



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? Yes 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?* Yes No

* 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.

Identification

- Driving licence no.: _____
- Health insurance card
- National ID-card
- Valid passport no.: _____
- Document for TIN
- Other: _____

Purpose

- Salary account
- Pension
- Deposits
- Guarantor
- Other — please describe: _____
- Loan/credit
- Savings account
- Third person’s relationship
- Securities

Expected domestic transactions to or from your account

What is the expected annually turnover of the account (net 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 in cash

Annual number: _____

Total: DKK.: _____

Will your commitment entail regular transactions where the amount will be withdrawn in cash?

Yes No

If yes, please account for the reason: _____

Do you act solely on your own behalf?

Yes No

If no, then please account for the transaction that you conduct on behalf of a third party: _____

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

Contact

I allow Norđoya Sparikassi to contact me by email or phone regarding new services that Norđoya Sparikassi may find relevant for me: Yes 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: _____