

**Document for Politically Exposed Persons with regards to Appendix 1**

**CLIENT**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

I.D . Card/Passport No: \_\_\_\_\_ Client Code: \_\_\_\_\_

**I.** Do you **hold** or **held**, over the last 12 months a **significant public function** (i.e. minister, member of the Parliament, Supreme Court Judge, Board Member of a Central Bank or other Regulatory Authority, Board Member of a state-owned enterprise or PublicBody)?

Yes  If yes, please mention the public function you hold or held:  
 No  \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II.** Are you an immediate close relative of a person(s) that fall in Paragraph (I) above? An “immediate close relative” includes the wife, every partner considered to be equal with a spouse by the national legislation, children and their spouses or partners, parents).

Yes  If yes, please provide information on the person(s) that fall in Paragraph (I) above and with which you are connected with (full name, public function that they hold or held and the degree of kinship):  
 No  \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III.** Are you a **joint beneficial owner** of a company or other legal mechanisms (i.e. trust) with a person(s) that fall under Paragraph (I) above?

Yes  If yes, please provide information on the person(s) which fall in Paragraph (I) (full name, public function that the person holds or held) and  
 No  the company or legal mechanism in which you are jointly beneficial owner:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IV.** Do you have any **business relationships** with a person(s) that fall under Paragraph (I) above?

Yes  If yes, please provide information on the person(s) that fall in Paragraph (I) (full name, public function that they hold or held) and description  
 No  of your business relationships with this person(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have carefully read the content of this Document and have provided all required information in relation to myself, and I declare and confirm that the completion of this Document is complete, true and correct.

**The Client:**  
 (Signature) \_\_\_\_\_

Full Name: \_\_\_\_\_

**Witness:**  
 (Signature.) \_\_\_\_\_

Full Name: \_\_\_\_\_

Identification Card or Passport no.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_