Code of the CRO *Client number*

SPARKASSE Bank

Aplication for registration/update of the client (legal entity)

Head office: Skopje 1000, Street Vasil Iljoski 14
Tel. 389 0 2 3200-500 Fax: 389 0 2 3200-515; SWIFT INSBMK22

Branch _____

Status ☐ Resident ☐ Nonresident Clients profile

☐ First registration ☐ Data changing Reason for data changing ☐ Cancellation

Clients Data

Full name of the client

Short name of the client CRN UTN

State under whose law the client is registered

Nr.of the Act from the appropriate register Date of the Act Date of establishment

Place of the legal entity City Pos. Code

State Phone in the mother contry Fax in the mother contry web

Data for corespondence

Address in the RM/mother contry City Pos.Code

State Phone Fax

E-mail Contact person

Legal entity data

General activity

Code of an activity

Type of the client

Size of the legal person

Number of employees

Decision from a special register institution for permission to perform certain business activities or licenses (exchange operations, leasing, games of chance, insurance, fast money transfer) (if for the activity of the legal entity a special license / license is required in accordance with the applicable law) Yes ☐ No ☐

1.Document Isuer/ Name of the institution

1.Date of the issuance of the document

Activity under the prirol list of the activity Yes ☐ No ☐

Other clients data

Capital related organisations/legal entities with share equal or more than 25 % of the Capital

Name _____ with UTN _____ Address _____ State _____ % of share _____

Name _____ with UTN _____ Address _____ State _____ % of share _____

Name _____ with UTN _____ Address _____ State _____ % of share _____

Name _____ with UTN _____ Address _____ State _____ % of share _____

Owners of share ,phisical persons with share equal or more than 25 % of the Capital

Name& Surname _____ ID num _____ Address (State) _____ % of share _____

Name& Surname _____ ID num _____ Address (State) _____ % of share _____

Name& Surname _____ ID num _____ Address (State) _____ % of share _____

Name& Surname _____ ID num _____ Address (State) _____ % of share _____

Expected yearly turnover onto the account*

*To be listed one of the following ranges 1. up to 500.000 EUR 2. from 500.000 to2.000.000 EUR 3. from 2.000.000 to 5.555.555 EUR 4. over 5.000.000 EUR

According to the results from the analysis of the established business relationship with the client, the Bank reserves the right to request additional financial reports of the legal entity

Expected business relation with clients from the following countries

☐ Macedonia	☐ EU	☐ Pakistan	☐ Bahamas
☐ USA	☐ Australia	☐ Uzbekistab	☐ Bermudas
☐ Canada	☐ Iran	☐ Turkmenistan	☐ Giblartar
☐ Cayman islands	☐ Panama	☐ China	☐ Other _____

Information regarding the banks product or services

Products or services that are used by you or it will be used :

☐ MKD account	☐ Loans	☐ Letter of Credit
☐ Business card	☐ E-banking	☐ Letter of Guarantee
☐ FX account	☐ Volt	☐ Other

Data regarding managers and authorised persons

1.Manager

1. Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

2. Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

3. Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

4. Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

2.Authorised person

Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

Name and Surname _____ ID number _____ Nr.of ID doc./passport _____ Issued by _____ Address _____
Phone _____ fax _____ e-mail _____ Resident / Nonresident _____

STATEMENT FOR THE BENEFICIAL OWNER

I (Name and Surname) _____ with ID nr. _____ and habitance on the address _____, authorised person for oppening/amendments of the account from the below mentioned company, with job position _____ of the company:

Full name : _____

Headquarters: _____

UTN:

In order to establish business relationship with the Bank, hereby declare that the beneficial owner / s (** Please refer to the explanation given below) is / are:

Phisical person:

	Name and Surname	Personal ID number	Number of passport/ID	Address, Place, State	% of participation	Holder of public function*
1						☐ Yes ☐ No
2						☐ Yes ☐ No
3						☐ Yes ☐ No
4						☐ Yes ☐ No

Beneficial owner is an individual who is a beneficial owner or person who has an indirect influence over the client and / or the individual in whose name and behalf the transaction is executed. The term benficial owner includes also a phisical person (persons) who has final and efective control over the legal entity or foreign legal engagment. The benifical owner of legal entity is phisical person (persons):

a) who owns the legal entity or controls the legal entity throught direct onwership of a sufficient enoguh percentage of ownerhsip interest, including barer shares or voting rights or other rights in the lelgal entity
b) who control the legal entity through indirect ownership of a sufficient percentage of ownership interest, shares, including barer shares or voting rights or other right in the legal entity
c) who in other way exercises control of the legal entiity

This statment can be fulfiled if the clinet is:
- a budget user
- legal entities whose shares are listed on a domestic or foreign stock market and the data on its ownership and management structure are publicly available.

*** The definition for "Holders of public functions" and persons related with them is explained in details into the document. The statment which is an integral part of this Application.**

Note:

1) In case of change of ownership - management structure of the Company, shall promptly inform the Bank of changes regarding the beneficial owner data and shall submit to the Bank new statement with updated information within 15 days after the occurrence of change
2) To my knowledge the above persons are not involved in illegal activities of any type
3) The information in this statement are given under the full material and criminal responsibility and signature down certify that they are accurate and complete

Place and date _____ Signature and stamp of authorized person _____

Client consent

By filling out this application I certify that:

☐ The above information is accurate(correct) and if there is change of data (containing data and Address) I will inform the Bank within 3 working days from the occurrence of the change. Otherwise, each delivery by the Bank to the Customer is consider appropriately made on the address listed in this application

☐ I agree that my personal details listed in this application regardless of its type (personal data, including banking secrecy data, etc. to be processed by the Banko that the Bank has the right to collect, process and store it either by hiring a data processor or transferring them to other countries in accordance with the Laws and internal acts of the Bank and if necessary Bank can transfer my personal data in other countries, by signing of this application is deemed tto constitute expressed consent.
I agree that the data made available through this application may be used within the Group to which the bank belongs, outside the home country.

☐ I agree that my personal data can be used for promotional purposes, advertising material and other information regarding all products and services of the Bank and third parties on the basis of agreement with the Bank. I am also informed about my right at any time to withdraw consent by submitting a written request to the bank counters.

☐ I am familiar with the data outlined above constitute a business secret in accordance with the Law on Banks and other current legislation
☐ Bank reserves the right to request other information about the client for purposes of the established business relationship,
☐ Bank reserves the right to terminate the business relationship with clients at any time
☐ I am familiar with conditions for establishing a business relationship with the bank and I fully accept it

Place and date _____ Signature and stamp of authorized person _____

FIELD FOR THE BANK Signature and stamp of authorized person of the Bank

The aplication is recived and checked by:

Date: _____