

## Establishment of Customer Relationship – Retail customers

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.

I am a BankNordik customer and have only filled out the information which the bank is in need of.

Customer information:	Name:	Last name:	
	Address:	Postno., city:	
	Telephone:	Mobile:	
	E-mail:	Soc. sec. no.:	
	Occupation:		
Nationality:	Birthplace (country):	Citizenship (country/countries):	
Tax relations:	Taxable in (country/countries): Are you (or have you been) liable to pay tax in the USA or other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, account for which countries, and in which period (start and end date):		
Identification: (please tick at least two boxes)	<input type="checkbox"/> Driving licence no.:	<input type="checkbox"/> Passport no.:	
	<input type="checkbox"/> Health insurance card	<input type="checkbox"/> Other:	
Purpose: What is the intended purpose of the customer relationship? (you can tick more than one box)	<input type="checkbox"/> Salary account	<input type="checkbox"/> Securities	<input type="checkbox"/> Asset management
	<input type="checkbox"/> Budget/savings account	<input type="checkbox"/> Loan/credit	<input type="checkbox"/> Pension
	<input type="checkbox"/> Other – please describe:		

Expected domestic transaction to your account:		Annual number	Amount for each transaction
We have provided the following example to make it easier for you. You can also simply provide total number of transactions and total amount.	Salary/Pension/Student grant:		
	Child support:		
	Housing benefit:		
	Unemployment benefits:		
	Fee:		
	Holiday allowance:		
	Returned tax:		
	From friends/acquaintances:		
	Sale on the Internet (eBay etc):		
	Other:		
	Annual total:		

Deposit/Transfer:	Expected transactions through cash or ATM:  Annual number: _____ Largest amount: _____
	Expected transactions from other countries:  Annual number: _____ Total amount: _____
	Expected transactions to other countries:  Annual number: _____ Total amount: _____

Do you act solely on your own behalf?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If no, then please account for the transaction that you conduct on behalf of a third party:
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Will your commitment entail regular transactions where the amount will be withdrawn in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please account for these transactions:
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Political status:	Are you or any member of your family considered to be politically exposed persons?*  <input type="checkbox"/> Yes <input type="checkbox"/> No
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\*Persons in some form of high government office (minister, diplomat etc.), family member of such persons or have a close business relationship to such persons.

The undersigned hereby declares on my honour that the information provided to BankNordik is accurate and complete. I confirm that I have received, read and accepted BankNordik's General Terms and Conditions.	
_____ date _____ 20_____	_____ Customer signature