



Establishment of Customer Relationship - Retail customer

The Anti-Money Laundering Act — which all banks must follow — requires the bank to know your business volume with us. We therefore ask you to fill out the form below.

Customer information:	Name:	Last name:
	Occupation:	Place of occupation (city):
	Address:	Postno., city:
	Telephone:	Mobile:
	E-mail:	Soc. sec. no.:
Nationality:	Birthplace (city):	Citizenship (country/countries):
		Primary: Secondary:
Tax relations:	Are you (or have you been) liable to pay tax in other countries than the Faroe Islands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, account for which countries and TIN (Taxpayer Identification Numbers): Country _____ TIN (Taxpayer Identification Numbers) _____ Country _____ TIN (Taxpayer Identification Numbers) _____	
Political exposed person:	Are you or any member of your family politically exposed persons? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Persons in some form of high government office (minister, diplomat etc.), family member of such persons or have a close business relationship to such persons.</i>	
Identification:	<input type="checkbox"/> Driving licence no.:	<input type="checkbox"/> Valid passport no.:
	<input type="checkbox"/> Health insurance card	<input type="checkbox"/> Document for TIN
	<input type="checkbox"/> National ID-card	<input type="checkbox"/> Other:
Purpose:	<input type="checkbox"/> Salary account	<input type="checkbox"/> Loan/credit
	<input type="checkbox"/> Pension	<input type="checkbox"/> Savings account
	<input type="checkbox"/> Deposits	<input type="checkbox"/> Third person's relationship
	<input type="checkbox"/> Guarantor	<input type="checkbox"/> Securities
	<input type="checkbox"/> Other — please describe:	

Expected domestic transactions to or from your account:	What is the expected monthly turnover of the account (gross amount): DKK.
	Other (e.g. from family members, friends or internet sales): DKK.
	Total: DKK.
Expected Foreign transaction to or from your account:	Expected transactions from other countries Annual number: Total: DKK.
	Expected transactions to other countries Annual number: Total: DKK.
Deposit	Expected transactions through cash or ATM Annual number: Total: DKK.

Will your commitment entail regular transactions where the amount will be withdrawn in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please account for the reason:

Do you act solely on your own behalf:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, then please account for the transaction that you conduct on behalf of a third party:
	<i>In the case that you are not the beneficial owner, the beneficial owner has to prove his identity and sign a certain beneficial owner declaration</i>

Contact:	I allow Norđoya Sparikassi to contact me by email or phone regarding new services that Norđoya Sparikassi may find relevant for me. <input type="checkbox"/> Yes <input type="checkbox"/> No
----------	--

I hereby certify on my honor that the information submitted to Norđoya Sparikassi is correct and comprehensive. I confirm that I have received, read and accepted Norđoya Sparikassi's General Terms and Conditions.

_____ City and date _____ Client's signature