

## **ESTABLISHMENT OF COSTUMER RELATIONSHIP - CORPORATE**

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 of company:						
IIIIOIIIIatioii	Address:			Postno., city:			
	Telephone:			Mobile:			
	E-mail:			CVR-no./tax id:			
	Type of business:						
2. Nationality	Domicile (country):						
3. Tax relations	Taxable in (country/countries):						
	Is the company (or has it been) taxable in the USA or other countries?:						
	If yes, account for which countries:						
	Country:		Taxpayer Identification number (TIN-nr.):				
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	Country:		Taxpayer Identification number (TIN-nr.):				
4. Identification	Print-out from CVR	Minutes Annual General Meeting Register of owners					
	Articles of Association Founding		document Other				
	The identification document must be valid.						
5. Purpose	Operating Savings		Loan/credit		Loan/credit		
	Guarantee	Securities	es		Asset management/depository	/	
	Other - please describe:						
6.a Expected annual transactions to your account - after taxes	Transactions		P	Annual amount			
	Customer transfers:		_				
	Pos terminal transactions:						
	Cash deposits (specified in 6.b)						
	VAT:		_				
	Leverandørservice:						
	Other:						
	Annual amount aggregate in DKK:		_				
6.b Deposit	Expected cash deposits:						
	Annual number:	Larg	gest an	nount in DKK:			

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6.c Expected foreign transaction to/from your account	Expected transactions <b>to</b> other countries:						
	Annual number: Total in DKK:						
	Which country:						
	Expected transactions <b>from</b> other countries:						
	Annual number:	Total in DKK:					
	Which country:						
7. Will your commitment entail	Yes No						
regular transactions where the amount	If yes, please account for these transactions:						
will be withdrawn in cash?							
8. Does the company act	Yes No						
solely on its own behalf?							
	If a third party (company or person) is the actual owner of the assets, then the third party must provide valid identification and fill out a relevant form.						
9. Names of board of directors and	Name:		Soc. sec. no./id no.:				
executives	Name:		Soc. sec. no./id no.:				
	Name:	Soc. sec. no./id no.:					
	Name:	Soc. sec. no./id no.:					
	Name:		Soc. sec. no./id no.:				
10. Signatory right	Are there any restrictions on signatory right?:	Yes	No				
	Are there other than those specified in the signatory register who have the authority to sign for the comany - e.g. through the Articles of Association or a signature circular?						
	Name:	Soc. sec. no./id no.:					
	Name:		Soc. sec. no./id no.:				
	Name:		Soc. sec. no./id no.:				
	Name:	Soc. sec. no./id no.:					
	Name:	Soc. sec. no./id no.:					
	Any person who has a signatory right in the company in accordance with regulations other than the company's signatory rules are required to present a copy of authorised identification.						
11. Stock market	Is the company listed on the stock exchange:		Yes No				
	If no, please indicate the names of any shareholder who owns more than 25% of the share capital.						
	Name:	Soc. sec. no./id no.:					
	Name:		Soc. sec. no./id no.:				
	Name:	Soc. sec. no./id no.:					
	If the owner is a corporation, then the identity of the physical owner must be indicated - this is also required in the case of a chain of corporations. Shareholders must attach a valid identification document.						
	Do you currently own, or have you been the own of a company that has gone bankrupt or was force		Yes No				
	If yes, then please account for the reason:						

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12. Contact	I allow Suðuroyar Sparikassa to contact me by e-mail og phone regarding new services that Suðuroyar Sparikassi may find relevant for me.				
	Yes No				
	Collaborators Suðuroyar Sparikassi collaborates with DLR, Betri Pensjón, Betri Trygging, Sparekassen Kronjylland, Flex Funding and Elektron.				
	Your consent is valid until you withdraw your consent. You can withdraw your consent by contacting the bank at ss@ss.fo.				
13. Confirm	I hereby certify on my honor that the information submitted to Suðuroyar Sparikassa is correct and complete.				
	20				
	City and date Customer signature				