**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\*** | | | | | | | **NO** | | | |
|  | | |  | | |  |  | |  |  |
|  | | | (write the name of the country of residence) | | |  |  | | (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** | | | | | | | | | | | | |

**INFORMATION ON THE ACCOUNT TO BE OPENED**

|  |  |
| --- | --- |
| Dinar current account: | to receive earnings  Youth  to receive pension  service a payment card  no steady income |
| Foreign currency current account: | EUR  CHF USD  others |
| Savings term account: | RSD  EUR  CHF USD  others |
| Assigned account: | RSD  EUR  to be assigned: |
| Origin of funds:  earnings  pensions  scholarship ☐ inflows from abroad ☐ gift or inheritance ☐ savings  ostalo: | |

**MANNER OF EXCERPT DELIVERY**

In person at the bank counter  Home-banking  to the address registered in the Bank's system

I found out about the Bank's products and services through:

|  |  |  |
| --- | --- | --- |
| ☐ Bids received by letter from the Bank; ☐ Bank website;  ☐ Obtained information at the Bank's counter; ☐ Recommendation of a clerk;  ☐ Internet; ☐ Recommended by a friend;  ☐ Media; ☐ Others | | |
| Clerk name who gave recommendation: |  | |
|  | Employee signature: |  |

I would like to acquire information regarding the products from the Bank's offer:

☐ All available means of communication: at the Bank's counter or by delivery to the address from this request, to the email address, or by phone given in this Request (hereinafter: addresses), or to addresses about which I will subsequently inform the Bank;

☐ Exclusively at the Bank's counters.

I agree that the Bank may contact me at the following addresses during and after the termination of business cooperation between the Bank and me, as well as in case of rejection of this request by the Bank: submit offers, advertising material and information, which will inform me about the benefits and news from your offer.

Applicant signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT STATEMENTS**

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| --- |
| With my signature, under full criminal and material responsibility, I confirm that:   * I establish a business cooperation with ALTA bankom s.c. Beograd (hereinafter: the Bank) in my own name and for my own account; * 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 the Draft Current / Savings / Dedicated Account Agreement as a proposal for its conclusion with which I fully agree; * 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; * I have been handed over and that I am familiar with the General Information on the processing of personal data; and that by signing this request I voluntarily make available my personal data and I agree that the Bank may forward my personal data as well as any other data related to our mutual cooperation to the External Auditor of the Bank, The Forum for the Prevention of Abuse in Credit Operations at the Serbian Chamber of Commerce, to the authorities and persons to whom the Bank is obliged by law to submit data, 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 Contents of Information on Deposit Insurance Provided by Banks to Clients ("Official Gazette of RS", No. 94/15), I declare that I am acquainted with the basics of the deposit insurance system in the Republic of Serbia and that I was handed a free copy of the Deposit Insurance Brochure, prepared by the Deposit Insurance Agency. |

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| --- | --- | --- | --- | --- |
| Date of submission of the request: | |  | Place of submission of the request: : |  |
|  | Applicant signature | | |  |
|  | Request received by: | | |  |
|  |  | | | *(Name and surname of the employee)* |
|  |  | | | *(Name and surname of the employee)* |