

I HEREBY DECLARE THAT PROCREDIT BANK INFORMED ME WITH REGARD TO MY RIGHTS RELATED TO THE PROCESSING OF PERSONAL DATA. CHECKING THE BOX ABOVE MEANS I READ AND ACCEPTED THE PERSONAL DATA POLICY AVAILABLE AT: <http://www.procreditbank.ro/ro/protectia-datelor>

**LEGAL ENTITY CLIENT DATA STATEMENT – AUTHORIZED PERSON/LEGAL REPRESENTATIVE**

Legal entity name (Account holder): \_\_\_\_\_ Fiscal code: \_\_\_\_\_

**AUTHORIZED PERSON/LEGAL REPRESENTATIVE PERSONAL DATA:**

Surname: \_\_\_\_\_ Name: \_\_\_\_\_ CNP (Personal Identification Number): \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Resident:  YES  NO  
Marital status: \_\_\_\_\_ Gender:  female  male  
Date of birth: \_\_\_\_\_ Place of birth (city and country): \_\_\_\_\_  
Dual citizenship:  YES  NO If yes, please fill in citizenships: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Residence address:**

Country: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ Address: \_\_\_\_\_

**Correspondence address (if different from residence):**

Country: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ Address: \_\_\_\_\_

**Card delivery address (for newly issued cards and card renewals):**

residence address  
 correspondence address  
 other address (please fill in):  
Country: \_\_\_\_\_ County: \_\_\_\_\_  
City: \_\_\_\_\_ Address: \_\_\_\_\_

**PROFESSIONAL STATUS:**

Occupation:  
 Employee  Free lancer  Antreprenuer  Agricultural individual producer  Student  Pensionar  Minor  No occupation  
 Other type of occupation  
Employer / Nature of own activity: \_\_\_\_\_  
Position within the company/enterprise: \_\_\_\_\_

**CLIENT STATEMENTS**

1. According to Law no. 129/11.07.2019 for the prevention and combating of money laundry and terrorist activities financing and the National Bank of Romania Regulation no. 2/06.09.2019 regarding the prevention of money laundering and terrorist activities financing, ProCredit Bank requires the following information:

**The real beneficiary/beneficiaries of the accounts opened at ProCredit Bank is/are (Surname, First name, CNP):**

\_\_\_\_\_  
\_\_\_\_\_

In case different accounts have different real beneficiaries, please specify the beneficiary for each individual account. In case for certain accounts, the real beneficiary/beneficiaries are different persons than the account holder, please provide the bank with copies of their identification documents.

**Publicly exposed person (PEP):**  NO  YES position\* \_\_\_\_\_

\* if the account holder declares that he/she is a directly or indirectly publicly exposed person



Alias/AKA: \_\_\_\_\_

2. I agree to receive by e-mail marketing offers and materials/information on the bank's products and services:

YES  NO

3. Password for identification in Contact Center: \_\_\_\_\_

4. FATCA subject:  YES  NO More information at: <http://www.mfinante.ro/pagina.html> or [www.irs.gov/FATCA](http://www.irs.gov/FATCA)

If YES, please fill in GIIN: \_\_\_\_\_

CRS subject:  YES  NO More information at: <http://www.oecd.org/tax/automatic-exchange/common-reporting-standard/>.

If YES, please fill in the 'fiscal residence' country/countries and the corresponding TIN:

Country \_\_\_\_\_ TIN \_\_\_\_\_

Country \_\_\_\_\_ TIN \_\_\_\_\_

Country \_\_\_\_\_ TIN \_\_\_\_\_

I hereby state on my own responsibility that the above data is consistent with reality. In case of changes of the above data or in case the data becomes incorrect or incomplete, I understand that I am bound to notify ProCredit Bank and update the data and documents in relation to the bank accordingly within maximum 30 days.

Do you sign this statement in your role as real beneficiary/person who controls?  YES  NO

Date:

\_\_\_\_\_  
AUTHORIZED PERSON/LEGAL REPRESENTATIVE

\_\_\_\_\_  
PROCREDIT BANK S.A.

