

## ESTABLISHMENT OF COSTUMER RELATIONSHIP - RETAIL COSTUMER

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

1. Customer information	Name:	Last name:
	Address:	Postno., city:
	Telephone:	Mobile:
	Occupation:	Soc. sec. no.:
	E-mail:	
2. Nationality	Birthplace (country):	Citizenship (country/countries):
3.a Tax relations	Taxable in (country/countries):	
	Are you (or have you been) liable to pay tax in other countries?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, account for which countries:	
	Country:	Taxpayer Identification number (TIN-nr.):
	Country:	Taxpayer Identification number (TIN-nr.):
	Country:	Taxpayer Identification number (TIN-nr.):
3.b Tax relations regarding USA	Tax relations regarding USA:	
	<input type="checkbox"/> a) I confirm that I am a US citizen and/or tax liable in the US and that I have appointed US as one of the countries of which I am tax liable.	
	<input type="checkbox"/> b) I confirm that I am not a US citizen nor am I tax liable in the US.	
4. Identification (please tick at least two boxes)	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Health insurance card <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other The identification document must be valid. In case of a child/guardian/proxy, a valid identification is required from all.	
5. Purpose	<input type="checkbox"/> Salary account <input type="checkbox"/> Savings account <input type="checkbox"/> Loan/credit <input type="checkbox"/> Pension <input type="checkbox"/> Securities <input type="checkbox"/> Asset management <input type="checkbox"/> Other - please describe:	
6.a Expected annual transactions to your accounts - after taxes	Transactions	Annual amount
	Salary, Pension, Student grant:	_____
	Child support/Housing benefits:	_____
	Unemployment benefits:	_____
	Social security benefits:	_____
	Fee:	_____
	Cash deposits (specified in 6.b):	_____
	From friends/acquaintances:	_____
	Other:	_____
	Transactions from abroad (specified in 6.c):	_____
	<b>Annual amount aggregate in DKK:</b>	_____

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6.b Deposit	Expected transactions through cash: Annual number: _____ Largest amount DKK: _____
6.c Expected foreign transaction to or from your account	Expected transactions <b>to</b> other countries: Annual number: _____ Total DKK: _____
	Which country: _____
	Expected transaction <b>from</b> other countries: Annual number: _____ Total DKK: _____
	Which country: _____
7. 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: _____
8. Do you act solely on your own behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No 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
9. Authority	Will other people have power of attorney over your accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who: _____
10. Political status	Are you or any member of your family politically exposed persons?*
11. Contact	I allow Suðuroyar Sparikassa to contact me by e-mail og phone regarding new services that Suðuroyar Sparikassi may find relevant for me. <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Collaborators</b> 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.
12. Confirm	I hereby certify on my honor that the information submitted to Suðuroyar Sparikassi is correct and complete.  <div style="display: flex; justify-content: space-between;"><div style="width: 45%; text-align: center;">_____ City and date</div><div style="width: 10%; text-align: center;">20</div><div style="width: 45%; text-align: center;">_____ Customer signature</div></div>