PBZ CARD

# KYC QUESTIONNAIRE FOR BUSINESS ENTITIES

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.

## I. DATA ON BUSINESS ENTITY FOR WHICH THE STATEMENT IS ISSUED

Location/Branch Number: Business Entity name:

TPIN: ☐☐☐☐☐☐☐☐☐☐☐ REG. NO.: ☐☐☐☐☐☐☐☐ NACE: ☐☐☐☐☐☐☐☐

Registered address (street and house number, place, postal code, country):

Online trading presence? ☐ YES ☐ NO Nature of Business:

Legal entity (please indicate the legal form): ☐ private limited company ☐ joint stock company ☐ limited partnership ☐ government ☐ local authority ☐ public notary ☐ translator ☐ trust ☐ simple limited company ☐ general partnership ☐ sole proprietorship ☐ lawyer ☐ healthcare professional ☐ rental agency ☐ non-profit organization (NPO) ☐ other:

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:

Branch legal name: Identification Number/Business Reg Number:

Registered Address (town/city, street, house number, postal code, country of incorporation):

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:

Is the business entity listed on a recognised Stock Exchange? ☐ YES ☐ NO

If the answer is YES, please provide the name of the Stock Exchange: Stock symbol:

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:

## II. SOURCE OF ASSETS THAT ARE OR WILL BE THE SUBJECT OF A BUSINESS RELATIONSHIP (OBLIGATORY):

☐ daily operations ☐ other (please indicate):

## III. EXPECTED MONTH TURNOVER:

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

## IV. PURPOSE AND INTENT OF ESTABLISHING A BUSINESS RELATIONSHIP

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

## V. MANAGEMENT STRUCTURE

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

**V.1.** 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[1]): ☐ YES ☐ NO

[1] PEP – Politically Exposed Person is any natural person who is or was in the last 12 months (or longer) carrying out an eminent public duty in a member state or third country, including members of his immediate family or close associates. Natural persons carrying out an eminent public duty are: 1. president of country, prime minister, minister and his deputy, state secretary, assistant of minister; 2. elected member of legislative bodies; 3. member of political party management bodies; 4. member of the supreme, constitutional or other high court against whose decision it is not possible to mount a legal challenge, except in special cases; 5. judge of a court of auditors; 6. member of the council of a central bank; 7. ambassador, chargé d'affaires and high-ranking officer of the armed forces; 8. member of the management board and supervisory board of a commercial company that is owned or predominantly owned by the State; 9. director, deputy director, board member and person carrying out an equal function in an international organization, municipal mayor, city mayor, county prefect and his respective deputy elected in accordance with the law governing local elections in the Republic of Croatia. Family members of a Politically Exposed Person are: 1. spouse or extramarital partner of a Politically Exposed Person, 2. children of a Politically Exposed Person and their spouses or extramarital partners or 3. parents of a Politically Exposed Person. Close associate of a Politically Exposed Person referred to in paragraph 3 of this Article is any natural person: 1. who has a joint beneficial ownership of a legal person or a legal system, or has any other close business relation with a Politically Exposed Person or 2. who has sole beneficial ownership of a legal person or a legal system which has been set up for the benefit of a Politically Exposed Person.

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**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[1]): ☐ 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[1]): ☐ 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[1]): ☐ 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[1]): ☐ YES ☐ NO

## VI. DATA ON BENEFICIAL OWNERS

**1.** Beneficial owner is any natural person who is an owner or a person controlling the party, including:

**a)** 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

**b)** 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

**c)** 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.

**2.** 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.

**3.** 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.

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**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 confirmm 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 Govermment /local authority:? ☐ YES ☐ NO

If the answer is YES, please provide the name of the Govermment /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 Passeport 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 Passeport 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 Passeport 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:

Please turn the page over

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

________________________________________

________________________________________

Signature of the person with power of representation *

________________________________________

________________________________________

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

Place and date ______________________________

**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)

## PEP QUESTIONNAIRE

When establishing a business relationship or conducting transactions, PBZ Card shall apply a procedure that determines whether the customer is a politically exposed person (PEP) in accordance with the obligation to conduct in-depth analysis prescribed by the Law on Prevention of Money Laundering and Financing of Terrorism.

**Politically Exposed Person** is any natural person who is or was in the previous 12 months carrying out an eminent public duty in a member state or a third country, including their immediate family members* or persons known to be close associates of a politically exposed person**:

***Immediate family members shall include:**

1. the spouse or common law partner of a politically exposed person or the person living in a registered or informal life partnership with a politically exposed person
2. the children of a politically exposed person and their spouses or common law partners or the persons living in a registered or informal life partnership with the children of a politically exposed person
3. parents of a politically exposed person.

****Close associate shall be any natural person:**

1. who is known to have joint beneficial ownership of a legal person or a legal arrangement or any other close business relations with a politically exposed person or
2. who has sole beneficial ownership of a legal person or a legal arrangement, which are known to have been set up for the benefit of a politically exposed person.

With regard to conducting a due diligence of the client and acting in compliance with the object and purpose of the Money Laundering and Terrorism Financing Prevention Act, please select one of the offered answers:

**Do you hold (or have carried out in the previous 12 months) a prominent public office (duty) in your country of permanent residence / usual residence, or are you a member of the immediate family or close associate of a person holding a prominent public office?**

◯ 1. I DO NOT HOLD / I AM NOT
◯ 2. I HOLD A PUBLIC OFFICE
◯ 3. I AM A MEMBER OF THE FAMILY OF THE PERSON HOLDING A PUBLIC OFFICE
◯ 4. I AM A CLOSE ASSOCIATE OF THE PERSON HOLDING A PROMINENT PUBLIC OFFICE

**If you selected any/some of the answers under numbers 2 - 4, please indicate which public duty is carried out / public office is in question held:**

◯ State presidents of countries, prime ministers, ministers and their deputies and state secretaries and assistant ministers
◯ Elected members of legislative bodies
◯ Members of the governing bodies of political parties
◯ Municipality prefects, mayors, county prefects and their deputies elected on the basis of the law regulating local elections in the Republic of Croatia
◯ Judges of supreme or constitutional courts or courts of auditors, or other high-ranking judicial officials against whose decisions, save for exceptional cases, legal remedies may not be applied
◯ Members of central bank councils
◯ Ambassadors, chargés d'affairs and high-ranking officers of armed forces
◯ Member of the board, management and/or supervisory board (as well as persons performing equivalent functions) of a commercial company that is owned or majority owned by the state or local and regional self-government units.
◯ Directors, deputy directors and members of the board, as well as persons carrying out equivalent function in international organisations.

**If you selected answer 3. I AM MEMBER OF THE FAMILY OF THE PERSON HOLDING A PUBLIC OFFICE or 4. I AM AN CLOSE ASSOCIATE OF THE PERSON HOLDING A PROMINENT PUBLIC OFFICE to the question: "Do you hold (or have carried out in the previous 12 months) a prominent public office (duty) in your country of permanent residence / usual residence, please specify:**

a) name and surname of a person holding a prominent public office ______________________

b) in what capacity as a member of the immediate family are you / in what way was your close association with that person achieved?

______________________

**If you are a politically exposed person (also if you are a politically exposed person and the beneficial owner of a legal entity) please specify:**

a) source(s) of funds that are or will be included in the business relationship and/or transactions of the relevant business entity:

◯ Salary and Earnings ◯ Savings ◯ Sales of financial assets
◯ Inheritances and gifts ◯ Receipts from sale/investment in real estate/movable property
◯ Income from capital or insurance ◯ Indemnity/Compensation
◯ Other ______________________

b) the source(s) of your assets (it is necessary to mark all the answers that apply to you, and at least one):

- ◯ Income from non-self-employment
- ◯ Income based on a deed contract
- ◯ Income base on rent
- ◯ Inheritances and gifts
- ◯ Receipts from sale/investment in real estate/movables
- ◯ Income from capital or insurance
- ◯ Assets acquired through credit
- ◯ Assets acquired through savings
- ◯ I have no property
- ◯ Income of a member of the Counil's, Management Board, assemblies, supervisory boards
- ◯ Self-employment income
- ◯ Winnings from lottery games
- ◯ Income from spouse/partner
- ◯ Divorce settlements
- ◯ Other: ____________________

Please state the estimated value of your assets in EUR (value that you personally estimate):

____________________

Thank you for your understanding!

**PERSONAL DATA PROTECTION**

Personal data protection: PBZ CARD d.o.o., Radnička cesta 44, Zagreb, TIN (OIB) 28495895537, entered in the register of the Commercial Court in Zagreb under the company registration number (MBS) 080258649, as a data controller, operates in accordance with the principles of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 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). Contact details of the data protection officer: zop@pbzcard.hr. When clients' personal data are collected, whether from the client at the time of collection or from another source PBZ Card shall provide information in accordance with Articles 13 and 14 of the General Data Protection Regulation, such as, for instance, information about PBZ Card as the controller, the purposes and the legal basis of personal data processing, the categories of personal data which are collected, the storage period, the recipients of data, the source of data, as well as the rights related to personal data protection (for instance, the right of access to personal data, the right to erasure, the right to object, etc.).

We shall process and use your personal data as well as personal data of other natural persons (e.g. authorised representatives, authorised signatories, contact persons, etc.) provided for the purpose of execution and performance in a lawful, fair and transparent manner, while protecting personal data from unauthorized or unlawful processing and implementing the highest-level technical, security and organisational protection measures.

By signing this Document, I confirm to have been informed/advised that the data provided in this Document are necessary for PBZ Card, acting as the data controller, in order to honour its legal obligations, pursuant to Article 6, paragraph 1, item c) of the General Data Protection Regulation.

**PERSONAL SIGNATURE CERTIFYING DATA ACCURACY AND TRUTHFULNESS**

First and last name of the person to whom the data refer: ____________________

Place, date ____________________ Signature: ____________________