



LEGAL ENTITIES IDENTIFICATION FORM

I. IDENTIFICATION INFORMATION

Applicant's Name _____

Unique registration code /Fiscal Identification code _____

Fiscal Registration Code issued by Romanian authorities (CIF)* _____

*For non resident legal entities that do not have a Fiscal RegistrationCode (CIF) issued by the Romanian authorities, the Bank will request to the fiscal authorities allocation of a Fiscal Registration Code based on the Tax Procedure Code provisions. The Tax Residency Certificate will be archived by the fiscal authorities, until it will be picked up by the non resident legal entity or by its empowered person in accordance with the applicable fiscal law.

Fiscal resident in Romania YES NO, fiscal resident in USA YES NO

In case of USA residence, tax identification no. USA (TIN): _____

Purpose and nature of the relationship estimated

- Current operations Card payments Loans Investments Salary Trade Finance
 Foreign Exchange Safebox Others _____

Table with 2 columns: Country of tax residence, Taxpayer identification number (TIN)

I certify that I have declared all fiscal residences. If the TIN is not declared, for the countries mentioned in the tabel, the reason is: the country of tax residence does not issue TIN or other functional equivalent the country of tax residence have not issued a TIN for entity because _____

Registered with _____ No. and date of registration _____ / _____

Registration expiry date (duration of the company) _____

Country of central office (registration) _____

Legal form:

- company micro enterprise small enterprise medium enterprise
 representative office non-resident company non profit resident company non profit non-resident company free lancer
 branch others _____ (embassies, public institution etc.)

Offshore Company YES NO

Joint-stock trading companies with bearer shares YES NO Trust YES NO

Legal status operational under liquidation under reorganisation in bankruptcy

GIIN code (in case of Financial Institutions) _____

LEI code _____ NO

The LEI code (the unique identification code of an entity - Legal Entity Identifier) is a 20-character alphanumeric code, based on the ISO 17442 standard elaborated by the International Organization for Standardization (ISO), which aims to clear and unique identification of entities (mainly legal entities) involved in financial transactions.

Representative by _____

in her/his capacity of _____

II. ADDRESS

Head office: Street _____ No. _____ Bl. _____ Entry _____

Ap. _____ County/ District _____ ZIP _____ Country _____

City _____ Expiry date of head office/professional _____

Secondary office: NO YES: Work point Warehouse Store others _____

Street _____ No. _____ Bl. _____ Entry _____

Ap. _____ County/ District _____ ZIP _____ Country _____

City _____

Alternate address for mail Head Office other address: street _____ no. _____, bl. _____

entry. _____, ap. _____, city _____, county/district _____, country _____, ZIP _____

Contact details: Land line _____ Mobile phone _____

E-mail _____



Legal representatives in relation to the Bank:

Surname and Name _____

Phone no. _____ e-mail _____

Surname and Name _____

Phone no. _____ e-mail _____

Surname and Name _____

Phone no. _____ e-mail _____

III. TIPY OF ACTIVITY AND FINANCIAL DATA

Main CAEN code _____ Type of activity _____

Main activity _____

Secondary activities actually carried out _____

Authorization/ license necessary to perform the object of activity (if the case) _____

Do you carry out one of the following activities?

Production / sale of weapons / ammunition / explosives / combat vehicles / military technology YES NO

Adult entertainment YES NO

Virtual currency trading YES NO

Turnover according to the last fiscal declaration/annual financial statements approved/expected _____

Monthly Estimated Transaction Volume: between 0 – 100.000 lei between 100.001 – 500.000 lei

between 500.001 – 3.000.000 lei between 3.000.001 – 10.000.000 lei between 10.000.001 – 50.000.000 lei

between 50.000.000 lei

IV. STATEMENTS AND CONSENTS

We undertake to provide all documents and information requested by the Bank and to notify in writing all changes regarding the data in this form. We hereby declare on our own accountability under provisions on article 326 of the Penal Code or any other applicable legal provisions regarding the false statements, that all information the documents in this request form is complete, real and valid and we are aware of legal consequences of providing data false.

We confirm our own accountability that the information provided by these forms is true and complete and I authorize the bank to investigate the data in the forms.

We confirm that we have read the provisions of the Account Operating and of the General Business Conditions for legal entities and assimilated categories of the Bank and we agree to respect them exactly.

As the Client's representative (s) we declare that we have read, analyzed and accepted all the provisions of these documents / information / appendixes.

This document was concluded in 2 (two) copies.

Data _____

Authorized signature _____ (L.S.)

BANK RESERVED SECTION

ABR unit _____

CIF _____ Opened at ___/___/_____ in the branch/agency _____

Checking _____

Data _____

Authorized signature _____



Appendix 1

ASSOCIATES/SHAREHOLDERS/FOUNDERS INFORMATION

(to be fill in for the persons who do not have he quality of legal representative/authorised person in relation with the Bank)

INDIVIDUALS:

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

SURNAME _____ NAME _____
 PERSONAL CODE _____ Citizenship _____ Residence _____
 Domicile _____
 Participation (percentage) _____
 I declare that: I have do not have the quality of publicly exposed person
 Function _____

List associates for individuals: YES NO



LEGAL ENTITIES

NAME _____

Unique registration code _____

Residence _____ Participation (percentage) _____

NAME _____

Unique registration code _____

Residence _____ Participation (percentage) _____

NAME _____

Unique registration code _____

Residence _____ Participation (percentage) _____

NAME _____

Unique registration code _____

Residence _____ Participation (percentage) _____

NAME _____

Unique registration code _____

Residence _____ Participation (percentage) _____

List associates for legal entities: YES NO