PBZ CARD
član PBZ Grupe

nexi

APPENDIX 1 TO THE KNOW YOUR CUSTOMER QUESTIONNAIRE FOR THE CONTRACTUAL PARTNERS/BUSINESS ENTITY

Appendix 1 is an integral part of the KYC for the contractual partner/business entity.

Name of the client:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐

A) MANAGEMENT STRUCTURE / DATA ON AUTHORISED REPRESENTATIVES

Please specify in the fields listed below information about all remaining members of the management board, persons performing equivalent functions as well as data on legal representatives of the Business Entity (and are not listed in the Business Entity Questionnaire in point V).

A.1. Function held by the authorised representative (please indicate):

☐ director ☐ president/member of the board ☐ public notary ☐ lawyer ☐ principal ☐ governor ☐ head of family farm ☐ doctor
☐ procurator ☐ self-employed ☐ municipal mayor ☐ mayor ☐ county prefect ☐ consul ☐ ambassador ☐ minister ☐ dentist
☐ president/member of the association ☐ secretary of the association ☐ proxy ☐ craftsman ☐ other (please specify): _____

Name and surname:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Day, month and year of birth: ☐☐ ☐☐ ☐☐☐☐ Citizenship:

Permanent Residence Information

Street: **House number:**

Place: **Post. code:** ☐☐☐☐☐ **Country of permanent residence:**

Country of temporary residence (if different than country of residence[3]):

Identification document (ID) name[4]: ☐ identity card ☐ passport ID number:

Date of validity of ID: ☐☐ ☐☐ ☐☐☐☐ Name of ID issuer: Country of ID issuer:

Are you a politically exposed person (PEP[5])*: ☐ YES ☐ NO * If you have declared yourself as a politically exposed person, please fill out the Questionnaire for Politically Exposed Persons (PEP).

Note: If the Client has several Board members, persons performing equivalent functions or authorised representatives of the legal entity than provided for in this Questionnaire, please fill in item A) in Appendix I to the Questionnaire

A.2. Function held by the authorised representative (please indicate):

☐ director ☐ president/member of the board ☐ public notary ☐ lawyer ☐ principal ☐ governor ☐ head of family farm ☐ doctor
☐ procurator ☐ self-employed ☐ municipal mayor ☐ mayor ☐ county prefect ☐ consul ☐ ambassador ☐ minister ☐ dentist
☐ president/member of the association ☐ secretary of the association ☐ proxy ☐ craftsman ☐ other (please specify): _____

Name and surname:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Day, month and year of birth: ☐☐ ☐☐ ☐☐☐☐ Citizenship:

Permanent Residence Information

Street: **House number:**

Place: **Post. code:** ☐☐☐☐☐ **Country of permanent residence:**

Country of temporary residence (if different than country of residence[3]):

Identification document (ID) name[4]: ☐ identity card ☐ passport ID number:

Date of validity of ID: ☐☐ ☐☐ ☐☐☐☐ Name of ID issuer: Country of ID issuer:

Are you a politically exposed person (PEP[5])*: ☐ YES ☐ NO * If you have declared yourself as a politically exposed person, please fill out the Questionnaire for Politically Exposed Persons (PEP).

A.3. Function held by the authorised representative (please indicate):

☐ director ☐ president/member of the board ☐ public notary ☐ lawyer ☐ principal ☐ governor ☐ head of family farm ☐ doctor
☐ procurator ☐ self-employed ☐ municipal mayor ☐ mayor ☐ county prefect ☐ consul ☐ ambassador ☐ minister ☐ dentist
☐ president/member of the association ☐ secretary of the association ☐ proxy ☐ craftsman ☐ other (please specify): _____

Name and surname:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Day, month and year of birth: ☐☐ ☐☐ ☐☐☐☐ Citizenship:

[3] If a person is a resident of the Republic of Croatia, please enclose a residence card with your identity card or passport.
[4] EU Citizens (including EEA countries) provide a copy of a valid identity card or passport, NON-EU citizens (citizens of third countries) provide a copy of a valid passport.
[5] A politically exposed person shall be any natural person who acts or has acted during the at least previous 12 months at a prominent public function in a Member State or a third country, including their close family members or persons known to be close associates of a politically exposed person.

PBZ CARD
član PBZ Grupe

nexi

Permanent Residence Information

Street: **House number:**

Place: **Post. code:** | | | | | | **Country of permanent residence:**

Country of temporary residence (if different than country of residence[3]):

Identification document (ID) name[4]: ☐ identity card ☐ passport ID number:

Date of validity of ID: | | | | | | | | Name of ID issuer: Country of ID issuer:

Are you a politically exposed person (PEP[5])*: ☐ YES ☐ NO * If you have declared yourself as a politically exposed person, please fill out the Questionnaire for Politically Exposed Persons (PEP).

Declaration:
By signing this Questionnaire, I confirm that the data provided herein are true and authorize Nexi Croatia d.o.o. and/or PBZ Card to verify all data provided here. I will personally notify you if there are any changes related to previously reported data and details. In the event of a change in the ownership and management structure of the Client, I undertake to submit all changes to Nexi Croatia d.o.o. and/or PBZ Card within thirty days from the date of the change. Under criminal and material liability, I declare that the Client does not perform activities that would be contrary to the Constitution, laws and other regulations of the Republic of Croatia and the European Union, and that the Framework Card Acceptance Agreement was concluded exclusively for the activities listed therein. I declare that, according to my personal knowledge, the above-mentioned persons are not involved in illegal actions and that no proceedings have been initiated against them nor are proceedings underway to establish whether there has been any illegal activity sanctioned under the Criminal Code of the Republic of Croatia and for which liability proceedings are carried out ex officio. By signing this Questionnaire, I give express consent to Nexi Croatia d.o.o. and PBZ Card to take all actions related to the processing and exchange of my personal data and data on the Client stated in this Questionnaire, including PIN (OIB), which includes the right of Nexi Croatia d.o.o. and/or PBZ Card to collect, store, record, organize, view and transfer personal and other data for the purpose of performing regular business activities of Nexi Croatia d.o.o. and PBZ Card, in the country and abroad, related to this business relationship with Nexi Croatia d.o.o.

Information on the Processing of Personal Data
Nexi Croatia d.o.o., as the data controller in accordance with the provisions of the General Data Protection Regulation (EU) 2016/679 and the Act on the Implementation of the General Data Protection Regulation, and via PBZ Card as the data processor, shall collect and process personal data necessary for the performance of the agreement and fulfillment of legal obligations or based on their legitimate interests. The signatory of the form confirms that they are aware that the information about the purposes and legal basis of personal data processing, the categories of data being processed and the data subject's rights under the General Data Protection Regulation may be obtained in the document Information on Processing HYPERLINK "http://www.nexi.hr/" of Personal Data available on the website www.nexi.hr and by sending queries to the address of the data controller's registered office or to the e-mail address: HYPERLINK "mailto:dpo.CEE@nexigroup.com" dpo.CEE@nexigroup.com. Each data subject has the right at any time, and in accordance with the applicable regulations, to request access and transfer, correction, deletion and restriction of further processing of their personal data and to submit a complaint to Nexi Croatia d.o.o. and the Croatian Personal Data Protection Agency. **In the event that the signatory provides data on third parties when filling out the form, they are responsible for handling the data of those persons and undertake to inform them in a timely manner of the content of the aforementioned Information on the Processing of Personal Data.**

Name and surname of the authorized representative

Signature of the authorized representative**

**If the signatory of the Agreement is a proxy, please attach a certified power of attorney to this Questionnaire [1]
If a person is a resident of the Republic of Croatia, please enclose a residence card with your identity card or passport.

Place and date:

[4] EU Citizens (including EEA countries) provide a copy of a valid identity card or passport, NON-EU citizens (citizens of third countries) provide a copy of a valid passport.
[5] A politically exposed person shall be any natural person who acts or has acted during the at least previous 12 months at a prominent public function in a Member State or a third country, including their close family members or persons known to be close associates of a politically exposed person.