



СТОПАНСКА БАНКА А.Д. БИТОЛА

NOTE: _____

Branch _____

Client's ID No _____

(To be completed by the authorized
Bank officer)

APPLICATION

For registration / update of a client (individual)

Completion date: _____

RESIDENT _____ NON-RESIDENT _____	
a. Physically present client / legal representative b. Not physically present - Power of Attorney Submitted	
Name and surname	
Father's name*	
Date and place of birth	
Country of birth	
Address and place of residence (indicated in ID card):	
PIN	
Client's identification document (Please indicate the data from one of the documents below, copy of which will be retained in the client's file)	
1. ID card No _____ Issuing authority: _____ Validity date: _____ Country: _____	2. Passport No _____ Country: _____ Validity date: _____
1. CLIENT'S CONTACT DATA	
Contact address	
Phone/Fax No	
Mobile phone No	
Email address*	

Status/Professional engagement	1. Child 2. Student 3. Pensioner 4. Unemployed 5. Employed <input type="checkbox"/> worker, <input type="checkbox"/> judge, <input type="checkbox"/> officer, <input type="checkbox"/> doctor, <input type="checkbox"/> manager, <input type="checkbox"/> lawyer, <input type="checkbox"/> professor, <input type="checkbox"/> notary public, <input type="checkbox"/> enforcement agent, <input type="checkbox"/> self-employed person <input type="checkbox"/> other	
Employer		
Employer's address*		
Employer's activity	1. Industry and construction 2. Trade 3. Financial intermediation and banks 4. Accounting, information and telecommunications 5. Tourism and catering 6. Education 7. Health 8. Traffic 9. Public administration 10. Sports, arts and culture	11. Agriculture 12. Lawyers 13. Notary public 14. Enforcement agents 15. Economic-legal consulting 16. Nongovernmental organizations 17. International organizations 18. Casinos, sports betting house, games of chance 19. Self-employed person 20. Other
2. OTHER CLIENT'S DATA		
Country of residence		
Citizenship/Nationality		
Regular monthly salary amount	1. Average monthly salary: a. Up to MKD 20,000 b. From MKD 20,000 to MKD 50,000 B. More than MKD 50,000	
	2. I do not have a regular monthly salary	
Additional monthly sources of funds	a. Yes 1. up to MKD 30,000 2. more than MKD 30,000 (if the answer is Yes, please circle 1) or 2)	
	b. No	
Purpose and intent for establishing business relation(description)		

Property	<ol style="list-style-type: none"> 1. Flat, house 2. Estate 3. Company owner _____(Legal entity name) 4. I hold stock/shares in a legal entity (over 25% ownership) _____(Legal entity name) 5. Other property 6. I do not own any property 												
Marital status*	<ol style="list-style-type: none"> 1. Married 2. Single 												
Bank's products and services you use or would like to use in the future:	<p>Please circle the number of product/service</p> <table border="0"> <tr> <td>1. Transaction account</td> <td>6. E-banking</td> </tr> <tr> <td>2. FX account</td> <td>7. Letter of credit</td> </tr> <tr> <td>3. Payment cards</td> <td>8. Letter of guarantee</td> </tr> <tr> <td>4. Loans</td> <td>9. Safe deposit box</td> </tr> <tr> <td>5. Deposits</td> <td></td> </tr> <tr> <td colspan="2">10. Other reasons for business relations</td> </tr> </table> <hr/>	1. Transaction account	6. E-banking	2. FX account	7. Letter of credit	3. Payment cards	8. Letter of guarantee	4. Loans	9. Safe deposit box	5. Deposits		10. Other reasons for business relations	
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5. Deposits													
10. Other reasons for business relations													
Accounts in another bank*:													
CLIENT'S CONSENT:													
<p>I hereby certify that:</p> <p>a) All data above are true and correct;</p> <p>b) In case of change of my personal data (including address data) I will notify the Bank thereof within 3 working days as of the date of the change. Otherwise, any delivery posted by the Bank to the client shall be deemed duly made to the address indicated herein;</p> <p>c) I hereby agree that my personal data indicted herein are registered, processed, and updated for the needs of the Bank and if necessary transfer my personal data to other countries – EU or EEA member states or other non-EU or EEA states upon prior approval of personal data transfer issued by the Directorate for Personal Data Protection;</p> <p>d) I am aware that the data above constitute business secret in compliance with the Banking Law and other applicable regulations;</p> <p>e) The Bank shall reserve the right to request other client's data for the purpose of established business relations;</p> <p>f) The Bank shall reserve the right to terminate the business relations with the client at any time;</p> <p>g) I am familiar and agree with the conditions for establishing business relations with the Bank.</p> <p>h) I am familiar with the aspects of processing of my personal data through Privacy notice provided by the Bank.</p>													
Use of Personal Data for the Purpose of Direct Marketing													

I hereby acknowledge that:

- I agree** the Bank to contact me for promotional offers related to its services through the contact information indicated in the Application.
- I do not agree** the Bank to contact me for promotional offers related to its services through the contact information indicated in the Application.

I hereby acknowledge that:

- I agree** the Bank to contact me for promotional offers for third parties' services through the contact information indicated in the Application.
- I do not agree** the Bank to contact me for promotional offers for third parties' services through the contact information indicated in the Application.

(The client may, by written request submitted to the Bank and without any compensation, pursuant to Article 13-a of the PDPL, request from the Bank to not use his/her personal data for promotional activities).

I hereby confirm that I will use the above banking products and services:

- In and on my own behalf**
- On my own behalf, and in behalf of a third party for whose name and account the above banking products and services are used**

Third party's name and surname	PIN	Note

*Optional data

Statement of residence / non-residence (for persons who can choose status):

I, under penalties of perjury, hereby declare that I have knowledge of applicable laws and regulations that govern the matter in the area of operations with resident and non-resident accounts in the Republic of Macedonia, and on those grounds I identify myself as:

- a. Resident
- b. Non-resident

Holders of public functions:

I _____ (Name and surname) with PIN _____ under penalty of perjury hereby declare that:

a. I am not Holders of public functions

b. I am Holders of public functions _____ (please indicate the office) and/or a person related to an Holders of public functions.

**** Definition of Holders of public functions and/or persons related thereto in compliance with applicable laws and regulations of RM**

“**Holders of public functions**” shall mean the following individuals having assumed or would assume public function in the Republic of Macedonia or in another state:

- a) Presidents of states and governments, ministries and deputy or vice ministers,
- b) MPs elected in legislature,
- c) Judges in supreme or constitutional courts and other holders of high judicial functions, where legal remedies may not be used against their decisions, other than in exceptional instances,
- d) Members of management authorities of supervisory and regulatory bodies and agencies, state audit institution and members of a central bank board,
- e) Ambassadors,
- f) High rank officers in military forces (ranks higher than lieutenant colonel),
- g) Persons elected and appointed in accordance with law and members of management and supervisory bodies of legal entities established by the state,
- h) Persons holding office in political parties (members of executive bodies of political parties),
- i) Persons assuming or would assume prominent function in international organization such as directors, deputy managers, members of management and supervisory boards or other equivalent functions, and
- j) Mayors and presidents of municipal councils.

Holders of public functions as provided for in points a) to j) shall be considered persons at least two years after discontinuation of their office, and on the basis of previously implemented risk assessment by the entities.

The term “Holders of public functions” also includes:

- 1) **Holders of public functions** family member as follows:
 - Spouse or a person with whom the office holder is in domestic partnership,
 - Children and their spouses or persons with whom children of **Holders of public functions** are in domestic partnership, or
 - Parents of **Holders of public functions**.
- 2) A person considered close associate to an **Holders of public functions** is a individual, who is:
 - known to have mutual legal or beneficial ownership of a legal entity, and has concluded a contract or established other close business relations with the **Holders of public functions**, or
 - sole beneficial owner of a legal entity or a legal arrangement for which it is known that was established in favor of the **Holders of public functions**.

FATCA Questionnaire

1/ Does the client possesses any U.S. indication?	YES	NO
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U.S. indications: (mark the indication which is possessed by the private individual)

- citizenship of the United States of America (USA)
- dual citizenship, one of which is of the USA
- permission for residence in the USA (green card)
- place of birth in the USA, Puerto Rico, Guam and U.S. Virgin Islands
- residential address in the USA
- contact address in the USA
- phone number from the USA

2/ Does any of the authorized persons/legal representatives/proxies to the client's account possesses at least one U.S. indication?	YES	NO
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U.S. indications: (mark the indication which is possessed by the private individual)

- citizenship of the United States of America (USA)
- dual citizenship, one of which is of the USA
- permission for residence in the USA (green card)
- place of birth in the USA, Puerto Rico, Guam and U.S. Virgin Islands
- residential address in the USA
- contact address in the USA
- phone number from the USA

Note: The Application shall be considered fully completed if all required data are contained, assessment of which shall be made by a competent Bank Officer who establishes/updates the business relation with the client.

TO BE COMPLETED BY THE CLIENT

(Name and surname) _____

 (Signature) _____

TO BE COMPLETED BY THE BANK

Received and checked by: _____
 Signature of a person authorized by the Bank: -
 Place and date: _____
 Branch/Desk counter: _____