

KYC QUESTIONNAIRE FOR PARTNERS/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.:

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 public notary translator trust simple limited company general partnership sole proprietorship lawyer healthcare professional rental agency other: _____

I hereby confirm the company does not issue bearer shares

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): _____

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

daily operations other (please indicate): _____

III. EXPECTED ANNUAL TURNOVER:

up to 100.000 HRK from 100.001 HRK to 500.000 HRK from 500.001 HRK to 1.000.000 HRK over 1.000.001 HRK

IV. PURPOSE AND INTENT OF ESTABLISHING A BUSINESS RELATIONSHIP

charging goods and services donations 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): _____

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 (PEP¹): YES NO

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): _____

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 (PEP¹): 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 legal entity 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.

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): _____
 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 (PEP¹): 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): _____
 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 (PEP¹): 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): _____
 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 (PEP¹): 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.
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): _____

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 an Ownership of a Government? YES NO
 If the answer is YES, please provide the name of the Government: _____

6. Is the business entity listed on a recognised Stock Exchange? YES NO
 If the answer is YES, please confirm Stock Exchange Name: _____

7. 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., VI.5., VI.6. or VI.7. 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:

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:

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:

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 Acceptance 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. By signing this Questionnaire I agree that PBZ Card may perform any activity regarding processing and exchange of personal data provided herein, including my PIN (OIB) number, which means that PBZ Card has the right to collect, archive, record, organize, make available and transfer my personal data for the purpose of performing any regular activity of PBZ Card (and any regular activity of a Group whose member is PBZ Card) on national or international level, regarding this business relationship with PBZ Card.

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 _____

POLITICALLY EXPOSED PERSONS (PEP) QUESTIONNAIRE

Do you work (or have worked in the previous 12 months) on an eminent public duty in the country of your residence, or have a close family member or are you a close associate of a person holding a senior public office?

Please select one of the possible answers below:

1. I act on public service
2. I am a family member of a person on senior public position
3. I am an associate of a person on a senior public position

If you act on public duty (1) please select a public duty you hold:

president of a country
prime minister
minister and his deputy and state secretary and assistant minister
elected member of legislative body
member of the governing body of political party
judge of supreme or constitutional courts or other high ranking judicial official against whose decisions, save for exceptional cases, legal remedies may not be applied
judge of a court of auditors
member of a central bank council
ambassador, chargé d'affaires and high ranking officer of armed forces
member of management and supervisory boards in state-owned or majority stateowned legal persons
director, deputy director and member of the board, as well as person carrying out equivalent function of an international organizations
municipality prefect, mayor, county prefect and their deputies elected on the basis of the law regulating local elections in the Republic of Croatia.

If you have selected some of the answers under number 1, 2 or 3 please specify the source of property and assets that are or will be the subject of a business relationship or transaction:

salary and earnings sales of real estate inheritance/donation savings reimbursements
sales of financial assets return on capital from abroad other: _____

Name and surname: _____

Date: _____

Client signature: _____