific	cation	num	ber													_
	Are you a taxpayer in countries other than C	roat	ia a	nd	the US	5A?													YE	S			N	Ю
b)	b) Please specify the countries in which you are a taxpayer (other than Croatia and the USA) and the corresponding tax ID number																							
	Country of tax residence													Ta	ıx i	den	tifi	icat	ion	nun	nber	•		
														_										

Data from the Questionnaire is collected pursuant to the Agreement between the Croatian Government and the Government of the United States of America in order to improve the settlement of tax liabilities at the international level and the implementation of FATCA and in accordance with Council Directive (EU) 2014/107/EU of 09 December 2014 amending Directive 2011/16 /EU as regards mandatory automatic exchange of information in the field of taxation (Common Reporting Standard or CRS), all in accordance with Croatian Tax Administration Act. The Bank is required to collect information about customers and their financial accounts in order to submit the same to the Croatian Tax Administration which will then exchange such data with Tax Administrations of participating jurisdictions.

## QUESTIONNAIRE FOR POLITICALLY EXPOSED PERSONS

### QUESTIONNAIRE FOR POLITICALLY EXPOSED PERSONS

At the time of establishing business relationship or processing transactions, the Bank shall follow an appropriate procedure to establish whether the party involved, its legal representative, attorney-in-fact of beneficial owner is a politically exposed person in accordance with Article 46 of Anti Money Laundering and Terrorist Financing Act.

Politically exposed person means any individual who is or has been entrusted with a prominent function in the last year (or longer), including the close family members or close co-workers:

- a) Close family members: spouse or civil partner, a person in life or informal life partnership, parents, children and their respective spouses or civil partners or persons in life or informal life partnership
- b) Close co-worker: any natural persons known as having a joint beneficial ownership over a legal entity or legal system or involved in any other type of close business relationship with a politically exposed person or who is the sole beneficial owner of the legal entity or legal system known to have been established for the benefit of a politically exposed person.

In connection with implementation of and compliance with Anti Money Laundering and Terrorist Financing Act, please answer the following questions.

I. PERSONAL DATA								
Na	me and surname							
Co	untry of residence	Date of birth						
Π.	QUESTIONNAIRE							
1.	Are you an outstanding public official, e.g. president of the state or prime minister, minister, deputy minister, state secretary of assistant minister?	YES	NO					
2.	Are you an elected member of a legislative authority?	YES	NO					
3.	Are you a member of a political party management body?	YES	NO					
4.	Are you a judge of the Supreme Court, Constitutional Court or any other high court whose decisions, apart from exceptional cases, are not subject to legal remedies?	YES	NO					
5.	Are you a judge of a Court of Auditors?	YES	NO					
6.	Are you a member of the Central Bank Council?	YES	NO					
7.	Are you an ambassador, chargé d'affaires or a high officer of armed forces?	YES	NO					
8.	Are you a member of the Board of Directors, Supervisory Board of a company owned or controlled by the state or a person entrusted with equivalent functions?	YES	NO NO					
9.	Are you a director, deputy director or a member of the Board of Directors or a person entrusted with equivalent functions in an international organisation?	YES	NO					
10.	Are you a chief of a municipality, mayor, county perfect or a deputy elected in accordance with the law governing local elections in the Republic of Croatia?	YES	NO					
11.	Are you a close member of the above-mentioned persons' family (circle as appropriate):  a) Spouse b) Civil partner c) Person in life or informal life partnership d) Parent e) A child f) A spouse or civil partner of a child g) A person in a child's life or informal partnership	YES	NO					
12.	Are you a close co-worker of the above-mentioned persons?	YES	□ NO					
13.	Have more than 12 months elapsed since the termination of performance of the above-mentioned prominent public functions? (Specify only if you were involved in such public function)	YES	☐ NO					
14.	If you are a politically exposed person, please specify the sources of your assets and funds that are or will be the	used in the business rela	tionship or transaction*					

By putting my signature hereunder, I confirm the accuracy and truthfulness of the above data and that the Bank, as a Data Controller, has informed me about the purpose for which the collected data will be used, the right to rectify such data, about recipients of personal data and that the data required in this Questionnaire are mandatory and that in the event of refusal to provide such data the Bank will not be able to establish a business relationship and/or complete a transaction.

<sup>\*</sup>The Bank retains the right to require additional documentation in order to verify the source of funds.

By signing this Application Form for the customers – natural persons, I confirm that the data provided therein are true and accurate and authorise the Bank to verify all the data contained herein.

I will personally inform you of any changes of the previously provided data and details.

The personal data provided in this Application shall be used by the Bank solely for the purposes indicated in the Application and shall not be further processed in any way not in compliance with such purposes.

The collected personal data shall be kept throughout the period of the business/contractual relationship but in any case not less than for eleven years after expiry of the year in which the business/contractual relationship was terminated, in accordance with Article 160 of Credit Institutions Act.

The rights and responsibilities of the Parties shall be subject to General Data Protection Regulation, Law Implementing General Data Protection Regulation and the Bank's Data Protection Policy available at the Bank's website www.imexbanka.hr.

Personal data shall be disclosed to the relevant regulatory authority (Croatian National Bank) and to judicial, tax and government authorities solely for the purpose of the Bank's compliance with its legal obligations or at a specific request, which in such case shall be deemed to be the personal data recipients.

In respect to personal data processing, the data subjects shall have the following rights: the right to make a specific request (in writing, to the Bank's address: Split, Tolstojeva 6, or, by using the Request Form available at the Bank's website www.imexbanka.hr), for access to their personal data, rectification of inaccurate or completion of incomplete personal data, erasure of personal data, restriction of processing, the right to object to the processing of any personal data, the right to data portability to another data controller as well as the right to file objection/make request for establishing a breach of such rights to the relevant supervisory authority (Personal Data Protection Agency). Any information that that came to the Bank's knowledge during the provision of its services to you, including your personal data, are protected by professional secrecy (banking secrecy). The Bank has designated a Data Protection Officer responsible for taking additional care of your personal data and making sure that such data are lawfully processed at the Bank. The Data Protection Officer can be contacted at the e-mail address: zop@imexbanka.hr. If you suspect a breach of your right to personal data protection, you can file an objection with the Personal Data Protection Agency (AZOP) to the e-mail address: azop@azop.hr.

By signing this Application, the customer acknowledges the receipt of the Customer Information from the Imex banka d.d., in accordance with Articles 12 and 13 of General Data Protection Regulation.

Signature of the bank account holder	Date and time of establishment of business relationship/repeated due diligence (circle se appropriate)
	Signature of attorney-in-fact, legal representative/tutor
Branch (to be filled-in by a Bank officer):	
Full name of the Bank officer:	Bank's comments
Bank officer's signature	

#### Consent for data processing for marketing purposes

By signing this Consent, I freely and explicitly give my consent for the processing of my personal data disclosed to Imex banka d.d. for the following purposes: providing commercial information concerning the banking products and services of Imex banka d.d., advertising for marketing and/or market research purposes via selected distribution channels although I was previously informed that I was not required to give my consent for the processing of my personal data for the above-mentioned purposes.

Your personal data will be treated in accordance with General Data Protection Regulation, Law Implementing General Data Protection Regulation and Credit Institutions Act with application of adequate technical and security measures.

Your personal data may be disclosed to third parties without your previous explicit consent only in cases expressly provided by applicable law.

At any time, in whole or in part, free-of-charge, without and consequences and any explanation, you can withdraw your consent and revoke your agreement to any activity involving the processing of your personal data marketing purposes directed to you. The withdrawal can be presented either personally at branch offices of Imex banka d.d., or by mail to the address of the Bank: Tolstojeva 6, 21000 Split or by e-mail to: info@imexbanka.hr.

Having carefully read and understood the information contained in this Consent, you permit Imex banka d.d. to process and use your personal data in order to allow access and initiatives offered by them, for the purpose of market research, sending information, offers and advertising materials about new banking services and/or products available from Imex banka d.d.

Customer's signature

