



CLIENT NO.:
(Filled in by the Bank)

QUESTIONNAIRE FOR AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION

FILL IN CAPITAL LETTERS!

Dear Client,

Following the regulations and international standards governing the activities of credit institutions of the São Tomé e Príncipe, please provide information below. CEIF Bank STP, hereinafter referred to as the Bank, ensures compliance with regulatory requirements, confidentiality and non-disclosure of your data.

1. Client information

1.1. Company name _____

1.2. Type of legal entity _____
(joint-stock company, limited liability company, foundation, trust, fund, non-profit etc.)

1.3. Is the Client a Passive Non-financial Entity?
(i.e. more than 50% of the Client's income is passive income – dividends, investment margin, coupon income, interest income, royalties etc. More information is available on the Bank's website) Yes No

1.4. Country of registration _____ 1.5. Registration No. _____

1.6. Taxpayer No. _____ 1.7. VAT payer No. _____ 1.8. Primary tax residence country
(Please specify the number if assigned)

1.9. Registered address _____
(address – office, street, city, postal code, country)

1.10. Management location
(the Client's actual address) _____
(address – office, street, city, postal code, country)

1.11. Business activity location
(if any) _____
(address – office, street, city, postal code, country)

1.12. Corporate website address _____

1.13. Other tax residencies, if any:

Country code	1.14. Please substantiate your relation to each tax residence country specified
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	

2. Declaration of the Client's beneficial owners (BO)

2.1. Surname, name			
2.2. Personal number			
2.3. Date of birth			
2.4. No. and series of the personal identification document			
2.5. Relation to the Client (specify one of the options):			
- directly or indirectly owns capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %



- type of control:	<input type="checkbox"/> as a representative of an executive body or superior management institution <input type="checkbox"/> on the basis of an authorisation agreement <input type="checkbox"/> via a legal entity as the founder/assignor/trustee <input type="checkbox"/> otherwise (please specify)	<input type="checkbox"/> as a representative of an executive body or superior management institution <input type="checkbox"/> on the basis of an authorisation agreement <input type="checkbox"/> via a legal entity as the founder/assignor/trustee <input type="checkbox"/> otherwise (please specify)	<input type="checkbox"/> as a representative of an executive body or superior management institution <input type="checkbox"/> on the basis of an authorisation agreement <input type="checkbox"/> via a legal entity as the founder/assignor/trustee <input type="checkbox"/> otherwise (please specify)
2.6. Citizenship (nationality)			
2.7. Tax residence country			
2.8. Tax payer number			
2.9. Permanent residence address (street, building, apartment, city, postal code, country)			
2.10. Mobile phone No.			
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.12. Is the BO a politically exposed person (PEP)?	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP
2.13. Please specify the monthly amount the Client intends to pay to the BO via the account held with BluOr Bank AS. If the Client does not intend to pay remuneration to the BO, please explain how the BO will receive financial benefit from the company's business	<input type="checkbox"/> No _____ (please comment) <input type="checkbox"/> Yes _____ (please specify the amount)	<input type="checkbox"/> No _____ (please comment) <input type="checkbox"/> Yes _____ (please specify the amount)	<input type="checkbox"/> No _____ (please comment) <input type="checkbox"/> Yes _____ (please specify the amount)

3. Commercial activity profile

3.1. Information about the Client's business activity

3.1.1. Full description of the Client's business activity and planned transactions on the Current Account (may be submitted separately):

IF THE CLIENT'S DECLARED ACTIVITY CORRESPONDS TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

- 3.1.2. I confirm that the declared business activity does not require licences or special permits in the country of carrying out the business activity.
- 3.1.3. The declared business activity requires licences and/or special permits in the country of carrying out the business activity.

3.2. Is the company required to prepare and submit financial statements to the competent state authorities in the country of registration?

Yes No

3.3. Are the financial statements publicly available? Yes No

3.4. Business activity (in years): Less than 1 1 - 3 3 - 5 Over 5

3.5. Number of employees in the company: Less than 10 10 - 50 50 - 250 Over 250



3.6. Annual turnover of the company (M EUR):

0 - 2 2 - 10 10 - 50 Over 50

3.7. Does the Client have accounts with other credit or financial institutions?

No

Yes _____

(Please specify the names of credit or financial institutions (where required, the Bank may request the Client to submit account statements from the relevant credit or financial institutions))

4. Information about planned transactions on the Current Account

4.1. MONTHLY Current Account turnover:

Total number of payments on the Client's account (incoming and outgoing):

(Check only one box)

Up to 50 payments 50 - 100 payments More than 100 payments _____
(specify an approximate number)

Turnover of funds on the Client's account	Up to EUR 15,000.00	From 15,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify sum)
Planned maximum turnover of incoming payments, including the maximum amount of a single incoming payment	<input type="checkbox"/>	<input type="checkbox"/>	_____ EUR
Planned maximum turnover of outgoing payments, including the maximum amount of a single outgoing payment	<input type="checkbox"/>	<input type="checkbox"/>	_____ EUR
Planned maximum volume of cash deposits, including ATM cash deposits	_____ EUR		
Planned maximum volume of cash withdrawals, including ATM cash withdrawals	_____ EUR		
Planned maximum turnover of incoming payments on the safeguarding account (please fill in if the Client is a financial institution or a gambling service provider that plans to open a safeguarding account)	<input type="checkbox"/>	<input type="checkbox"/>	_____ EUR

4.2. Source of first payment (Please provide information that is known at the time of filling out the Questionnaire):

Currency, amount	Payer	Name of credit/ financial institution	Country of the credit/ financial institution (if known)	Purpose of payment

4.3. Information on business partners

4.3.1. Incoming payments:

Partner name	Registration No.	Country of incorporation	Purpose of payments	Country of the credit/ financial institution (if known)	Currency

4.3.2. Outgoing payments:

Partner name	Registration No.	Country of incorporation	Purpose of payments	Country of the credit/ financial institution (if known)	Currency



5. Information about cooperation with the Bank

5.1. What Bank products/services do you plan to use?

- 5.1.1. Asset management 5.1.3. Repo transactions 5.1.5. E-Commerce 5.1.7. Safe deposit boxes
 5.1.2. Brokerage services 5.1.4. Loans 5.1.6. POS terminals 5.1.8. Payment cards
(Planned number of cards _____)

5.2. How did you learn about our Bank?

- 5.2.1. From a cooperation partner 5.2.3. Advertising on the internet 5.2.5. Print media and publications
 5.2.2. Advertising on radio, TV 5.2.4. Outdoor advertising (billboards, advertising on buses, trams, etc.) 5.2.6. Elsewhere
(please specify) _____

6. Confirmation and consent

6.1. I confirm that:

- The Current Account, as well as other accounts of the Client in the Bank and the services provided by the Bank, will not be used for transactions relating to illegal activity, funds obtained as a result of illegal and criminal activity, as well as execution of transactions and the activities on the Current Account and other accounts of the Client do not violate the sanctions/restrictions established by the República Democrática de São Tomé e Príncipe and/or international organisations, and do not violate transaction restrictions;
- I am informed that in accordance with the requirements of the laws and regulations of the República Democrática de São Tomé e Príncipe, which regulate the information exchange process in accordance with FATCA and OECD CRS standards, the Bank shall process the data of the Client/ Client's BO and transfer it to the State Revenue Service of the República Democrática de São Tomé e Príncipe;
- I have indicated all countries where BO is a tax resident;
- The information indicated in this Questionnaire and in the documents submitted to the Bank is complete and true, and I am aware that in case of providing false information, I shall be liable in accordance with the applicable laws and regulations. I undertake to inform the Bank immediately in writing of any changes to the information provided above;
- I am acquainted with the terms and definitions used in this Questionnaire.

6.2. I agree that the Bank has the right to verify the veracity of the submitted information, as well as it has the right to request additional information and documents from the Client confirming the above information, including the documents and information about the Client (including the Client's transactions) and the Client's beneficial owners, and the Client undertakes to submit the requested documents and information upon the first request of the Bank.

7. Client's representative¹

- 7.1. Surname, name _____
- 7.2. Signature _____ 7.3. Digipass key (S) _____
- 7.4. Place of signature _____ Date _____
(country, city) dd/mm/yyyy
- 7.5. Surname, name _____
- 7.6. Signature _____ 7.7. Digipass key (S) _____
- 7.8. Place of signature _____ Date _____
(country, city) dd/mm/yyyy

¹ Ignore this section if the document has been drafted in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) indicate consent, and is considered as an *electronic signature* in accordance with the General Terms of Business.
If the document has been signed electronically using the "Digipass key (S)", please fill out the following fields only: "Surname, name", "Digipass key (S)", "Date".

FILLED IN BY THE BANK

8. Representative of the Bank¹

- 8.1. Surname, name _____ 8.2. Signature _____ Date _____
dd/mm/yyyy

¹ The section shall not be filled in if the document is prepared in accordance with the laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) indicate consent, and is considered as an electronic signature in accordance with the General Terms of Business.