

## Application for registration/update of the client (legal entity)

Head office: Skopje 1000, Street Orce Nikolov 54

Tel. 389 0 2 3200-500 Fax: 389 0 2 3200-515; SWIFT INSBMK22

Branch

Status  Resident  Nonresident Clients profile \_\_\_\_\_  
 First registration  Data changing Reason for data changing \_\_\_\_\_  Cancellation

## Clients Data

Full name of the client \_\_\_\_\_  
 Short name of the client \_\_\_\_\_ CRN \_\_\_\_\_ UTN \_\_\_\_\_  
 State under whose law the client is registered \_\_\_\_\_  
 Nr. of the Act from the appropriate register \_\_\_\_\_ Date of the Act \_\_\_\_\_ Date of establishment \_\_\_\_\_  
 Place of the legal entity \_\_\_\_\_ City \_\_\_\_\_ Pos. Code \_\_\_\_\_  
 State \_\_\_\_\_ Phone in the mother contry \_\_\_\_\_ Fax in the mother contry \_\_\_\_\_ web \_\_\_\_\_

## Data for correspondence

Address in the RM/mother contry \_\_\_\_\_ City \_\_\_\_\_ Pos.Code \_\_\_\_\_  
 State \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_ Contact person \_\_\_\_\_

## Legal entity data

General activity \_\_\_\_\_  
 Code of an activity \_\_\_\_\_  
 Type of the client \_\_\_\_\_  
 Size of the legal person \_\_\_\_\_  
 Number of employees \_\_\_\_\_

Decision from a special register institution for permission to perform certain business activities or licenses (exchange operations, leasing, games of chance, insurance, fast money transfer) (if for the activity of the legal entity a special license / license is required in accordance with the applicable law) Yes  No

1.Document Isuer/ Name of the institution \_\_\_\_\_  
 1.Date of the issuance of the document \_\_\_\_\_  
 Activity under the prirol list of the activity Yes  No

## Other clients data

## Capital related organisations/legal entities with share equal or more than 25 % of the Capital

Name	with UTN	Address	State	% of share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Owners of share ,physical persons with share equal or more than 25 % of the Capital

Name& Surname	ID num	Address (State)	% of share
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Expected yearly turnover onto the account\* \_\_\_\_\_

\*To be listed one of the following ranges 1. up to 500.000 EUR 2. from 500.000 to 2.000.000 EUR 3. from 2.000.000 to 5.555.555 EUR 4. over 5.000.000 EUR

According to the results from the analysis of the established business relationship with the client, the Bank reserves the right to request additional financial reports of the legal entity

Expected business relation with clients from the following countries

Macedonia  EU  Pakistan  Bahamas  
 USA  Australia  Uzbekistab  Bermudas  
 Canada  Iran  Turkmenistan  Gblartar  
 Cayman islands  Panama  China  Other \_\_\_\_\_

## Information regarding the banks product or services

Products or services that are used by you or it will be used :

MKD account  Loans  Letter of Credit  
 Business card  E-banking  Letter of Guarantee  
 FX account  Volt  Other \_\_\_\_\_

## Data regarding managers and authorised persons

## 1.Manager

1. Name and Surname _____ Phone _____	ID number _____ fax _____	Nr. of ID doc./passport _____ e-mail _____	Issued by _____ Resident / Nonresident _____	Address _____
2. Name and Surname _____ Phone _____	ID number _____ fax _____	Nr. of ID doc./passport _____ e-mail _____	Issued by _____ Resident / Nonresident _____	Address _____
3. Name and Surname _____ Phone _____	ID number _____ fax _____	Nr. of ID doc./passport _____ e-mail _____	Issued by _____ Resident / Nonresident _____	Address _____
4. Name and Surname _____ Phone _____	ID number _____ fax _____	Nr. of ID doc./passport _____ e-mail _____	Issued by _____ Resident / Nonresident _____	Address _____

**2. Authorised person**

Name and Surname \_\_\_\_\_ ID number \_\_\_\_\_ Nr. of ID doc./passport \_\_\_\_\_ Issued by \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_ Resident / Nonresident \_\_\_\_\_

Name and Surname \_\_\_\_\_ ID number \_\_\_\_\_ Nr. of ID doc./passport \_\_\_\_\_ Issued by \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_ Resident / Nonresident \_\_\_\_\_

Name and Surname \_\_\_\_\_ ID number \_\_\_\_\_ Nr. of ID doc./passport \_\_\_\_\_ Issued by \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_ Resident / Nonresident \_\_\_\_\_

Name and Surname \_\_\_\_\_ ID number \_\_\_\_\_ Nr. of ID doc./passport \_\_\_\_\_ Issued by \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ fax \_\_\_\_\_ e-mail \_\_\_\_\_ Resident / Nonresident \_\_\_\_\_

**STATEMENT FOR THE BENEFICIAL OWNER**

I (Name and Surname) \_\_\_\_\_ with ID nr. \_\_\_\_\_ and habitation on the address \_\_\_\_\_, authorised person for opening/amendments of the account from the below mentioned company, with job position \_\_\_\_\_ of the company:

**Full name :** \_\_\_\_\_

**Headquarters:** \_\_\_\_\_

**UTN:** \_\_\_\_\_

In order to establish business relationship with the Bank, hereby declare that the beneficial owner / s (\*\* Please refer to the explanation given below) is / are:

**Physical person:**

	Name and Surname	Personal ID number	Number of passport/ID	Address, Place, State	% of participation	Holder of public function*
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No

Beneficial owner is an individual who is a beneficial owner or person who has an indirect influence over the client and / or the individual in whose name and behalf the transaction is executed. The term beneficial owner includes also a physical person (persons) who has final and effective control over the legal entity or foreign legal engagement. The beneficial owner of legal entity is physical person (persons):

- a) who owns the legal entity or controls the legal entity through direct ownership of a sufficient enough percentage of ownership interest, including bare shares or voting rights or other rights in the legal entity;
- b) who control the legal entity through indirect ownership of a sufficient percentage of ownership interest, shares, including bare shares or voting rights or other right in the legal entity or
- c) who in other way exercises control of the legal entity

This statement can be fulfilled if the client is:

- a budget user
- legal entities whose shares are listed on a domestic or foreign stock market and the data on its ownership and management structure are publicly available.

\* The definition for "Holders of public functions" and persons related with them is explained in details into the document. The statement which is an integral part of this Application.

**Note:**

- 1) In case of change of ownership - management structure of the Company, shall promptly inform the Bank of changes regarding the beneficial owner data and shall submit to the Bank new statement with updated information within 15 days after the occurrence of change
- 2) To my knowledge the above persons are not involved in illegal activities of any type
- 3) The information in this statement are given under the full material and criminal responsibility and signature down certify that they are accurate and complete

Place and date \_\_\_\_\_

Signature of authorized person \_\_\_\_\_

**Client consent****By filling out this application I certify that:**

- The above information is accurate(correct) and if there is change of data (containing data and Address) I will inform the Bank within 3 working days from the occurrence of the change. Otherwise, each delivery by the Bank to the Customer is considered appropriately made on the address listed in this application
- I agree that my personal details listed in this application regardless of its type (personal data, including banking secrecy data, etc. to be processed by the Bank that the Bank has the right to collect, process and store it either by hiring a data processor or transferring them to other countries in accordance with the Laws and internal acts of the Bank and if necessary Bank can transfer my personal data in other countries, by signing of this application is deemed to constitute expressed consent.  
I agree that the data made available through this application may be used within the Group to which the bank belongs, outside the home country.
- I agree that my personal data can be used for promotional purposes, advertising material and other information regarding all products and services of the Bank and third parties on the basis of agreement with the Bank. I am also informed about my right at any time to withdraw consent by submitting a written request to the bank counters.
- I am familiar with the data outlined above constitute a business secret in accordance with the Law on Banks and other current legislation
- Bank reserves the right to request other information about the client for purposes of the established business relationship,
- Bank reserves the right to terminate the business relationship with clients at any time
- I am familiar with conditions for establishing a business relationship with the bank and I fully accept it

Place and date \_\_\_\_\_

Signature and stamp of authorized person \_\_\_\_\_

**FIELD FOR THE BANK**

Signature and stamp of authorized person of the Bank \_\_\_\_\_

The application is received and checked by: \_\_\_\_\_

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

## List of activities

If executes any of these activities mark separately each activity, otherwise state that non of these activities are executed.

I. Performs the following activities (circle separately each activity that is performed)

1. Financial services

1.1 exchange operations

1.2 fast transfer of money

1.3 Insurance

1.4 Trading securities

1.5 Leasing

1.6 Factoring

1.7 forfeiting

1.8 performs one or more activities relating to: granting loans, issuing of electronic money issuance and administration of credit cards,

1.9 telegraphic transfers of money or delivery of valuable items

1.10 Economic and financial consulting,

1.12 providing services to the investment adviser

1.13 Other financial activities

2. Trade with excise goods (cigarettes, alcohol, refined from oil or other excise products)

2.1 Smoking (Wholesale)

2.2 Alcohol (Wholesale)

2.3. Oil and oil derivatives

2.4 Gold and other precious items

2.5 Artistic Values

2.6 Other products excise

3. Trafficking in weapons or ammunition

4. Arranging of games of chance in gambling (casinos), zombie clubs and sports betting;

5. Telecommunication services

6. The business of trading in real estate

7. Auditing and accounting services,

8. Notaries, attorneys and other legal services relating to: sale of movables and real estate or businesses, trading and managing money and securities, opening and using bank accounts, safes and other accounts, establishment or participation in the management or operation legal persons, representing clients in financial transactions, etc

9. Services include tax advice

10. Receiving a pledge of immovable and movable property

11. Provides services for legal entities

11.1 establishment of legal persons;

11.2 acting or arranging for another person to act as the managing body of the legal person or a similar position in relations with other entities;

11.3 providing registered office, business address, correspondence or administrative address, or other similar services for the legal person and

11.4 acting or arranging for another person to act as co-founder or as a nominal shareholder for another person that is a company listed on the stock market

II. Not execute any of these activities

Place and date

Signature of the authorized person

\_\_\_\_\_

\_\_\_\_\_

### FIELD FOR THE BANK

The application is received and checked by: \_\_\_\_\_

Signature of the authorised person from the Bank: \_\_\_\_\_

Date \_\_\_\_\_

Branch \_\_\_\_\_

## Statement for holders of public functions

### An integral part of the application form

Under the full moral and legal(criminal) responsibility I declare that:

I am not holder of public function /close member of his family/ close bussines partner

I am holder of public function /close member of his family/ close bussines partner

.....  
(the function must be declared)

**"Holders of public functions" are phisical persons who are, or have been, entrusted with public function in Republic of Macedonia or in another country, such as:**

- a) Heads of State and Government, Ministers and Deputies or Assistant Ministers;
- b) elected representatives in the legislative authority,
- c) judges of supreme or constitutional courts or other holders of high judicial functions whose decision, except in exceptional cases, is not subject to legal remedies,
- d) members of the management bodies of supervisory and regulatory bodies and agencies, state audit institution and members of the board of a central bank,
- e) ambassadors,
- f) high ranking military officers (ranks higher then colonel),
- g) elected and appointed persons in accordance with the law and the members of the management and supervisory bodies of legal entities established by the state,
- h) persons with functions in political parties (members of the executive bodies of political parties),  
persons who are or have been entrusted with a prominent function in an international organization such as: directors, deputy directors, members of management and supervisory boards or other equivalent functions and
- i) mayors and presidents of municipality councils  
The persons defined in paragraphs a) to j) are considered as holders of public functions at least two years after the end of the execution of the public function and based on previously conducted risk assessment by the entities.

**The term "holders of public functions" also includes:**

- 1) Members of the family of the holder of public function, specifically:
  - spouse or person with whom the holder of public function is in extramarital community,
  - children and their spouses or persons with whom the children of the holder of public function are in extramarital community or
  - parents of the holder of public function.
- 2) A person who is considered a close associate of the holder of public function is a phisical person:
  - which is known to have a common legal or beneficial ownership of a legal entity, has concluded contracts or established other close business relationships with the holder of public function or
  - is the only beneficial owner of a legal entity or legal arrangement known to have been established in order to provide benefit for the holder of public function.

Signature, name and surname of the client

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**\*The statement for Holders of public function must be signed,seperatly, by real owner /Authorized person/Manager.**