

ESTABLISHMENT OF CUSTOMER RELATIONSHIP - RETAIL CUSTOMER

The Anti-Money Laundering Act — which all banks must follow — requires the bank to know your business volume with us. We therefore ask you to fill out the form below.

Customer information:	Name:	Last name:
	Address:	Postno., city:
	Telephone:	Mobile:
	E-mail:	Soc. sec. no.:
	Occupation:	
Nationality:	Birthplace (country):	Citizenship (country/countries):
Tax relations:	Taxable in (country/countries):	
	Are you (or have you been) liable to pay tax in the USA or other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, account for which countries, and in which period (start and end date):	
Identification:	<input type="checkbox"/> Driving licence no.:	<input type="checkbox"/> Passport no.:
	<input type="checkbox"/> Health insurance card	<input type="checkbox"/> Other:
Purpose:	<input type="checkbox"/> Salary account	<input type="checkbox"/> Loan/credit
	<input type="checkbox"/> Pension	<input type="checkbox"/> Budget/savings account
	<input type="checkbox"/> Deposits	<input type="checkbox"/> Third person's relationship
	<input type="checkbox"/> Other — please describe:	
Expected domestic transactions to your accounts?:	What is the expected monthly turnover of the account (gross amount): DKK	
	Other (e.g. from family members, friends or internet sales): DKK	

Expected Foreign transaction to or from your account:	Expected transactions <u>from</u> other countries		
	Which country:	Annual number:	Total DKK:
	Expected transactions <u>to</u> other countries		
	Which country:	Annual number:	Total DKK:
Deposit:	Expected transactions through cash or ATM		
	Annual number:	Largest amount DKK:	

Do you act solely on your own behalf:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If no, then please account for the transaction that you conduct on behalf of a third party:		
<i>In the case that you are not the beneficial owner, the beneficial owner has to prove his identity and sign a certain beneficial owner declaration</i>			

Will your commitment entail regular transactions where the amount will be withdrawn in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, please account for the reason:		

Political status:	Are you or any member of your family politically exposed persons?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*Persons in some form of high government office (minister, diplomat etc.), family member of such persons or have a close business relationship to such persons.</i>		

Contact:	I allow Suđuroyar Sparikassi to contact me by email or phone regarding new services that Suđuroyar Sparikassi may find relevant for me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I hereby certify on my honor that the information submitted to Suđuroyar Sparikassi is correct and comprehensive. I confirm that I have received, read and accepted Suđuroyar Sparikassi's General Terms and Conditions.		
_____		_____
City and date		Client's signature

Enclosed documents:

- Adults (over 18 years): Passport or driving licence
- Children: Name certification or the child's passport. And the parents passport or driving licence
- Other