

APPLICATION/ REQUEST

For customer registration (natural person)

Resident Non-Resident

PERSONAL DATA		Name and Surname	Father's name*
Date and place of birth	Address and Place (from Personal identification document)		PIN
Document to identify the Customer (data from the enclosed document are stated, a copy of this document is kept in the customer's file)			
1. ID card No.	Issued by Body	Validity Date	
2. Passport No.	State	Validity Date	
CUSTOMER CONTACT DATA		Contact Address	Tel. / Fax No. Mobile telephone No.
E-mail address*	Occupation	Employer	Employer's Address*
EMPLOYER'S ACTIVITY	1. Industry and civil engineering 2. Trade 3. Financial mediation and banks 4. Accounting, IT and Telecommunications 5. Tourism and Catering Services 6. Education 7. Healthcare 8. Traffic 9. Public Administration 10. Sports, Arts and Culture 11. Agriculture 12. Lawyer 13. Notary Public 14. Executive Officers 15. Economic and Legal Consulting 16. NGOs 17. International Organizations 18. Casinos, Sports Betting Houses and Games of Chance 19. Individual Business Owner 20. Other		
OTHER CUSTOMER DATA		Country of Residence	Nationality
AMOUNT OF REGULAR 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		2. Has no regular monthly income
OTHER ADDITIONAL MONTHLY FINANCIAL SOURCES	a) yes 1. up to 30.000 MKD 2. above 30.000 MKD (if affirmative answer, the customer circles one or 2)		b) no
PROPERTY AT THEIR DISPOSAL*	1. apartment, house 2. real estate 3. I have my personal company _____ (Company Name) 4. I have stakes/shares in a firm (over 25% of the ownership) _____ (Company Name) 5. Other Property		
MARITAL STATUS*	1. Married 2. Single		
BANK PRODUCTS AND SERVICES THAT YOU ARE USING OR WOULD USE IN THE FUTURE*	You circle the number before the product/service 1. transactional account 2. credit card 3. deposits 4. credits 5. e-banking 6. safe 7. other		
ACCOUNTS IN OTHER BANKS*			

*optional data

Warning: this Application is considered to be filled out in full if it contains all mandatory data, which is checked by an authorized Bank employee that establishes / updates the business relationship with the Customer

PERSONAL DATA PROTECTION STATEMENT

By filling out this Application, I confirm that:

- I agree that my personal data be used for promotional activities and Bank service improvement.
- I do not agree that my personal data stated in this Application be used in the future for any promotional purposes.
(The Customer may, by a written request to the Bank, demand that the Bank not use their personal data for promotional activities.)

CUSTOMER CONSENT:

By signing this Application/Request, I confirm that:

- a) The data stated by me are correct;
- b) In case of change of my personal and address data, I will notify the Bank within 3 working days as of the day of occurrence of the change. Otherwise, every delivery by the Bank to the Customer is considered to be regularly effected to the address stated in this Request;
- c) I agree that my personal data stated in this Application be registered, processed, updated for the needs of the Bank and in cases determined in accordance with the valid legal regulations and transferred to other states – EU member states and/or other states, however, under the condition that the level of personal data protection in those countries is not lower than in the EU;
- d) I am acquainted with the fact that the data stated above represent a business secret in accordance with the Law on Banks, the Personal Data Protection Law and other valid legal regulations,
- e) The bank retains the right to demand other customer data,
- f) The bank retains the right to terminate the business relationship with the customer at any time whatsoever,
- g) I am acquainted with the conditions on establishing a business relationship with the bank and fully accept these.

Applicant

(Name, surname and signature)

(date and place)

STATEMENT ON THE "PUBLIC FUNCTION HOLDER" – (PEP)

(applies only for foreign citizen)

I _____ (Name and Surname) with Personal ID No. _____ declare,
under full moral, criminal and material responsibility, that:

- a) I am not a public function holder and/or person related to a public function holder Person
- b) I am a public function holder _____ (function to be stated)
- c) I am person related to a public function holder

**Definition of "Public function holder" and persons related to them, in accordance with the valid legal regulations of the Republic of Macedonia

"Public function holder (PEP)", in accordance with the valid regulations of the Republic of Macedonia, shall mean natural persons who are not citizen of Republic of Macedonia (Foreign Citizen) who are or have been entrusted with public functions in the Republic of Macedonia or another country, such as: Presidents of states and governments, ministers and deputy or assistant ministers, members of parliament, elected and appointed public prosecutors and judges in courts, members of a state auditing institution, board members of the Central Bank, ambassadors, high ranking officers in the armed forces (ranks higher than colonel), other elected and appointed persons pursuant to Law and members of management bodies of State owned enterprises and persons with functions in political parties (members of political party bodies).

The term "Public function holder" shall also cover:

Close members of the family with whom the holder of the public function lives in communion at same address, persons who are considered to be close associates like business partners (any natural persons known to have joint ownership of the legal entity, has concluded agreements and has established other close business links with a "Holder of a public function") and persons who have incorporated a legal entity on behalf of the holders of public functions.

Persons shall be considered holders of public functions as referred for at least one year after the cessation of the public function, and on the basis of a previously carried out risk assessment by the entities;

Statement given by:

(Name, surname and signature)

(Date)

FILLED OUT BY THE BANK

Received and checked for integrality of Application: _____

Signature Authorized person of the Bank: _____

Job position: _____

Branch/City-Branch: _____

Date: _____