

PBZ Card is required to obtain and update personal data collected according to this Questionnaire pursuant to Law on Prevention of Money Laundering and Terrorism Financing and the related implementing regulations, EU regulations, regulations of the international community and international standards. The collected data will be used by PBZ Card for carrying out due diligence of the Partner and fulfillment of obligations in accordance with these regulations. If PBZ Card cannot fulfill the requirements regarding due diligence, it cannot establish this business relationship, and may be obliged to terminate all existing business relationships.

Location/Branch Number: _____ Business Entity name: _____
 TPIN: REG. NO.: NACE:
 Registered address (street and house number, place, postal code, country): _____

I hereby confirm the company does not issue bearer shares

If the business entity is a non-profit organization, is it involved in charity work? YES

Is Business Entity a Branch? YES NO

If the answer is YES, please fulfill details below:

Is the business entity a Government or local authority YES NO

If the answer is YES, please provide the name of the Government/local authority:

The business entity is registered for cryptocurrency trading: YES

Is the business entity member of the Group? YES NO

If the answer is YES, please provide the name of the Group to which the business entity belongs:

daily operations other (please indicate):

up to 1.300 EUR from 1.301 to 6.600 EUR from 6.601 to 13.300 EUR over 13.301 EUR

payment of goods and services cash withdrawal other (please indicate):

Please provide full details of all publicly listed Controllers, Directors or Partners. For Trusts please provide details of all Trustees/Controllers of the Trust.

(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, etc.)

Type of identification document (ID):	Personal ID	Passport	Other:
TPIN (ID number):	ID number and expiration date:		
Name and country of issuer of the identification document:			
Are you a Politically Exposed Person (PEP):	YES	NO	

Please turn the page over

V.2. Position: _____
(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, etc.)

First and last name: _____

Day, month and year of birth: _____ Citizenship(s): _____

Place and country of birth: _____

Address (street and house number, place, postal code, country): _____

Type of identification document (ID): Personal ID Passport Other: _____

TPIN (ID number): _____ ID number and expiration date: _____

Name and country of issuer of the identification document: _____

Are you a Politically Exposed Person (PEP): YES NO

V.3. Position: _____
(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, etc.)

First and last name: _____

Day, month and year of birth: _____ Citizenship(s): _____

Place and country of birth: _____

Address (street and house number, place, postal code, country): _____

Type of identification document (ID): Personal ID Passport Other: _____

TPIN (ID number): _____ ID number and expiration date: _____

Name and country of issuer of the identification document: _____

Are you a Politically Exposed Person (PEP): YES NO

V.4. Position: _____
(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, etc.)

First and last name: _____

Day, month and year of birth: _____ Citizenship(s): _____

Place and country of birth: _____

Address (street and house number, place, postal code, country): _____

Type of identification document (ID): Personal ID Passport Other: _____

TPIN (ID number): _____ ID number and expiration date: _____

Name and country of issuer of the identification document: _____

Are you a Politically Exposed Person (PEP): YES NO

V.5. Position: _____
(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, etc.)

First and last name: _____

Day, month and year of birth: _____ Citizenship(s): _____

Place and country of birth: _____

Address (street and house number, place, postal code, country): _____

Type of identification document (ID): Personal ID Passport Other: _____

TPIN (ID number): _____ ID number and expiration date: _____

Name and country of issuer of the identification document: _____

Are you a Politically Exposed Person (PEP): YES NO

VI. DATA ON BENEFICIAL OWNERS

- Beneficial owner is any natural person who is an owner or a person controlling the party, including:
 - any natural person who owns a legal person and controls the entity by ownership of at least 25% of shares, voting rights or other rights based on which it has the right to manage the entity, or owns 25% + one stock in the legal person
 - any natural person who controls the legal person (owner of the entity) by indirect ownership (ownership or control over one or multiple legal persons) of at least 25% of shares or 25% + one stock in the entity
 - any natural person who has a control position in the business entity's assets management through other means which may refer to the control criteria used in preparing consolidated financial reports, e.g. shareholders' agreements, exercise of dominant influence and authority to appoint senior management.
- Beneficial owners of trusts and of any legal entity subject to foreign law equal to a trust, are founders, manager or managers, guardians (if applicable), an individual trust beneficiary or a group of trust beneficiaries, provided that future beneficiaries have already been appointed or may be appointed, persons carrying out functions equal or similar to functions carried out by a manager, guardian or beneficiary and other natural persons who, by direct or indirect ownership or by other means, exercise the control over trusts or an entity subject to foreign law equal to a trust.
- Beneficial owner of an association and its committees, institution, institute, political party, syndicate, religious community, art organization, chamber, employers' association, foundation or fund is any natural person with power of representation or natural person in control of the assets management.

4. Beneficial owner of business entity for which the statement is issued is other legal entity (parent company) that owns and controls the business entity by ownership of at least 25% of shares, voting rights or other rights based on which it has the right to manage the entity, or owns 25% + one stock in the legal person. YES NO

If the answer is YES, please provide:

Parent company name: _____ TPIN: _____ Percentage of ownership: _____
Registered address (street and house number, place, postal code, country): _____

- 4a. The parent entity above is listed on a recognised Stock Exchange YES NO

If the answer is YES, please confirm Stock Exchange Name: _____ Stock symbol: _____

5. Is the business entity in a majority Ownership (50%+1 shares or right to vote or business share) of a Government /local authority:? YES NO

If the answer is YES, please provide the name of the Government /local authority: _____

6. Is the business entity divided into parts/shares of less than 25%? YES NO

If the answer is YES, please provide an evidence (ownership structure, the list of members, etc.)

If you have ticked "YES" on one of the answers VI.4.a., VI.5. or VI.6. there is no need to fulfill the questions in VII.

Please provide full details below of all Beneficial Owner(s)/Director(s)/Partner(s) who ultimately hold more than 25% of the entity or more than 25% of the capital/profits/voting rights of the partnership. According to art. 30. Par.2. Anti-money Laundering and Terrorism Countering Law, please provide us Ownership structure or Declaration on the foundation of the company list, which contains names of the partners in the legal entity or extract from Beneficial owner register set up by Financial agency.

VII. BENEFICIAL OWNER OF A BUSINESS ENTITY (NATURAL PERSON ONLY)

VII.1. First and last name:

Address (street and house number, place, postal code, country): _____

Citizenship(s):	Day, month and year of birth:	Country of residence:
Place and Country of birth:	Type of identification document (ID):	
Personal ID Passport Other:	TPIN (ID number):	
Number and date of expiration of the ID:		
Name and country of issuer of the identification document:		
Are you a Politically Exposed Person (PEP):	YES NO	
Are you:	a direct owner of a business entity indirect owner of a business entity	Percentage of ownership:

VII.2. First and last name:

Address (street and house number, place, postal code, country): _____

Citizenship(s):	Day, month and year of birth:	Country of residence:
Place and Country of birth:	Type of identification document (ID):	
Personal ID Passport Other:	TPIN (ID number):	
Number and date of expiration of the ID:		
Name and country of issuer of the identification document:		
Are you a Politically Exposed Person (PEP):	YES NO	
Are you:	a direct owner of a business entity indirect owner of a business entity	Percentage of ownership:

VII.3. First and last name:

Address (street and house number, place, postal code, country): _____

Citizenship(s):	Day, month and year of birth:	Country of residence:
Place and Country of birth:	Type of identification document (ID):	
Personal ID Passport Other:	TPIN (ID number):	
Number and date of expiration of the ID:		
Name and country of issuer of the identification document:		
Are you a Politically Exposed Person (PEP):	YES NO	
Are you:	a direct owner of a business entity indirect owner of a business entity	Percentage of ownership:

By signing this Questionnaire I certify that the information provided is true and I hereby authorize PBZ Card to verify all information provided herein. I will personally inform you of any changes to the information provided. In case of any change to the ownership or management structure of the Company, I shall inform PBZ Card on any change within 30 days from the day of any such change. I hereby declare, under full material and criminal responsibility, that the Business Entity is not engaged in any activity that may conflict with the Constitution, laws and other regulations of the Republic of Croatia and those of the European Union, and that the Contract on Card Issuing is concluded solely for the purpose of performing activities indicated therein. I hereby declare that the above mentioned persons stated as beneficial owners, according to my knowledge, are not included in any illegal activity and that there are no proceedings against them aimed at establishing whether there has been any illegal activity penalized under Criminal law of the Republic of Croatia or subject to ex officio accountability process.

Notice on Processing of Personal Data

PBZ Card, as personal data controller in accordance with the provisions of the General Data Protection Regulation (EU) 2016/679, collects and processes personal data necessary for the execution of a contract and meeting legal obligations are pursuant to its legitimate interest. The signatory of this form hereby certifies that he/she is aware that all information on purpose and legal basis of processing of personal data, categories of data processed, rights of data subjects in accordance with General Data Protection Regulation are available in the Notice on Personal Data Processing published on www.pbzcard.hr or by sending to the address of data controller or by e-mail: zop@pbzcard.hr. In accordance with applicable regulations, the data subject has right to request access to, transfer, rectification, erasure and restriction of processing of its personal data at any time and to submit a complaint with PBZ Card and Personal Data Protection Agency.

In case the signatory provides data on third parties in this form, the signatory is held responsible for making these data available and the signatory is obliged to inform these third parties in timely manner on the content of the above mentioned data.

First and last name of the person with power of representation

Place and date _____

Signature of the person with power of representation *

*If the signatory of this Contract is a proxy, please provide notarized proxy.

Please provide following documentation to this Questionnaire:

- identification document for a legal representative(s)/persons with a power to representation and beneficial owner(s)
- extract from the register of companies, firms or associations or any other official document
- extract from the Beneficial owner register (by FINA)
- the act of establishment (of the entity)
- ownership structure (if it's a complex structure or trust)