



AML QUESTIONNAIRE - COMPANY

Enterprises, companies, owner-operator businesses, institutions and foundations

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|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------|
| Customer | Company name | Phone |
| | Address | Mobile |
| | Postal code & City | Fax/Phone (work) |
| | Registration number <i>(must be documented)</i> | E-mail |
| | Personal Id. No. <i>(must be documented)</i> | Country |
| | Nationality | Tax obligation |
| Information on activities | Kind of activities | |
| | Names of board members and management: | |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Name | Personal ID No. |
| | Is the company listed on a Stock Exchange ? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If no, state any owners with in possession of more than 25% of the shares | |
| Name | Pers.ID / Reg. No. | |
| Name | Pers.ID / Reg. No. | |
| If the owner is a company, the actual, physical owner must be stated - also in the case of numerous company segments. | | |

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| Authorised signatory | Is the authority restricted in any way ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Is anyone who does not figure on the certificate of incorporation an authorised signatory e.g. by virtue of articles of association ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes: |
| | Name Personal ID No. Authority |
| | Name Personal ID No. Authority |
| | Name Personal ID No. Authority |
| Anyone authorised to sign documents by virtue of regulations other than the company's provisions regulating the power to bind must enclose a copy of a certified ID-document | |
| Purpose | <p>What is the intended purpose of the customer relation (<i>cross all apply</i>) ?</p> <p><input type="checkbox"/> Wages <input type="checkbox"/> Stocks <input type="checkbox"/> Property Administration <input type="checkbox"/> Credit Card(s)</p> <p><input type="checkbox"/> Savings <input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Other</p> <p>Other (please supply further information)</p> |
| Deposit | Does the company intend to make regular cash deposits of large amounts (<i>i.e. DKK 10.000 or more</i>) ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please elaborate on the amounts and their origins |
| | |
| Recipient | Does the company intend to use the customer relation for transactions that will be withdrawn in cash by the recipient ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If yes, please elaborate on these transactions and, if possible, on the identity of the recipient |
| | |
| Turnover | What is the expected monthly turnover of the account (<i>gross amount</i>) ? DKK: |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Origin | Is the company itself the final owner of the financial property that will be deposited to or otherwise pass through your account ? | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If no, who is the final owner of the financial property ? | |
| | Name | |
| | Address | |
| | Postal code | City |
| | Country | Phone |
| | Pers.ID / Reg.No | Passport No. |
| | Please state the company's reason for participating on behalf of a third party | |
| | If a third party is the final owner of the financial property, the person in question must document his/her identity and also answer this questionnaire | |
| Contact | I permit Norđoya Sparikassi to contact me by e-mail or phone in conjunction with implementation of relevant new services and the like | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I hereby certify on my honor that the information submitted to Norđoya Sparikassi is correct and comprehensive. | | |
| City and date: _____ / _____ - _____ | | |
| _____ <i>Client's signature</i> | | |
| <p>Enclosed Documents:</p> <ul style="list-style-type: none"> Copy of identification documents The company's most recently audited accounts Certified copy of the company's provisions regulating the power to bind from the company Copy of the company's Articles of Associations Copy of any list of signatories Certificate of incorporation (public limited company certificate) or similar regarding institutions and foundations | | |