

CUSTOMER IDENTIFICATION QUESTIONNAIRE LEGAL ENTITY/ KYC (Know Your Customer)



PART I: CUSTOMER INFO

NAME AND LEGAL FORM			
IDENTIFICATION NUMBER/ COMPANY ID /BULSTAT/			
COMPANY TYPE	PLEASE, FILL IN ONLY UPON YOUR INITIAL REGISTRATION		
	<input type="checkbox"/>	START-UP BUSINESS	
	<input type="checkbox"/>	A COMPANY WITH TURNOVER UP TO 1 000 000 EUR	
	<input type="checkbox"/>	A COMPANY WITH TURNOVER FROM 1 000 001 EUR UP TO 5 000 000 EUR	
	<input type="checkbox"/>	A COMPANY WITH TURNOVER FROM 5 000 001 EUR UP TO BGN 15 000 000 EUR	
	<input type="checkbox"/>	A COMPANY WITH TURNOVER EXCEEDING 15 000 001 EUR	
	<input type="checkbox"/>	A SUBSIDIARY OF A FOREIGN COMPANY	
		Country of the foreign legal entity: _____	
	<input type="checkbox"/>	NON-PROFIT ORGANIZATION	
	<input type="checkbox"/>	STATE-BUDGET SPENDING ENTITY	
	<input type="checkbox"/>	FINANCIAL INSTITUTION	
MAIN ACTIVITY			
NACE CODE OF THE ACTIVITY			
NUMBER OF EMPLOYEES			
IS THE CUSTOMER'S ACTIVITY SUBJECT TO LICENSING	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes (PLEASE, ATTACH A COPY, CERTIFIED WITH „TRUE TO THE ORIGINAL!“, DATE AND SIGNATURE)	
HEAD OFFICE AND REGISTERED OFFICE			
	CITY:		
	POSTAL CODE:		
	RESIDENTIAL DISTRICT / STREET:		
ADDRESS FOR CORRESPONDENCE	<input type="checkbox"/>	SAME AS REGISTERED OFFICE	
	COUNTRY:		
	CITY:		
	POSTAL CODE:		
	RESIDENTIAL DISTRICT / STREET:		
CONTACT DATA OF THE BUSINESS CUSTOMER	TELEPHONE:		
	MOBILE PHONE NUMBER:		
	E-MAIL:		
	WEBSITE (OPTIONAL):		
PUBLIC LISTED COMPANY	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	
		PLACE OF OFFERING THE SECURITIES: _____	
BEARER SHARES COMPANY	<input type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	
PRODUCT(S) AND SERVICES, OBJECT OF INTEREST.	<input type="checkbox"/>	BANK ACCOUNTS AND CARDS	
	<input type="checkbox"/>	CREDIT PRODUCTS	
	<input type="checkbox"/>	FACTORING	
	<input type="checkbox"/>	CASH COLLECTION	
	<input type="checkbox"/>	INVESTMENT PRODUCTS/SERVICES (FX SPOT TRADE, TRANSACTIONS IN SECURITIES, DEPOSITARY AND CUSTODIAN SERVICES)	
	<input type="checkbox"/>	TRADE FINANCE (LETTER OF CREDIT, BANK GUARANTEE, DOCUMENTARY COLLECTION)	
	<input type="checkbox"/>	POS TERMINAL	
	<input type="checkbox"/>	LEASING	

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	<input type="checkbox"/> ELECTRONIC BANKING <input type="checkbox"/> PUBLIC VAULT <input type="checkbox"/> MASS PAYROLL <input type="checkbox"/> OTHER (PLEASE, SPECIFY) <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>
OPERATIONS YOU INTEND TO PERFORM	<input type="checkbox"/> MONEY TRANSFERS IN BULGARIA (PLEASE, SPECIFY THE AVERAGE MONTHLY AMOUNT OF MONEY TRANSFERS): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> <input type="checkbox"/> INTERNATIONAL PAYMENTS <ul style="list-style-type: none"> <input type="checkbox"/> WITHIN THE EU <input type="checkbox"/> OUTSIDE THE EU (PLEASE, STATE THE COUNTRIES, WHICH MONEY TRANSFERS ARE EXPECTED TO BE RECEIVED FROM/ORDERED TO AND AN AVERAGE AMOUNT OF FUND TRANSFERS FROM EACH COUNTRY): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div> <input type="checkbox"/> CASH TRANSACTIONS (PLEASE, STATE THE AVERAGE MONTHLY AMOUNT OF CASH TRANSACTIONS – DEPOSITS AND WITHDRAWALS): <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>
ORIGIN OF FUNDS AND SOURCE OF WEALTH	<input type="checkbox"/> OPERATING INCOME <input type="checkbox"/> INCOME, EARNED FROM INVESTMENTS IN OTHER BUSINESSES <input type="checkbox"/> BORROWINGS <input type="checkbox"/> INCOME FROM DONATIONS <input type="checkbox"/> INCOME FROM SUBSIDIES <input type="checkbox"/> INCOME FROM LIQUIDATION AND BANKRUPTCY <input type="checkbox"/> INCOME FROM DEBT INSTRUMENTS <input type="checkbox"/> INCOME FROM FINANCING <input type="checkbox"/> INTEREST INCOME <input type="checkbox"/> OTHER (PLEASE, SPECIFY) <div style="background-color: #cccccc; height: 15px; width: 100%;"></div>

PART II: COMPANY OWNERSHIP DATA

ARE THERE LEGAL ENTITIES /LEGAL FORMATIONS, OWNING THE COMPANY, THROUGH WHICH DIRECT OR INDIRECT CONTROL IS BEING EXERTED:	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, FILL IN THE ATTACHED DECLARATION STATEMENT FORM AS PER ART. 59, PARA. 1, ITEM 3 OF THE MEASURES AGAINST MONEY LAUNDERING ACT (MAMLA) AND ART. 37, PARA 1 OF THE REGULATIONS ON ITS IMPLEMENTATION (RIMAMLA))
STRUCTURE OF OWNERSHIP	<p style="text-align: center;">PLEASE, ATTACH AN ORGANIZATION CHART WHEN CHOOSING OPTIONS 1 TO 3</p> <input type="checkbox"/> 1. THERE ARE OTHER ENTITIES/ ORGANIZATIONS/FORMATIONS, PARTICIPATING IN THE STRUCTURE OF OWNERSHIP, GOING THROUGH MORE THAN 3 LEVELS OF OWNERSHIP <input type="checkbox"/> 2. THERE ARE OTHER ENTITIES/ ORGANIZATIONS/FORMATIONS, PARTICIPATING IN THE STRUCTURE OF OWNERSHIP, ESTABLISHED AND/OR WITH SEAT IN A COUNTRY OUTSIDE THE EU <input type="checkbox"/> 3. THERE ARE FOREIGN FOUNDATIONS, TRUSTS, INVESTMENT FUNDS AND/OR OTHER SIMILAR ORGANIZATIONS/FORMATIONS PARTICIPATING IN THE STRUCTURE OF OWNERSHIP <input type="checkbox"/> 4. NONE OF THE ABOVE

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PART III: BUSINESS CLIENT'S LEGAL REPRESENTATIVES AND BENEFICIAL OWNERS

TO BE FILLED IN BY EVERY LEGAL REPRESENTATIVE, BENEFICIAL OWNER / CONTROLLING PERSON, AS WELL AS BY THE PERSON, SIGNING THIS QUESTIONNAIRE, IF OTHER THAN THE LEGAL REPRESENTATIVE

- MANAGER**
 PROXY
 PROCURATOR
 OTHER:.....
- BENEFICIAL OWNER (SOLE OWNER/SHAREHOLDER/CO-OWNER WITH SHARES ≥25%)**
- BENEFICIAL OWNER WITH CONTROLLING RIGHTS**

FULL NAME AS PER IDENTITY DOCUMENT

PERSONAL ID NUMBER or DATE OF BIRTH

COUNTRY AND PLACE OF BIRTH

CITIZENSHIP	CITIZENSHIP 1:	CITIZENSHIP 2:
		

IDENTITY DOCUMENT <small>(A COPY OF AN ID DOCUMENT NEEDS TO BE PRESENTED FOR EACH CITIZENSHIP)</small>	NUMBER:	
	EXPIRY DATE:	

RESIDENTIAL STATUS IN EU OR THIRD COUNTRY <small>(NEED TO BE PRESENTED FOR EACH RESIDENCY)</small>	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, SPECIFY):	COUNTRY OF RESIDENCE: RESIDENCE TYPE:
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RESIDENTIAL ADDRESS	COUNTRY 1:	COUNTRY 2:
COUNTRY:		
CITY:		
POSTAL CODE:		
RESIDENTIAL DISTRICT / STREET:		

CURRENT ADDRESS	SAME AS: <input type="checkbox"/> COUNTRY 1 <input type="checkbox"/> Country 2 <input type="checkbox"/> Other
COUNTRY:	
CITY:	
POSTAL CODE:	
RESIDENTIAL DISTRICT / STREET:	

CONTACT DATA	PLEASE, FILL IN ONLY IN CASE THE SELECTED VALUE ABOVE IS „MANAGER“ AND/OR „PROXY“ AND/OR „PROCURATOR“
	MOBILE PHONE NUMBER:
	E-MAIL:

DO YOU HOLD OR HAVE YOU HELD IN THE PAST 12 MONTHS A PROMINENT PUBLIC FUNCTION (PEP)	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, FILL IN A DECLARATION STATEMENT FORM AS PER ART. 42, PARA. 2, ITEM 2 OF THE MEASURES AGAINST MONEY LAUNDERING ACT - MAMLA)
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ARE YOU RELATED TO A PERSON, WHO HOLDS OR WHO HAS HELD IN THE PAST 12 MONTHS A PROMINENT PUBLIC FUNCTION (PEP)	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, FILL IN A DECLARATION STATEMENT FORM AS PER ART. 42, PARA. 2, ITEM 2 OF THE MEASURES AGAINST MONEY LAUNDERING ACT - MAMLA)
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PLEASE, FILL IN THE FIELDS BELOW ONLY IN THE CASES WHEN THE SELECTED VALUE IS „BENEFICIAL OWNER“ AND/OR „CONTROLLING PERSON“

COUNTRY FOR TAXATION PURPOSES	COUNTRY 1:	COUNTRY 2:
		

TAX NUMBER	FROM COUNTRY 1:	FROM COUNTRY 2:
		

COUNTRY AND ADDRESS WHERE THE PERSON IS RESIDENT FOR TAX PURPOSES	COUNTRY 1:	COUNTRY 2:
CITY:		
POSTAL CODE:		
RESIDENTIAL DISTRICT / STREET:		

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PART III: BUSINESS CLIENT'S LEGAL REPRESENTATIVES AND BENEFICIAL OWNERS

TO BE FILLED IN BY EVERY LEGAL REPRESENTATIVE, BENEFICIAL OWNER / CONTROLLING PERSON, AS WELL AS BY THE PERSON, SIGNING THIS QUESTIONNAIRE, IF OTHER THAN THE LEGAL REPRESENTATIVE

- MANAGER**
 PROXY
 PROCURATOR
 OTHER:.....
- BENEFICIAL OWNER (SOLE OWNER/SHAREHOLDER/CO-OWNER WITH SHARES ≥25%)**
- BENEFICIAL OWNER WITH CONTROLLING RIGHTS**

FULL NAME AS PER IDENTITY DOCUMENT

PERSONAL ID NUMBER or DATE OF BIRTH

COUNTRY AND PLACE OF BIRTH

CITIZENSHIP	CITIZENSHIP 1:	CITIZENSHIP 2:
		

IDENTITY DOCUMENT <small>(A COPY OF AN ID DOCUMENT NEEDS TO BE PRESENTED FOR EACH CITIZENSHIP)</small>	NUMBER:	
	EXPIRY DATE:	

RESIDENTIAL STATUS IN EU OR THIRD COUNTRY <small>(NEED TO BE PRESENTED FOR EACH RESIDENCY)</small>	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, SPECIFY):	COUNTRY OF RESIDENCE RESIDENCE TYPE
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RESIDENTIAL ADDRESS	COUNTRY 1:	COUNTRY 2:
COUNTRY:		
CITY:		
POSTAL CODE:		
RESIDENTIAL DISTRICT / STREET:		

CURRENT ADDRESS	SAME AS: <input type="checkbox"/> COUNTRY 1 <input type="checkbox"/> Country 2 <input type="checkbox"/> Other
COUNTRY:	
CITY:	
POSTAL CODE:	
RESIDENTIAL DISTRICT / STREET:	

CONTACT DATA	PLEASE, FILL IN ONLY IN CASE THE SELECTED VALUE ABOVE IS „MANAGER“ AND/OR „PROXY“ AND/OR „PROCURATOR“
	MOBILE PHONE NUMBER:
	E-MAIL:

DO YOU HOLD OR HAVE YOU HELD IN THE PAST 12 MONTHS A PROMINENT PUBLIC FUNCTION (PEP)	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, FILL IN A DECLARATION STATEMENT FORM AS PER ART. 42, PARA. 2, ITEM 2 OF THE MEASURES AGAINST MONEY LAUNDERING ACT - MAMLA)	
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ARE YOU RELATED TO A PERSON, WHO HOLDS OR WHO HAS HELD IN THE PAST 12 MONTHS A PROMINENT PUBLIC FUNCTION (PEP)	<input type="checkbox"/> No <input type="checkbox"/> YES (PLEASE, FILL IN A DECLARATION STATEMENT FORM AS PER ART. 42, PARA. 2, ITEM 2 OF THE MEASURES AGAINST MONEY LAUNDERING ACT - MAMLA)	
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PLEASE, FILL IN THE FIELDS BELOW ONLY IN THE CASES WHEN THE SELECTED VALUE IS „BENEFICIAL OWNER“ AND/OR „CONTROLLING PERSON“

COUNTRY FOR TAXATION PURPOSES	COUNTRY 1:	COUNTRY 2:
		

TAX NUMBER	FROM COUNTRY 1:	FROM COUNTRY 2:
		

COUNTRY AND ADDRESS WHERE THE PERSON IS RESIDENT FOR TAX PURPOSES	COUNTRY 1:	COUNTRY 2:
CITY:		
POSTAL CODE:		
RESIDENTIAL DISTRICT / STREET:		

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PART IV: DECLARATION STATEMENT FOR THE PURPOSES OF AUTOMATED EXCHANGE OF FINANCIAL INFORMATION BY VIRTUE OF ART.142S. PARA.1 OF THE TAX INSURANCE PROCEDURE CODE (TIPC)

ACTIVE OR PASSIVE NON-FINANCIAL ENTITY IN CASE THE ENTITY IS A RESIDENT (FOR TAXATION PURPOSES) WITH MORE THAN ONE JURISDICTION	<input type="checkbox"/> THE ACCOUNT HOLDER IS AN ACTIVE NON- FINANCIAL ENTITY AN ACTIVE NON-FINANCIAL ENTITY SHALL BE DEEMED A LEGAL ENTITY, WHICH OVER THE PREVIOUS REPORTING PERIOD HAS GENERATED MORE THAN 50% OF ITS INCOME FROM ACTIVE SOURCES – COMMERCIAL, PRODUCTION, SERVICE-RENDERING ACTIVITIES. THIS SCOPE ALSO ENCOMPASSES ENTITIES UNDER THE OBLIGATIONS AND CONTRACTS’ ACT, CARRYING OUT ACTIVE ECONOMIC ACTIVITY. THIS SCOPE ALSO ENCOMPASSES NON-FINANCIAL ENTITIES UNDERGOING LIQUIDATION AND BANKRUPTCY PROCEEDINGS.
	<input type="checkbox"/> THE ACCOUNT HOLDER IS A PASSIVE NON-FINANCIAL ENTITY A PASSIVE NON-FINANCIAL ENTITY SHALL BE DEEMED A LEGAL ENTITY, WHICH OVER THE PREVIOUS REPORTING PERIOD: HAS MORE THAN 50% OF THE INCOME GENERATED FROM PASSIVE SOURCES – INTERESTS, DIVIDENDS, COMMISSIONS, RENTALS, COPYRIGHT AND LICENCE INCOME, INVESTMENTS IN FINANCIAL ASSETS OR REAL ESTATES, SPECULATIVE TRADING IN FINANCIAL INSTRUMENTS AND THE LIKE, AND THE BENEFICIAL OWNERS, (AND IN THE CASES WHEN BENEFICIAL OWNERS -CONTROLLING PERSONS CAN BE NOMINATED), WHO EITHER DIRECTLY OR INDIRECTLY CONTROL THE LEGAL ENTITY, ARE NOT TREATED AS RESIDENT CITIZENS FOR TAXATION PURPOSES, NOR ARE THEY CITIZENS OF THE REPUBLIC OF BULGARIA.
	IF THE STATUS OF THE ENTITY CANNOT REASONABLY BE DETERMINED, THEN IT SHALL BE ASSUMED TO BE A PASSIVE FINANCIAL ENTITY
IN CASE THE ENTITY IS A FINANCIAL INSTITUTION	<input type="checkbox"/> PARTICIPATING FINANCIAL INSTITUTION Identification number according to FATCA (GIIN):
	<input type="checkbox"/> NON-PARTICIPATING FINANCIAL INSTITUTION DUE TO LACK OF A GIIN <input type="checkbox"/> FINANCIAL INSTITUTION WITHOUT THE OBLIGATION TO REGISTER UNDER FATCA
ENTITY TYPES, OUTSIDE THE SCOPE OF THE AUTOMATED EXCHANGE OF FINANCIAL INFORMATION	<input type="checkbox"/> ENTITY, REGULARLY TRADED AT A SECURITIES TRADING VENUE <input type="checkbox"/> ENTITY, RELATED TO SUCH, WHICH IS REGULARLY TRADED AT A SECURITIES TRADING VENUE <input type="checkbox"/> STATE BUDGET-SPENDING / GOVERNMENT ENTITY <input type="checkbox"/> INTERNATIONAL ORGANIZATION, CENTRAL BANK <input type="checkbox"/> ENTITY IN THE PROCESS OF FORMATION <input type="checkbox"/> DIPLOMATIC, CONSULAR OFFICE <input type="checkbox"/> A US ENTITY, FOR WHICH NO PROVISION OF INFORMATION IS REQUIRED FOR FATCA PURPOSES
IN CASE THE ENTITY IS A RESIDENT (FOR TAXATION PURPOSES) WITH MORE THAN ONE JURISDICTION, PLEASE, FILL IN INFORMATION FOR EVERY INDIVIDUAL JURISDICTION	<input type="checkbox"/> FIRST COUNTRY (JURISDICTION): IDENTIFICATION NUMBER FOR TAXATION PURPOSES, ISSUED BY SUCH OTHER JURISDICTION: CITY: POSTAL CODE: RESIDENTIAL DISTRICT / STREET:
	<input type="checkbox"/> SECOND COUNTRY (JURISDICTION): IDENTIFICATION NUMBER FOR TAXATION PURPOSES, ISSUED BY SUCH OTHER JURISDICTION: CITY: POSTAL CODE: RESIDENTIAL DISTRICT / STREET:

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PART V: DECLARATION ON THE AUTHENTICITY OF STATED DATA

- I HEREBY STATE THAT THE DATA PROVIDED BY ME IS TRUE, COMPREHENSIVE AND VOLUNTARILY GIVEN. SHOULD THERE BE A CHANGE IN THOSE I SHALL UNDERTAKE TO IMMEDIATELY INFORM UBB IN WRITING, AS WELL AS PROVIDE OTHER DATA AND DOCUMENTS, IF NEEDED, TO COMPLY WITH THE REQUIREMENTS OF THE APPLICABLE LEGISLATION.
- I HEREBY STATE THAT I HAVE INFORMED THE PERSONS, STATED HEREIN, BENEFICIAL OWNERS INCLUDED AND THAT THEY HAVE GRANTED THEIR CONSENT TO HAVE THEIR PERSONAL DATA PROVIDED BY ME TO UBB AD AND BE PROCESSED BY THE BANK FOR CUSTOMER IDENTIFICATION, VERIFICATION AND UPDATE PURPOSES, AS WELL AS WITH THE AIM TO PREVENT AND DISCLOSE FRAUD AND MONEY LAUNDERING. I ACKNOWLEDGE MY AWARENESS OF THE OBLIGATION TO INFORM THEM THAT THE UBB INFORMATION ON THE PROCESSING OF PERSONAL DATA, DESCRIBING THE PURPOSES AND GROUNDS FOR PROCESSING THEIR PERSONAL DATA, IS AVAILABLE ON THE UBB AD WEBSITE AND IN ANY BANKING HALL.
- I hereby state my awareness of the *UBB AD INFORMATION ON THE PROCESSING OF PERSONAL DATA* DOCUMENT, AVAILABLE ON THE BANK'S WEBSITE WWW.UBB.BG AND IN THE BANKING HALLS, AND THAT THROUGH THE ABOVE DOCUMENT I HAVE OBTAINED INFORMATION ABOUT UBB AD IN ITS CAPACITY AS A PERSONAL DATA CONTROLLER, ABOUT THE CONTACT DETAILS OF ITS DATA PROTECTION OFFICER, ABOUT THE PURPOSES AND GROUNDS FOR PROCESSING MY PERSONAL DATA, ABOUT MY RIGHTS IN RELATION TO THE PROCESSING OF MY PERSONAL DATA AND THE MANNER IN WHICH I MAY EXERCISE THOSE, AS WELL AS THE DATA STORAGE DEADLINES.
- I HEREBY STATE MY AWARENESS OF THE POSSIBILITY THAT THE INFORMATION AS PER ART.142B, PARA 1 OF THE TIPC, CONTAINING PERSONAL DATA, AVAILABLE AMOUNT OR VALUE IN THE ACCOUNT, AS WELL AS THE INCOME, GENERATED IN THE ACCOUNT, TO BE AN OBJECT OF AN AUTOMATED EXCHANGE OF FINANCIAL INFORMATION ACCORDING TO CHAPTER SIXTEEN, SECTION IIIA OF THE TAX INSURANCE PROCEDURE CODE AND TO BE PROVIDED TO THE JURISDICTION/JURISDICTIONS, WHOSE RESIDENT ENTITIES /CITIZENS THE ENTITY AND THE CONTROLLING PERSONS ARE FOR TAXATION PURPOSES, IN IMPLEMENTATION OF THE REPUBLIC OF BULGARIA'S INTERNATIONAL COMMITMENTS.
- I HEREBY STATE THAT THE INFORMATION, INCL. THE DATA CONCERNING THE CONTROLLING PERSONS, DETERMINED AS BENEFICIAL OWNERS OF THE COMPANY I REPRESENT, WHICH DATA HAS BEEN PROVIDED BY ME FOR THE PURPOSES OF AUTOMATED EXCHANGE OF FINANCIAL INFORMATION IN ACCORDANCE WITH THE REQUIREMENTS OF ART. 142B, PARA 1 OF THE TAX INSURANCE PROCEDURE CODE (TIPC), IS ACCURATE AND TRUE.

I HAVE BEEN INFORMED THAT THE BANK PROCESSES MY PERSONAL DATA BY VIRTUE OF AND IN COMPLIANCE WITH THE PERSONAL DATA PROTECTION ACT (PDPA) AND REGULATION (EU) 2016/679 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL DATED 27.04.2016 ON THE PROTECTION OF NATURAL PERSONS WITH REGARD TO THE PROCESSING OF PERSONAL DATA AND ON THE FREE MOVEMENT OF SUCH DATA, AND REPEALING DIRECTIVE 95/46/EC (GENERAL DATA PROTECTION REGULATION), AS WELL AS THAT THE BANK HAS INITIATED THE NEEDED TECHNICAL AND ORGANIZATIONAL MEASURES FOR ENSURING EFFECTIVE SECURITY AND PROTECTION OF MY PERSONAL DATA AND OF MY RIGHTS IN MY CAPACITY AS PERSONAL DATA SUBJECT.

I AM AWARE OF THE PENAL LIABILITY UNDER ARTICLE 313 OF THE PENAL CODE, CONCERNING MISREPRESENTATION.

*NOTE:.....

THIS QUESTIONNAIRE HAS BEEN SIGNED BY:

MANAGER PROXY PROCURATOR OTHER

.....
(FIRST NAME, MIDDLE NAME, LAST NAME)

DATE: **SIGNATURE:**.....