PBZ CARD
član PBZ Grupe

nexi

KNOW YOUR CUSTOMER QUESTIONNAIRE FOR THE CONTRACTUAL PARTNER/BUSINESS ENTITY

Nexi Croatia d.o.o. is required to obtain and have up-to-date personal data collected via this Questionnaire pursuant to the Anti-Money Laundering and Terrorist Financing Act and related implementing regulations, EU regulations and generally accepted international standards. Nexi Croatia d.o.o. will use the collected data for the purpose of implementing due diligence measures with regard to the Client and for the purpose of fulfilling obligations in accordance with the aforementioned regulations. If Nexi Croatia d.o.o. is unable to fulfill the requirements regarding the implementation of due diligence measures, it may not establish this business relationship, and may also be required to terminate any existing business relationship.

I. GENERAL DATA

Name of the client:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ MB: Reg. No.: ☐☐☐☐☐☐☐☐ NCA: ☐☐☐☐☐☐☐☐

Country of registered office: Registered office address: Post. code: ☐☐☐☐☐

Street: House number:

Date of establishment: ☐☐ ☐☐ ☐☐☐☐ Number of employees:

a. Is the client e-commerce? ☐ YES ☐ NO Website name:

b. Client is (please mark):

☐ Ltd. ☐ plc ☐ sLtd. ☐ partnership ☐ limited partnership ☐ free profession (eg.lawyer) _____

☐ craft ☐ trust ☐ family farm ☐ Economic Interest Grouping ☐ renter ☐ non-profit organization ☐ Government ☐ ministry

☐ regional and local authorities ☐ embassy/consulate/diplomatic/international mission ☐ investment fund ☐ association ☐ foundation

☐ public agency/fund/public institute or chamber ☐ institute ☐ political organization ☐ credit/financial institution ☐ religious community

☐ art organization ☐ chamber ☐ agro-cooperative union ☐ other (please specify): _____

c. Is the Client the issuer of bearer shares? ☐ YES ☐ NO

d. Is the Client a foreign legal entity operating in the Republic of Croatia via a branch office? ☐ YES ☐ NO

If YES, complete the following information regarding the foreign legal entity:

Name: Register number:

Business address: House number:

Country: Place: Post. code: ☐☐☐☐☐

e. Is the Client a company whose financial instruments are traded on the stock exchange? ☐ YES ☐ NO

If YES, state stock exchange name:

State of stock exchange: Stock symbol:

f. Is the Client a member of the Group? ☐ YES ☐ NO

If YES, state the Group name:

g. The Client is a user of public funds (eg. public contracts, healthcare, waste disposal, renewable energy production, etc.) ☐ YES ☐ NO

h. Specify the country with which you mainly do business:

i. BASIC INFORMATION OF THE CARD BUSINESS:

On average, how many days are there between purchase and delivery of prepaid item[1]:

1. Through POS devices (card present): 2. Through the Internet or purchase order:

Please specify the number od days the customer has the right to cancel and return the purchased goods (return period in days):

Please specify the refund rate percentage[2]:

Please specify the number of refunds to card users in the past 6 months (chargeback): a) Number of returns: b) Total volume:

II.SOURCE OF FUNDS WHICH ARE OR WILL BE THE SUBJECT OF THE BUSINESS RELATIONSHIP (REQUIREDINFORMATION):

☐ regular operating activities/self-financing ☐ funds from business partners, sponsors, etc. (borrowed funds, etc.) ☐ funds related to project financing and/or from EU funds

III. EXPECTED ANNUAL TURNOVER:

☐ up to 130.000 EUR ☐ 130.001 EUR to 300.000 EUR ☐ 300.001 EUR to 500.000 EUR ☐ more than 500.001 EUR

[1] If you require payment before you had delivered the full product or service, we need to know how many days there are on average between payment and delivery (prepayment days).
[2] We would like to know how many goods are approximately returned to you by the customer. This question is only valid for retailers, especially the ones offering possibility of payment over the internet/purchase order, where the likelihood is high, that customers order various versions from the same article and will return some after they tried them on at home.

PBZ CARD
član PBZ Grupe

nexi

IV. PURPOSE AND NATURE OF ESTABLISHING A BUSINESS RELATIONSHIP

☐ charging of goods & services on point of sale ☐ donations ☐ other (please specify):

V.MANAGEMENT STRUCTURE / DATA ON AUTHORISED REPRESENTATIVES

V.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

V.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).

V.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:

Permanent Residence Information

Street: **House number:**

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

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

[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.

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).

VI. NATURE AND SCOPE OF BENEFICIAL OWNERSHIP

THE CLIENT HAS A COMPLEX OWNERSHIP STRUCTURE: ☐ YES ☐ NO

VI.a. The beneficial owner of the Client is another legal entity (or legal entities) that has more than 25% of business shares, voting or other rights in the Client, or ownership of 25% plus one share: ☐ YES ☐ NO

If the answer is YES, please fill in the following data about Legal entity:

1. Name:

Registered business address (country, street house number, place and postal code):

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Ownership percentage: %

2. Name:

Registered business address (country, street house number, place and postal code):

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Ownership percentage: %

3. Name:

Registered business address (country, street house number, place and postal code):

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Ownership percentage: %

VI.b. The legal entity referred to in item VI.a. 1. 2. 3. is a company whose financial instruments are traded on a stock exchange or regulated market in one or more Member States in accordance with regulations of the EU or a third country (provided that the requirements for publishing data in accordance with EU regulations, which ensure adequate transparency of data on beneficial owners, apply) ☐ YES ☐ NO

If the answer is YES, please indicate the name of the stock exchange:

State of stock exchange: Stock symbol:

VI.c. Is the client owned by the state or a local/regional self-government unit? ☐ YES ☐ NO

If YES, indicate the name of the founder (institution or authority):

Registred business address:

PIN (OIB): ☐☐☐☐☐☐☐☐☐☐☐ Ownership percentage: %

VI.d. Is the Client a company divided into parts of less than 25%? ☐ YES ☐ NO

If the answer under item VI.d. is YES, please attach the documentation supporting your claim.

If you answered YES to items VI.c and VI.d, it is not necessary to fill in item VII of the Questionnaire.

If the client is directly owned 100% by the State or local government, or if the Client (under I. GENERAL DATA) is a company whose financial instruments are traded on a stock exchange, it is also not necessary to fill in item VII of the Questionnaire.

VII.DATA ON THE BENEFICIAL OWNERS (natural persons) OF THE CLIENT

The beneficial owner of a legal entity is considered to be any natural person (persons) who ultimately owns or controls the client and includes at least: (Type of ownership):

A. a natural person (persons) who is the owner of a legal entity and who controls the legal entity based on direct ownership of a sufficient percentage of shares, including bearer shares, or voting rights or business shares in that legal entity. An indicator of direct ownership that a natural person has in a legal entity is the ownership of more than 25% of business shares, voting, or other rights based on which they exercise the right to govern the legal entity or ownership of 25% plus one share.

B. a natural person (persons) who controls a legal entity based on indirect ownership of a sufficient percentage of shares, including bearer shares, or voting rights, or business shares in that legal entity. An indicator of indirect ownership is the ownership or control of the same natural person (persons) over one or more legal entities that individually or jointly own more than 25% of business shares or 25% plus one share in the client

C. a natural person (persons) who has a controlling position in the management of the assets of the legal entity by other means. The controlling position in the management of the assets of a legal entity by other means may also refer to the control criteria used in the preparation of consolidated financial statements, for example, shareholders' agreements, by exercising a dominant influence and the power to appoint senior management.

D. subsidiary ownership exists when is not possible to identify the natural person (persons) as stated or if there is any doubt that the identified natural person (persons) is not the beneficial owner of the client, and in the case when all possible means have been exhausted to determine the beneficial owner, the beneficial owner of the client is considered to be a natural person (persons) who is a member of the board or other management body.
E. The beneficial owner of a trust and a foreign law entity equated with a trust is considered to be any natural person (or persons) who ultimately controls that legal entity, as follows: settlor(s), trustee(s), protectors, beneficiaries or class of beneficiaries of assets being managed, a group of persons in whose fundamental interest a trust and similar legal form of foreign law is established or in whose fundamental interest a legal arrangement or entity operates, other natural persons who, via direct or indirect ownership or by other means, ultimately perform the ultimate control over the trust and similar legal form of foreign law.
F. The beneficial owner of domestic and foreign associations and their federations, funds, foundations, institutions, art organizations, chambers, trade unions, employer associations, political parties, cooperatives, credit unions, or religious communities may be considered to be any natural person authorized for representation or a natural person who has a controlling position in the management of the assets;
In the Questionnaire below, please fill in the data for all natural persons who directly or indirectly own a client according to the TYPE OF OWNERSHIP (A, B, C, D, E, F). Pursuant to the article 30 (2) of The Anti- Money Laundering and Terrorist Financing Act, please attach to this questionairre ducumentation on the basis of which is possible to determine the ownership structure of the Client under I. of this Questionairre and collect information about the beneficial owner.

VII.1.

Name and surname:

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

Country of residence:

Country of permanent residence (if different than Country of residence):

Type of ownership (Please mark according to the explanation in VII. A to F): ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F** Ownership percentage: %

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).

VII.2.

Name and surname:

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

Country of residence:

Country of permanent residence (if different than Country of residence):

Type of ownership (Please mark according to the explanation in VII. A to F): ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F** Ownership percentage: %

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).

VII.3.

Name and surname:

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

Country of residence:

Country of permanent residence (if different than Country of residence):

Type of ownership (Please mark according to the explanation in VII. A to F): ☐ **A** ☐ **B** ☐ **C** ☐ **D** ☐ **E** ☐ **F** Ownership percentage: %

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).

[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.

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**

Place and date:

**If the signatory of the Agreement is a proxy, please attach a certified power of attorney to this Questionnaire

Within this Questionnaire, please provide us with the following documentation:
a) copy of identity card[2] of legal representative/s
b) a copy of the extract of the relevant register (commercial register, craft register, etc.)
c) a copy of the Constituent Act
d) excerpt from the Register of Beneficial Owners (FINA)
e) ownership structure
f) If the beneficial owner has identified themselves as a PEP, please complete the attached Questionnaire for Politically Exposed Persons.
g) a copy of a residence card if the person has temporary residence in Republic of Croatia