

- A - Legal entities (simple LLC., Ltd., Plc., general partnership, limited partnership, economic interest grouping, holding) MBK
- B - Craftsmen, freelance professionals (lawyers, family farmers) and the like
- C - Association, trustee business, foundation, endowment, institution, art organisation, chamber/council, union, employers' association, political party, community of co-owners / building
- D - Embassy, consulate, international missions
- E - State, public sector entity, local and regional self-government unit, public agency, public fund, public institution or chamber/council
- F - Trust

CUSTOMER INFORMATION SHEET - LEGAL ENTITY

IDENTIFICATION DATA

The Bank is required to have updated personal data that are collected by this questionnaire pursuant to Anti-Money Laundering and Terrorist Financing Law and the related implemented regulations, EU regulations, regulations of the international community and international standards. The collected data will be used by the Bank for carrying out due diligence of the client, its transactions and fulfilment of obligations in accordance with these regulations. The Bank may, for the purposes mentioned, as well as in the event of a change in regulations, request the User to provide additional data and documents.

If the Bank cannot fulfil the requirements regarding due diligence, **it may not establish this business relationship, and may be obliged to terminate any existing business relationship.**

Please answer only those questions below **that are marked with the letter from the header (A or B or C or D or E or F)** to which a business entity belongs and for which you need to complete the questionnaire.

Please flag the appropriate box: Establishing a business relationship

Continuation of the business relationship

A B C D E F

Name of the business entity _____

OIB/Registration number _____ / _____

Unique ID in the country of residence¹ _____

Address of registered office _____
(Street and house number, place and postal code, country)

Correspondence address _____

Place and country of registration _____ Date of establishment: _____

Contacts: email _____ telephone _____

web _____

ISIC/NACE - code² (____) Description _____

ISIC/NACE code-primary activity (____) Description _____

Number of employees: _____

Are you engaged in the production and/or purchase/sale of weapons? Yes No

A C E F

The company issues/or has issued bearer shares: Yes No

¹ Must be entered only if the legal entity has no OIB assigned, fill in the LEI code for Banks.

² Please enter the code assigned as per the Decision of the Croatian Bureau of Statistics or ISIC/NACE code.

If the activity code and the primary activity code differ, please enter the primary activity code. NACE/ISIC code-primary activity is obligatory.

A B

Listed legal entity Yes³ No

Name of the stock exchange: _____ Country: _____

Ticker ISIN: _____

The business entity is registered for or is engaged in cryptocurrency trading: Yes No

Are you registered for or engaged in Money Value Transfer Service (MVTs)/ Money Service Business (MSB) Yes No

Business entity is a group member Yes No

If the answer is YES, enter group name: _____

The business entity is a lawyer: Yes No

The business entity is a Notary public: Yes No

A B C D E F

Customer who works in sectors / branches of activity benefiting from public funds, including UE funds (e.g. public contracts, healthcare, collection and disposal of waste, renewable energy production)

Yes No

C

If the business entity is a community of co-owners / building, please skip the questions below regarding non-profit organizations

The business entity is a non-profit organization (NPO): Yes No

If the answer is YES, please answer the question below.

Non-Profit Organization

What field of activity do you work in? Please tick one answer.

- | | |
|---|---|
| <input type="checkbox"/> Social assistance | <input type="checkbox"/> Conservation, promotion and valorisation of artistic, historic and cultural heritage |
| <input type="checkbox"/> Healthcare assistance | <input type="checkbox"/> Conservation and valorisation of nature, environment and territory |
| <input type="checkbox"/> Education and training | <input type="checkbox"/> Amateur sport |
| <input type="checkbox"/> Scientific research of social interest | <input type="checkbox"/> General charities |
| <input type="checkbox"/> Safeguard of civil rights | <input type="checkbox"/> Other activity / other beneficiaries: (please specify) |

A B C D E F

INFORMATION ABOUT NATURAL PERSONS

Please flag the appropriate box:

- A*** DIRECTOR PROCURATOR MEMBER OF MANAGEMENT BOARD OR OTHER GOVERNING BODY
BANKRUPTCY ESTATE MANAGER
- B** OWNER OF (CRAFTS, FAMILY FARM, SELF-EMPLOYED)
- C** MEMBER REPRESENTATIVE OF RELIGIOUS CONGREGATION PRINCIPLE/ MANAGER
REPRESENTATIVE OF THE MANAGER / OF THE COMMUNITY OF CO-OWNERS
- D** AMBASSADOR CONSUL
- E** PREFECT MAYOR COUNTY PREFECT MINISTER DIRECTOR/PRINCIPAL
- F** FOUNDER MANAGER TRUST PROTECTOR (if any) TRUST BENEFICIARY (if assigned or assignable)

*Please provide information for all directors/members of the Management Board

³ Enclose the list of major shareholders from the stock exchange page.

1.

First and last name _____

Domicile address _____
(Street and house number, place and postal code, country)

Residence address (if different from the domicile)

(Street and house number, place and postal code, country)

Date of birth _____ Country of birth _____

Place of birth _____ Citizenship _____

OIB⁴ [| | | | | | | | | | | |] **UniqueID:** _____

Type and number of identification document _____

Issuer of the identification document _____

Date of expiration of the identification document _____

Politically Exposed Persons (PEP)⁵ Yes No Legal representative Yes No

Please flag the appropriate box:

- A* DIRECTOR** **PROCURATOR** **MEMBER OF MANAGEMENT BOARD OR OTHER GOVERNING BODY**
BANKRUPTCY ESTATE MANAGER
- B OWNER OF (CRAFTS, FAMILY FARM, SELF-EMPLOYED)**
- C MEMBER** **REPRESENTATIVE OF RELIGIOUS CONGREGATION** **PRINCIPLE/ MANAGER**
REPRESENTATIVE OF THE MANAGER / OF THE COMMUNITY OF CO-OWNERS
- D AMBASSADOR** **CONSUL**
- E PREFECT** **MAYOR** **COUNTY PREFECT** **MINISTER** **DIRECTOR/PRINCIPAL**
- F FOUNDER** **MANAGER** **TRUST PROTECTOR (if any)** **TRUST BENEFICIARY (if assigned or assignable)**

*Please provide information for all directors/members of the Management Board

2.

First and last name _____

Domicile address _____
(Street and house number, place and postal code, country)

Residence address (if different from the domicile)

(Street and house number, place and postal code, country)

Date of birth _____ Country of birth _____

Place of birth _____ Citizenship _____

OIB⁴ [| | | | | | | | | | | |] **UniqueID:** _____

Type and number of identification document _____

Issuer of the identification document _____

Date of expiration of the identification document _____

Politically Exposed Persons (PEP)⁵ Yes No Legal representative Yes No

⁴ If you do not have OIB, enter the unique identification code of your country

⁵ You can see who the PEP persons are in the Appendix PEP, and if you are a PEP person, you are obliged to fill in the mentioned form.

A B C D E F

What is the purpose of the business relationship with the Bank (please specify)?

A. Transaction account:

for national payments for cross-border and international payments mostly for cash transaction

If you are a lawyer, do you intend to use that account for third parties/parties as well? Yes No

If you are registered for money transfer services (Money Value Transfer Service (MVTs)/ Money Service Business (MSB)), do you intend to use this account for third parties/clients as well Yes No

B. Financing:

Loan Domestic commercial credit disinvesting Foreign commercial credit disinvesting

Guarantees, letters of credit, trade finance Factoring Leasing

C. Credit cards:

Do you need credit cards for you and/or your employees in your business? Yes No

If you answered YES, please indicate the purpose for which you intend to use the card:

(select all that apply):

payment of goods and services

cash withdrawal

other (please specify): _____

Existing credit card user Yes No

If you are a merchant, do you use or will you use a card acceptance service at your (web) point of sale? Yes No

D. Other:

Investment product and services Treasury business Term deposits

Employee's salaries management (disbursement) ESCROW account Other services

A B C D E F

What is the expected annual inflow of funds to the transaction account?

Up to EUR 100.000 Up to EUR 500.000 Up to EUR 750.000
 Up to EUR 1.000.000 Up to EUR 3.000.000 Up to EUR 5.000.000 Over EUR 5.000.000

Please indicate the expected annual credit card turnover:

Up to EUR 1.300 Up to EUR 6.600 Up to EUR 13.300 Over EUR 13.300

A B C D E F

Please state origin of turnover

(Please select at least one)

Corporate income Revenues from customers
 Self-financing / Corporate income Grants from partners, sponsors, etc.
 Financing (from Banks) Cryptocurrencies
 Sales of properties Income from company liquidation
 Compensation Other _____

Source of funds for doing business with the Bank/PBZ Group:

- | | |
|---|---|
| <input type="checkbox"/> Self-financing (funds from regular business) | <input type="checkbox"/> Remittances from abroad |
| <input type="checkbox"/> Grants from owners/business partners, sponsors, etc. (borrowing/loan etc.) | <input type="checkbox"/> Compensation |
| <input type="checkbox"/> Funds from sponsors/donors | <input type="checkbox"/> Capital/Financial income |
| <input type="checkbox"/> Project financing and/or from EU funds | <input type="checkbox"/> Other _____ |

Please state origin of the assets

(Please select at least one)

- | | |
|--|---|
| <input type="checkbox"/> Real estate income / financial investment | <input type="checkbox"/> Capital gains |
| <input type="checkbox"/> Sale of goods / properties | <input type="checkbox"/> Corporate income |
| <input type="checkbox"/> Loans from holding companies | <input type="checkbox"/> Other _____ |

Please state amount of the assets

(Please select at least one)

- 0 – 100,000 €
 100,000,01€ - 250,000€
 250,000,01 € – 1,000,000 €
 1.000.000,01 € – 10.000.000 €
 Over 10,000,000 €

Country where the economic activity is carried out?

Please state the countries with which you mainly do business if they are different from the Republic of Croatia?

Please do not enter "EU" but the name of the country.

1. _____ 2. _____ 3. _____

Who are the business partners of the company? Where are they located?

A.1) Suppliers

Name	Country	Economic sector ⁶
_____	_____	_____
_____	_____	_____
_____	_____	_____

A.2) A business entity has no significant suppliers:

- Newly founded business entity
 Business entity has no suppliers
 Other _____

B.1) Clients-Customers

Name	Country	Economic sector ⁶
_____	_____	_____
_____	_____	_____
_____	_____	_____

B.2) A business entity has no significant clients-customers:

- Newly founded business entity
 Business entity has no clients-customers
 Other _____

⁶ Please see Appendix 2

PERSONAL DATA PROTECTION

Personal data protection: Privredna banka Zagreb d.d., Radnička cesta 50, Zagreb, TIN (OIB) 02535697732, entered in the register of the Commercial Court in Zagreb under the company registration number (MBS) 080002817 (hereinafter: the Bank), as a data controller, operates in accordance with the principles of the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). Contact details of the data protection officer: sluzbenik.za.zastitu.osobnih.podataka@pbz.hr When clients' personal data are collected, whether from the client at the time of collection or from another source the Bank shall provide information in accordance with Articles 13 and 14 of the General Data Protection Regulation, such as, for instance, information about the Bank as the controller, the purposes and the legal basis of personal data processing, the categories of personal data which are collected, the storage period, the recipients of data, the source of data, as well as the rights related to personal data protection (for instance, the right of access to personal data, the right to erasure, the right to object, etc.). We shall process and use your personal data as well as personal data of other natural persons (e.g. authorised representatives, authorised signatories, contact persons, etc.) provided for the purpose of execution and performance in a lawful, fair and transparent manner, while protecting personal data from unauthorised or unlawful processing and implementing the highest-level technical, security and organisational protection measures. Detailed information on the protection of your privacy is available in the document "Information on the processing of personal data of natural persons in transactions with legal entities" at www.pbz.hr and at the premises of the Bank. By signing this Document, I confirm to have been informed/advised that the data provided in this document are necessary for the Bank, acting as the data controller, in order to honour its legal obligations, pursuant to Article 6, paragraph 1, item c) of the General Data Protection Regulation.

Hereby I confirm that all data given in this document are accurate and true and the Bank has the right to check them. I will personally inform the Bank about any changes regarding data given above.

The bank will terminate the business relationship with the client if it determines that the information provided in this questionnaire is not true and/or correct.

If this document is signed electronically, it was created and signed in electronic form, and in that case the User accepts the use and circulation of this Questionnaire for his needs, as well as for the needs of this contractual relationship in electronic form. The questionnaire is considered signed when the User's authorized person signs it with a qualified electronic signature (confirmed by a qualified electronic signature certificate) with an embedded qualified electronic time stamp, all in accordance with the applicable regulations on electronic signatures. This Questionnaire is available to the User in electronic form in accordance with previously accepted rules of conduct in accordance with the Bank's internal acts on the use of the PBZ secure communication system. Each individual copy of this electronic document is considered an original and has the same legal force and produces the same legal effects as a document on paper signed with a handwritten signature and can be used in all actions for which the use of documents in their original form is required and cannot be deny legal effect and admissibility merely because it is in electronic form. The user will not dispute the legal validity of the qualified electronic signature on this Questionnaire only because it was created, used, traded and signed in electronic form.

First and last name of authorised representative

(identification against presentation of identity card/passport)

Signature of business entity's authorised person

Place, Date / L.P

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank employee _____
 (First and last name)

Signature: _____

Place, date and time _____