

**CAPITAL BANK**

FINANCIAL INNOVATION ■

Branch: _____
 Remark: _____
 Client ID number: _____
 (filled-in by a bank official)

APPLICATION / REQUEST for client identification / revision – individual –

Completion date _____

PERSONAL DATA

Resident _____
 Non-resident _____

Name and surname _____
 Father's name* _____
 Date and place of birth _____
 Country of birth _____
 Contact address
 (from document ID): _____
 Personal identification number _____

Document for personal identification of the client

(the data stated are taken from one of the documents listed below – a copy of the document is kept in the client file)

ID number : _____
 Issuing authority : _____
 Date of expiry : _____
 Country: _____

Passport number: _____
 Country: _____
 Date of expiry: _____

CLIENT CONTACT DATA

Contact address _____
 Telephone / fax: _____
 Mobile telephone: _____
 E-mail address* _____

Occupation status

1. child 2. student 3. retiree 4. unemployed 5. employee
☐ worker ☐ judge ☐ officer ☐ doctor ☐ manager ☐ lawyer ☐ professor ☐ notary ☐ enforcers ☐
 self-employed ☐ other

What is your position in the company?

a) owner b) manager c) employee d) other (please fulfill) _____

Employer

Address / Phone number of employer*

Activity of employer

1. Industry and construction 2. Trade 3. Financial mediation and banks
 4. Accounting, IT and telecommunications 5. Tourism and Hospitality
 6. Education 7. Health care 8. Traffic 9. Public administration
 10. Sports, arts and culture 11. Agriculture 12. Lawyers 13. Notaries public
 14. Enforcers 15. Economic and legal consulting 16. NGOs
 17. International organizations 18. Casinos, betting offices and games of chance
 19. Self-employed person 20. Other (Please give short explanation) _____

OTHER CLIENT DATA

Country of residence:

Nationality:

Amount of average monthly income:

1. Amount of average monthly income:
 a) Up to 20.000 MKD
 b) From 20.000 MKD to 50.000 MKD
 c) Above 50.000 MKD

3. no monthly income

Other additional sources of monthly income

a) yes 1. up to 30.000 MKD 2. above 30.000 MKD
 (if positive, the client should mark 1 or 2)
 b) no

Property owned

1. Apartment house 2. Real estate
 3. Owner of company _____ (name of the company)
 4. Holder of stake / shares in a company (over 25% ownership)
 _____ (name of the company)
 5. Other property 6. Has no property

Marital status*

1. Married 2. Single



Products and services of the bank used or to be used by the client in the future *:	<p>Circle the product / service</p> <div> <div>1. Transaction account</div> <div>2. Transaction foreign account</div> <div>3. Credit card</div> <div>4. Loans</div> <div>5. Deposits</div> <div>10. Other causes for the purpose of the business relationship</div> </div> <div> <div>6. E-banking</div> <div>7. Guarantee</div> <div>8. E-banking</div> <div>9. Safe-deposit box</div> </div>	
Do you have bank account in other banks?	YES NO	
If Yes, please give detailed information (which bank/country/bank account etc)		
Please state the reason for opening non-resident account in Capital Bank AD Skopje		
List of countries planned for transactions	<div> <div>1. North Macedonia (807)</div> <div>2. USA (840)</div> <div>3. Canada (124)</div> <div>4. EU</div> <div>5. Australia / New Zealand (036)</div> <div>6. Iran (364)</div> <div>7. Pakistan (586)</div> <div>8. Uzbekistan (860)</div> </div> <div> <div>9. Turkmenistan (795)</div> <div>10. The Bahamas (044)</div> <div>11. Bermuda (060)</div> <div>12. Gibraltar (292)</div> <div>13. Cayman Islands (136)</div> <div>14. British Virgin Islands (092)</div> <div>15. Panama (591)</div> <div>16. China (156)</div> <div>17. Other</div> </div>	
Do you plan any transactions in off shore countries?	YES NO	
If YES, please name in which countries:		
What kind of transactions do you plan to operate with your account (incoming transfers, outgoing payments)?		
Planned annual turnover on the account:		
Please submit a written reference from the parent bank of the country in which you are resident:		
<p align="center">CLIENT'S CONSENT</p>		
<p>By signing this application I herewith confirm that:</p> <div> <div>a) the data stated above are correct;</div> <div>b) in case of change of my personal data (including 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;</div> <div>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 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;</div> <div>d) I am informed that the above stated data are considered business secret according to the Banking Law and other applicable regulations;</div> <div>e) the Bank reserves the right to require other client data with reference to the established business relationship;</div> <div>f) the Bank reserves the right to terminate the business relationship with the client at any time;</div> <div>g) I am familiar with the terms and conditions on establishing business relationships with the bank and I accept these in their entirety.</div> </div>		
Use of personal data for direct marketing purposes and promotional offers		
<p>By signing this application, I herewith confirm that:</p> <div> <div>a) I agree my personal data to be used for promotional activities and improvement of the services of the Bank</div> <div>b) I disagree my personal data stated herewith to be used in the future for any kind of promotional activities</div> </div> <p>By signing this application I herewith confirm that:</p> <div> <div>a) I agree my personal data to be used for promotional activities and improvement of the services of the Bank offered by third parties</div> <div>b) I disagree my personal data stated herewith to be used in the future for any kind of promotional activities offered by third parties</div> </div> <p>(The client may, by submitting a written request to the Bank and without any charge, request the Bank not to use his/her personal data for promotional activities.)</p>		
<p>By signing this application, I hereby confirm that:</p> <div> <div>a) 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 person</div> <div>b) I act for behalf, for account and for interest of another person (the position is stated)</div> </div>		
Name and surname of third party	Personal Identification Number	Note

*Non-mandatory data

* Note: We inform you that at its discretion, the Bank has the right to request additional documentation related to certain transactions.



STATEMENT OF THE CLIENT (HOLDER OF PUBLIC FUNCTIONS)

I _____ (name and surname) , with ID number _____ hereby declare, under moral, criminal and material responsibility that:

- a) I am not holder of a public function
b) I am holder of a public function _____ (the position is stated) and/or a person related to a holder of public functions

„Holders of public functions “are individuals who are or have been entrusted with public functions in the Republic of North Macedonia or in another country, such as:

- a) presidents of states and governments, ministers and deputy or assistant ministers,
b) elected representatives in legislative bodies (members of Parliament),
c) judges of supreme courts, of constitutional courts or other bearers of high judicial functions against which decision/verdict excluding the exceptional cases, legal remedies can not be used
d) members of management boards of supervisory or regulatory bodies and agencies, state auditing institution, and board members of a central bank,
e) ambassadors,
f) high-ranking officers in the armed forces (ranks higher than colonel),
g) elected and appointed persons pursuant to law and members of management and supervisory boards of state owned enterprises,
h) persons with functions in political parties (members of political party executive bodies)
i) persons currently at or previously at outstanding function in international organization, such as: managers, deputy managers, members of management and supervisory boards or other equivalent functions, and
j) mayors and chairpersons of municipality councils

The term “holders of public functions” includes also:

Persons shall be considered as holders of public functions as referred to in items a) to g) for at least two years after the cessation of the public function and on the basis of a previously carried out risk assessment by the entities. The terms holders of public function shall also cover:

- a) Family members of the holder of public function, as follows:
- marital partner or a person with whom the holder of the public function lives in communion,
- children and their spouses or persons with whom the children of the holder of public function live in communion, or
- parents of the holder of public function.

Person who is considered to be close associate with the holder of public function is individual:

- who is known to have joint legal or beneficial ownership over the legal entity, has concluded agreements or has established other close business links with the holder of public function, or
- who is the only beneficial owner of the legal entity or legal arrangement which is known to be incorporated on behalf of the holder of public function.

FATCA Questionnaire (Foreign Account Tax Compliance Act)

1. Does the client have U.S. indicia?

☐ Yes ☐ No

If yes, mark which one:

- ☐ US citizenship
☐ Dual citizenship, of which, one is US citizenship
☐ Permission to stay in the USA - (green card)
☐ Place of birth in the USA, Puerto Rico, Guam and Virgin Islands
☐ Residential address in USA
☐ Contact address in USA
☐ Phone number of the USA

2. Does anyone form the authorized persons/legal representatives/proxies on the clients account, have at least one of the U.S. indicia?

☐ Yes ☐ No

If yes, mark which one:

- ☐ US citizenship
☐ Dual citizenship, of which, one is US citizenship
☐ Permission to stay in the USA - (green card)
☐ Place of birth in the USA, Puerto Rico, Guam and Virgin Islands
☐ Residential address in USA
☐ Contact address in USA
☐ Phone number of the USA

Note: The Application is considered as completed if all required information is included and the statement for holders of public function, as well as the FATCA questionnaire, verified by an authorized bank employee who is establishing / revising the business relation with the client.

Submitted by:

Name and surname

Signature

Place and date



To be filled-in by the Bank

Application is accepted and inspected by:

Date:

Branch:

(Signature of the authorized person of the bank)

Position: