

ESTABLISHMENT OF CUSTOMER RELATIONSHIP – CORPORATE

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

Is the owner of the company a Norðoya Sparikassi retail	customer? 🔿 Yes 🔿 No
Customer information	
Name of company:	
Address:	Postno., city:
Telephone:	Mobile:
E-mail:	CVR-no./tax id:
Type of business:	
Nationality	
Domicile (country):	
Tax relations	
Taxable in (country/countries):	
Is the company (or has it been) taxable in other countrie	s than the Faroe Islands? O Yes O No
If yes, account for which countries, and in which period (start and end date):
Identification	
Print-out from CVR register	Founding document
Register of owners	Minutes Annual General Meeting
Articles of Association	Other:

Purpose (You can tick more than one box)	
Operating	Loan/credit
Savings	Guarantee
Other – please describe:	
Names of board of directors and executives	
Name:	Soc. sec. no./id no.:
<i>If the owner is a corporation, then the identity of the physica indicated – this is also required in the case of a chain of corp</i>	
Signatory right	
Are there any restrictions on signatory right O Yes	○ No
Are there other than those specified in the signatory regi to sign for the company – e.g. through the Articles of Asso	
Name:	Soc. sec. no./id no.:
Any person who has a signatory right in the company in according the company's signatory rules are required to present a copy	
Stock market	
Is the company listed on the stock exchange? \bigcirc Yes	○ No
If no, please indicate the names of any shareholder who	owns more than 25% of the share capital.
Name:	Soc. sec. no./id no.:
Name:	Soc. sec. no./id no.:

ESTABLISHMENT OF CUSTOMER RELATIONSHIP – CORPORATE

Expected domestic transaction to your account

What is the expected annual turnover (e.g. transfer or deposit)

DKK.: _____

Expected foreign transaction to/from your accou	
Expected transactions <u>from</u> other countries	Expected transactions <u>to</u> other countries
Annual number:	Annual number:
Total DKK.:	Total DKK.:
Deposit	
Expected transactions through cash or ATM	
Annual number:	
Largest amount DKK.:	
Does the company act solely on its own behalf?	
🔾 Yes 🗌 No	
If no, then please account for the transaction that the	e company conducts on behalf of a third party. $_$
If a third party (company or person) is the actual owner party must provide valid identification and fill out a rele	
Will your commitment entail regular transaction will be withdrawn in cash (e.g. from the recipient	
🔾 Yes 🗌 No	
If yes, please account for these transactions:	

ESTABLISHMENT OF CUSTOMER RELATIONSHIP – CORPORATE

Do you currently own, or have you been the owner in the past, of a company that has gone bankrupt or was forced dissolved?

 \bigcirc Yes \bigcirc No

If yes, then please account for the reason:
Contact I allow Norðoya Sparikassi to Contact me by email or phone
regarding new services that Norðoya Sparikassi may find relevant for me. O Yes O No I hereby certify on my honor that the information submitted to Norðoya Sparikassi is correct and comprehensive. I confirm that I have received, read and accepted Norðoya Sparikassi's <i>General Terms and Conditions.</i>
City and date:
Enclosed documents Copy of valid identification (passport or driver licence) from owners, board and directors,

- _ and other persons who have the authority to sign for the company
- Print-out from CVR register
- Founding document and articles of Association
- Register of owners
- Ownership agreement
- ____ Authority to accounts
- Latest approved annual accounts

ESTABLISHMENT OF CUSTOMER RELATIONSHIP – CORPORATE