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| **GENERAL INFORMATION ON THE APPLICANT** |
| Name and surname: | Parent's name: |
| UIN: | Place of birth: |
| Date of birth: | ID Information. | * ID card ☐ Passport
 |  |
| ID Number: | Citizenship: |
| Date of issuing: | Residence status: | * Resident
 | * Non-resident (questionaire)
 |
| Place of issuing: | Foreign official: | * Yes (questionaire)
 | * No
 |
| Address of residence or stay - if no residence | Street and number: |
| City: | Municipality: | Postal code: |
| E-mail: | Landline: | Mobile phone: |
| Answer the question with YES or NO (circle the correct answer): Is your country of residence: Bulgaria, Burkina Faso, Cameroon, Croatia, Democratic Republic of Congo, Haiti, Kenya, Mali, Monaco, Mozambique, Namibia, Nigeria, Philippines, Senegal, South Africa, South Sudan, Syria, Tanzania, Venezuela, Vietnam, Yemen | **YES\***(write the name of the country of residence) | **NO**(write the name of the country of residence) |
| **\* Note: If the answer is YES, before the transaction, it is necessary that the competent employee of the Bank receives by e-mail approval****from the Authorized Person of the Bank's OSPN (request for approval is submitted by mail with a scanned photocopy of personal identification document).** |
| Answer the question with YES or NO (circle the correct answer):Is the person establishing a business relationship with the Bank a United States / U.S.A. taxpayer or has any affiliation with the U.S.A. (eg residence address, telephone number, place of birth, citizenship, US bank account, citizenship, power of attorney of a foreign person, insurance, green card, etc.)? | **YES\*** | **NO** |
| **\*Note: If the answer is yes, the client needs to fill in the FATCA Status Questionnaire Form** |
| **EMPLOYMENT INFORMATION** |
| * Employed
 | * Business owner
 | * Student
 | * Entrepreneur
 | * Retired
 | * Agriculturalist
 | * Unemployed
 |
| Occupation: |
| Employment status::* Indefinite ☐ Definite
 | Qualifications:* P.E. ☐ High school ☐ T.V.D. ☐ C.E.
 | * M.A.
 | * PHD
 |  |
| **EMPLOYER INFORMATION** |
| Employer name: | Mati ni broj: |
| Address: | Street and number: |
| City: | Municipality: | Postal code: |
| E-mail: | Fax: | Landline: |
| **INFORMATION ON THE PRODUCT TO BE OPENED / AUTHORIZED FOR ITS USE** |
| Which of the following products are you interested in?:* Safe rental
 |

|  |
| --- |
| * Securities trading ☐ Pay cards
* Opening dinar and foreign currency accounts ☐ Other:
 |
| In whose name and on whose behalf are you establishing business cooperation with the bank: |
| **NOTICE OF PERSONAL DATA PROCESSING** |

Pursuant to the provisions of the Law on Personal Data Protection, the Applicant is informed that possible users of personal data submitted to the Bank when establishing a business / contractual relationship (name, surname, date of birth, JMBG, ID card or passport number, contact phone). e-mail address, and all other data available to the Bank) may be: NBS, UBS Credit Bureau, external auditors of the Bank, Forum for Prevention of Credit Card Fraud at the SCC, bodies of persons to whom the Bank is required by law to provide data, as well as all third parties with whom the Bank has concluded appropriate business cooperation agreements, which are necessary for the realization of the business relationship or are related to the business relationship between the Bank and the applicant. The data will be processed in order to realize the business relationship and in connection with the business relationship between the Bank and the client, to fulfill the obligations of the Bank in accordance with regulations and requirements and for purposes and in a manner deemed necessary and / or expedient..

With my signature, under full criminal and material responsibility, I confirm that:

* I am acquainted with and agree with the General Terms and Conditions of the Bank;
* I am acquainted with and agree with the General Terms and Conditions for the provision of payment services of the Bank;
* • I was handed a Draft Agreement on current / savings / dedicated account / issuance of a safe deposit box as a proposal for its conclusion with which I fully agree; - optional
* all the information stated in the Request is correct, that the submitted documents are original, valid and authentic, and I authorize the Bank to verify them and / or request additional information;
* I will notify the Bank of any change in personal data **within three days of the change**;
* the Bank has informed me about the processing of personal data in accordance with the provisions of the Law on Personal Data Protection and that by signing this request I voluntarily make available my personal data and I agree that the Bank records in accordance with the law all data related to out mutual business cooperation, to further process this data, as well as to forward it to the Bank's external auditor, the Forum for Prevention of Credit Abuse at the Serbian Chamber of Commerce, bodies and persons to whom the Bank is required by law , to other persons who, due to the nature of the work they perform for the Bank, must have access to such data, as well as to third parties who are necessary for the realization of business cooperation between the Bank and me.

Pursuant to Article 7 of the Rulebook on the manner of providing and content of information on deposit insurance provided by banks to clients ("Official Gazette of RS", No. 37/2015 and 40/2015 - corr.), I declare that through ALTA Bank a.d. Belgrade is familiar with the basics of the deposit insurance system in the Republic of Serbia and that I was given a free copy of the brochure on deposit insurance, prepared by the Deposit Insurance Agency.

**APPLICANT STATEMENTS**

|  |  |
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| **APPLICANT STATEMENTS** |  |
| With my signature, under full criminal and material responsibility, I confirm that: |
| 1. | I am an official | * Yes
 | * No
 |
| 2. | I am a member of an official’s family | * Yes
 | * No
 |
| 3. | I am a close associate of an official | * Yes
 | * No
 |

# an official of another state is a natural person who performs or has performed a high public function in another state in the last four years, namely:

1. the head of state and / or government, a member of the government and his deputy,
2. elected representative of the legislative body
3. a judge of the Supreme and Constitutional Court or another high-level judicial body, against whose judgment, except in exceptional cases, it is not possible to use a regular or extraordinary legal remedy,
4. a member of the Court of Audit, ie the Supreme Audit Institution and members of the central bank's governing body,
5. Ambassador, Charge d'Affaires and Senior Officer of the Armed Forces,
6. a member of the administrative and supervisory body of a legal entity majority owned by a foreign state,
7. a member of the governing body of a political party;

# an official of an international organization is a natural person who performs or has performed in the last four years a high public function in an international organization, such as:

1. director,
2. deputy director,
3. member of the management body, or
4. other equivalent funcion in an international organization;

# - an official of the Republic of Serbia is a natural person who performs or has performed a high public function in the country in the last four years, namely:

1. the President, the Prime Minister, the Minister, the State Secretary, the Special Adviser to the Minister, the Assistant Minister, the Secretary of the Ministry, the Director of the Ministry and his assistants, and the Director of the Special Organization, as well as his Deputy and his assistants,
2. Member of Parliament,
3. judges of the Supreme Court of Cassation, the Commercial Court of Appeals and the Constitutional Court,
4. President, Vice-President and member of the Council of the State Audit Institution,
5. Governor, Vice Governor and member of the Board of Governors of the National Bank of Serbia,
6. a person in a high position in diplomatic and consular missions (ambassador, consul general, charge d'affaires)),
7. a member of the management body in a public enterprise or a company majority owned by the state,
8. a member of the governing body of a political party;

Date of submitting the request: Place of submitting the request:

Applicant

signature

Request received

by:

*(Name and surname of the employee)*

*(Name and surname of the employee)*