

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 new BankNordik customer and have filled out all section.
 I am a BankNordik customer and have only filled out the information which the bank is in need of.
 I am a holder of a power of attorney or a company owner and have filled out section 1-5 and 10-11.

1. Customer information:	Name:	Last name:		
	Address:	Postno., city:		
	Telephone:	Mobile:		
	E-mail:	Soc. sec. no.:		
	Occupation:			
2. Nationality:	Birthplace (country):	Citizenship (country/countries):		
3. 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): <table style="width:100%; border:none;"> <tr> <td style="border:none; width:60%; text-align:center;">Country</td> <td style="border:none; width:40%; text-align:center;">Taxpayer Identification number (TIN):</td> </tr> </table>			Country
Country	Taxpayer Identification number (TIN):			
4. Identification: (please tick at least two boxes)	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Passport		
	<input type="checkbox"/> Health insurance card	<input type="checkbox"/> Other:		
5. 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:				
6. Expected domestic transaction to your account: We have provided the following example to make it easier for you. You can also simply provide total number of transactions and total amount.		Annual number	Amount for each transaction	
	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:			

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

8. 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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9. 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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10. 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.

11. 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