****

**CLIENT QUESTIONNAIRE /ACCOUNT HOLDER – INDIVIDUAL/CONSUMER**

1. **GENERAL DATA**
2. Name, surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date and place of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Personal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. ID series and number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date and place of issuing ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Residence (according to the identity document) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Fact address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Contact data: Phone number: home \_\_\_\_\_\_\_\_\_\_\_\_; work \_\_\_\_\_\_\_\_\_\_\_; mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. **ACTIVITY:**

Employed Entrepreneur Pensioner Student Unemployed Temporary unemployment

Other occupations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Are you a Politically Exposed Person (PEP)?** ** YES  NO**

if **YES**, please specify:

* the officially held public function: Member of the RM Parliament Minister Ambassador Head of the District Member of the Council / Administrator of the State Enterprise other position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* the name of the company you are affiliated to (manager, associate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* the members of your family (parents, husband/wife, children and their spouses, the concubine) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  1. **Are you a family member of a PEP?  YES  NO**

if **YES**, pleasespecify the name and public function held by the politically exposed person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Are you a person associated with a PEP?  YES  NO**

if **YES**, please specify the name of the politically exposed person and name of the company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Are You a FATCA fiscal resident person in the USA?  YES  NO**
  2. **The type of payment services expected to be carried out through the banking accounts opened at the bank**

(to be completed by client - individuals who open accounts):

 local transfers  card operations  credits  money remittance

 international transfers  cash operations  deposits

 other operations (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **In case of international transfers indicate the country of origin of the partner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the nature of the relationship with the partner of the carried-out operation?** (to be completed by the clients who transfer/ receive money means through Money transfer systems):

 kinship  friendship  other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **The source of money means/ used funds:**

 salary  donations  dividends  inheritance

 loan (specify from whom: individual, legal entity, bank) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 other sources (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Number of transactions planned to be incurred through the payment accounts opened in the Bank:**

 up to 5 transactions/month  - from 5 to 15 transactions/month  more than 15 transactions/ month

|  |
| --- |
| * 1. **Planned average turnover in the payment accounts opened in the Bank (MDL):** |

 1-100,000  100,001-500,000  500,001-1,000,000  1, 000,000 more than.

* 1. **Data about the representative who carries out financial payment operations by proxy:**

Name, surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Identity document:

no. \_\_\_\_\_\_\_\_\_\_\_\_\_, date of issue \_\_\_\_\_\_\_\_\_, place of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Data on the proxy: number of the proxy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, date of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **\*DECLARATION ON THE IDENTIFICATION OF THE ULTIMATE BENEFICIAL OWNER (UBO)**

(to be completed by customers - individuals who open accounts or perform occasional operations):

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby declare that the effective beneficiary of the transactions carried out through the opened banking accounts is:

Name, surname \_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\_\_\_\_\_\_\_\_ Country of origin \_\_\_\_\_\_\_\_ Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identity document: no. \_\_\_\_\_\_\_\_\_\_\_\_\_, date of issue \_\_\_\_\_\_\_\_\_\_\_\_, place of issue \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\* to be completed in case it differs from the information in point 1*

1. **Declare** on own liability that my accounts have not been closed in any licensed bank for the non-compliance of the requirements in the KYC/AML/FT field ** YES  NO**

**Note of the Bank** (to be completed when performing a singular payment transaction without opening the accounts/ besides a framework-contract):

**Transaction type**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transaction amount** (Currency / equivalent in MDL (NBM rate)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of the transaction execution** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **By signing the present Questionnaire**:
2. I confirm the veracity of the provided information and I undertake to communicate to the Bank immediately in writing about any change in the facts declared above. I agree with the fact that the Bank will carry out any check that it will consider necessary regarding the information presented in the questionnaire.
3. I confirm that the money means deposited initially in the account / that will run through the account is obtained from legal sources, and the performed transactions are not related to money laundering and / or terrorism financing.
4. I became aware of the provisions of art.33 of Law no.308 / 2017 - Insurance and Liability Measures and I undertake to inform the Bank about the modification of the data of the actual beneficiary stated above.
5. I confirm that I have become aware that if the statements regarding the closure of the accounts of other banks licensed for reasons of non-compliance with the requirements in the field of KYC / AML / FT prove to be unreliable, the Bank will ensure the application of the insurance measures and end the relationship Business.
6. I express my unconditional and explicit consent that the personal data presented in this Questionnaire will be processed by the Bank for well-defined, explicit and legitimate purposes related to the proper conduct of the Bank's business, access to the services provided by the Bank, ensuring continuous information and communication, and transmission, directly or through third parties, information about products, services and activities of the Bank and / or its partners, as well as for the Bank to conduct studies related to the Bank's products, services, current or future in accordance with the provisions of Law no.133 of 08.07.2011 on the protection of personal data, the legislation related to the Bank's activity and its internal policies (BC ”EuroCreditBank” S.A. is registered as Personal Data Operator number 0000116 at the National Center for Personal Data Protection in accordance with the provisions of Law No. 133 of 08.07.2011 on protection of personal data, e-mail address for information related to personal data - [protectiadatelor@ecb.md](mailto:protectiadatelor@ecb.md));

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Client’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

1. BC “EuroCreditBank” S.A. reserves the right to refuse the executions of the transactions ordered by the client / to terminate the relations with the client within the cases provided by the existing legislation of the Republic of Moldova.
2. The received information represents a banking secret and will be used by the BC “EuroCreditBank” S.A. only in the exercise of its functions. The access of other persons to this information may be permitted within the cases provided by the existing legislation of the Republic of Moldova.
3. BC "EuroCreditBank" S.A. reiterates the customer's responsibility to provide truthful information as to the political exposed person and reserves the right not to establish, continue or terminate the business relationship if the customer / its representative refuses to provide PEP quality information or provides false data or incomplete to the Bank. Legal measures in the field of preventing and combating money laundering and combating the financing of terrorism:
4. **Ultimate beneficial owner** - a natural person who ultimately owns or controls a natural or legal person or beneficiary of an investment firm or manager of the investment company, or a person in whose name an activity is carried out or a transaction is carried out and / or which owns, directly or indirectly, the ownership or control of at least 25% of the shares or of the voting rights of the legal person or of the assets under the fiduciary administration.
5. **PEP** – individuals exercising or having exercised important public functions at national and / or international level during the last year, as well as members of the governing bodies of political parties.
6. **Family members of PEP**– their spouse, their children and their spouses or the concubine, the parents of the person politically exposed.
7. **Person associated with a PEP**– that they are in close contact with the person politically exposed, either socially or professionally, business colleagues and / or personal counselors, in particular financial advisers or persons acting in a financial-fiduciary capacity.
8. **Business relationship** – professional or commercial relationship related to the professional activities of the reporting entities and of the persons regulated by the present law and about which, at the moment of establishing the contact, it is considered to be of a certain duration.
9. **FATCA (The US Foreign Account Tax Compliance Act)** – is a set of US legislative measures aimed at preventing and reducing tax evasion generated by US residents' cross-border activity by avoiding US tax payers using open accounts with non-US financial institutions.

**Se completează de bancă:**

Clasificarea clientului după nivel de risc :**Risc Sporit** ** Risc Mediu  Risc Scăzut **

**Mențiunile Băncii:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Numele/Prenumele și semnătura angajatului:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Numele/Prenumele și semnătura șefului/șefului adjunct de sucursală\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**