

KYC QUESTIONNAIRE FOR BUSINESS ENTITIES

PBZ Card is required to have updated personal data that are collected by this Questionnaire pursuant to Anti-Money Laundering and Terrorist Financing Law and the related implemented 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 client, its transactions and fulfilment of obligations in accordance with these regulations. PBZ Card may, for the purposes mentioned, as well as in the event of a change in regulations, request the User to provide additional data and documents. If PBZ Card cannot fulfil the requirements regarding due diligence, it may not establish this business relationship and may be obliged to terminate any existing business relationship.

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

Name of the business entity: _____

OIB/Registration number: _____ / _____ NACE: _____

Address of registered office (Street and house number, place and postal code, country): _____

Legal entity (please indicate the legal form):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> private limited company | <input type="checkbox"/> simple limited company | <input type="checkbox"/> joint stock company | <input type="checkbox"/> limited partnership |
| <input type="checkbox"/> public notary | <input type="checkbox"/> translator | <input type="checkbox"/> trust | <input type="checkbox"/> general partnership |
| <input type="checkbox"/> sole proprietorship | <input type="checkbox"/> lawyer | <input type="checkbox"/> healthcare professional | <input type="checkbox"/> rental agency |
| <input type="checkbox"/> non-profit organization (NPO) | <input type="checkbox"/> community of co-owners / building o other: _____ | | |

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

Is the business entity an issuer of bearer shares? YES NO

Is Business Entity a Branch? YES NO

If the answer is YES, please fulfil 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

Are you engaged in the production and/or purchase/sale of weapons? YES

Are you registered for or engaged in Money Value Transfer Service (MVTs)/ Money Service Business (MSB) YES NO

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. PLEASE STATE SOURCE OF FUNDS

(Please select at least one)

- Self-financing (funds from regular business)
- Remittances from abroad
- Grants from owners/business partners, sponsors, etc.
- Compensation
- Funds from sponsors/donors
- Capital/Financial income
- Project financing and/or from EU funds
- Other _____
-

V. PLEASE STATE ORIGIN OF THE ASSETS

(Please select at least one)

- Real estate income / financial investment
- Capital gains
- Sale of goods / properties
- Corporate income
- Loans from holding companies
- Other _____
-

VI. PLEASE STATE AMOUNT OF THE ASSETS

(Please select one answer)

- 0 – 100,000 €
- 100,000,01€ - 250,000€
- 250,000,01 € – 1,000,000 €
- 1.000.000,01 € – 10.000.000 €
- Over 10,000,000 €
-

VII. PURPOSE AND INTENT OF ESTABLISHING A BUSINESS RELATIONSHIP

- payment of goods and services cash withdrawal
- Other (please indicate): _____
-

VIII. 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.

VIII. 1. Position: _____

(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, representative of the manager / of the community of co-owners etc.)

First and last name: _____

Citizenship(s): _____ OIB¹: _____

Unique ID: _____ Day, month and year of birth: _____

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): _____ Date of expiration of the identification document: _____

Issuer of the identification document: _____

Are you a Politically Exposed Person (PEP²): YES NO * If you are classified as a PEP, you are obliged to fill out the PEP questionnaire.

VIII. 2. Position: _____

(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, representative of the manager / of the community of co-owners etc.)

First and last name: _____

Citizenship(s): _____ OIB¹: _____

Unique ID: _____ Day, month and year of birth: _____

Place and country of birth: _____

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

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Are you a Politically Exposed Person (PEP²): YES NO * If you are classified as a PEP, you are obliged to fill out the PEP questionnaire.

VIII. 3. Position: _____

(director, legal representative, authorized signer, procurator, lawyer, craftsman, public notary, board member, president of the association, representative of the manager / of the community of co-owners etc.)

First and last name: _____

Citizenship(s): _____ OIB¹: _____

Unique ID: _____ Day, month and year of birth: _____

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): _____ Date of expiration of the identification document: _____

Issuer of the identification document: _____

Are you a Politically Exposed Person (PEP²): YES NO * If you are classified as a PEP, you are obliged to fill out the PEP questionnaire.

¹ If you do not have OIB, enter the unique identification code of your country.

² 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

³ If you do not have OIB, enter the unique identification code of your country

IX. 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.

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 provide the name of the Stock Exchange: _____

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:

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

Please indicate if the person is:

DIRECT OWNER

A) Natural person who is the owner of the legal person and who controls the legal person by **direct ownership**, holding a sufficient percentage of shares, including bearer shares or voting rights shares or equity stakes in that legal person

natural person - shareholder owning 25 % plus one share, ownership of over 25 % in equity stakes, voting or other rights on the basis of which he/she shall exercise the right of managing the legal person. **Percentage of ownership:** _____

natural person - founder (100% ownership)

natural person - less than 25% ownership. **Percentage of ownership:** _____

INDIRECT OWNER It is required to fill in the Appendix 1 - Ownership structure

B) natural person who controls a legal person by indirect ownership, holding a sufficient percentage of shares, including bearer shares or voting right shares or equity stakes in that legal person. **Percentage of ownership:** _____

C) natural person who has a controlling function in managing the legal person's property via other means:

control criteria used in preparation of consolidated financial reports

exercising of prevailing influence

power for appointing high-level (senior) management (DIRECTOR/MANAGEMENT BOARD MEMBER/CEO)

D) SUBSIDIARY OWNER - natural person who is a director/member of a management board or other managing body.

If you chose D) SUBSIDIARY OWNER and declared that you are a politically exposed person, when filling out the "PEP Questionnaire" you can skip the questions related to sources of funds and source of assets.

E) natural person authorised representative, having a controlling function in managing the property of associations and their unions, foundations, formations, institutions, art organisations, chambers, labour unions, employers' associations, political parties, cooperatives, credit unions or religious communities or community of co-owners / building

person acting as authorised representative

natural person having a controlling function

F) The person is

trust settlor

trustee

protector

beneficiary

BENEFICIAL OWNER (EXCLUSIVELY A NATURAL PERSON)

First and last name: _____

Citizenship(s): _____

OIB¹: _____

Unique ID: _____

Day, month and year of birth: _____

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): _____

Date of expiration of the identification document: _____

Issuer of the identification document: _____

Are you a Politically Exposed Person (PEP²): YES NO

* If you are classified as a PEP, you are obliged to fill out the PEP questionnaire.

Please indicate if the person is:

DIRECT OWNER

A) Natural person who is the owner of the legal person and who controls the legal person by **direct ownership**, holding a sufficient percentage of shares, including bearer shares or voting rights shares or equity stakes in that legal person

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BENEFICIAL OWNER (EXCLUSIVELY A NATURAL PERSON)

First and last name: _____

Citizenship(s): _____

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natural person having a controlling function

F) The person is

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trustee

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beneficiary

BENEFICIAL OWNER (EXCLUSIVELY A NATURAL PERSON)

First and last name: _____

Citizenship(s): _____

OIB¹: _____

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F) The person is

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trustee

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beneficiary

BENEFICIAL OWNER (EXCLUSIVELY A NATURAL PERSON)

First and last name: _____

Citizenship(s): _____

OIB¹: _____

Unique ID: _____

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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): _____

Date of expiration of the identification document: _____

Issuer of the identification document: _____

Are you a Politically Exposed Person (PEP²): YES NO

* If you are classified as a PEP, you are obliged to fill out the PEP questionnaire.

Statement

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*

Place and date

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

*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)
- the act of establishment (of the entity)
- ownership structure (in the case of indirect ownership)