



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>

PRIVATE INDIVIDUAL CLIENT DATA STATEMENT – AUTHORIZED PERSON

NAME AND SURNAME OF THE ACCOUNT HOLDER _____
CNP (PERSONAL IDENTIFICATION NUMBER) OF THE ACCOUNT HOLDER: _____

AUTHORIZED PERSON'S 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 authorized person 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

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.

Date:

CLIENT - PERSOANA AUTORIZATA

PROCREDIT BANK S.A.