

## AML Questionnaire - Individuals

### 1. General information

Name

Social security number / ID number

Address (Legal domicile and residence)

Phone / Mobilephone

E-mail address

Businessphone

### 2. Nationality and tax residency

What is your nationality (confirmed with passport)?

Tax residency

Are you or have you been a tax resident in U.S.A or any other country?

Yes  No

If so, please state which countries and period (start and end date).

### 3. Profession

What is your profession and / or studies

### 4. Are you or any of your family member considered to be a politically exposed person?

(only for individuals living abroad) (Def: Person who has been entrusted with prominent public functions)

Yes  No

### 5. Purpose of the customer relationship

What is the intended purpose of the customer relationship?

1. Daily finances

2. Loan/credit  3. Restricted savings  4. Savings  5. Deposit  6. Third party relations

Other? please state. \_\_\_\_\_

Will you regularly use the account for transfers withdrawn in cash?

Yes  No

If yes: Please explain more about these transfers.

## 6. Business extent

Deposits/transfers:	Expected transfers to your accounts: Total income per year: _____
	Expected cash deposits: Number of deposits per year: _____ Biggest deposit: _____
	Expected transfers to other countries: Number of transfers per year: _____ Total amount per year: _____
	Expected transfers from abroad: Number of transfers per year: _____ Total amount per year: _____

Will other people have power of attorney over your accounts? If »yes«  Yes  No

\_\_\_\_\_  
Name Social security numbe Address

\_\_\_\_\_  
Name Social security number Address

The above mentioned are required to prove their identity.

## 7. Beneficial owner

Are you the owner of the funds that will be transferred or will be handled on the account?  Yes  No

If »no« - who is the beneficial owner of the funds?

\_\_\_\_\_  
Name Social Security number / ID-number

\_\_\_\_\_  
Legal domicile and resident address Phone / Mobilephone

\_\_\_\_\_  
Postal code and city Country

Please state reason for your participation in third party funding?

In the case that you are not the beneficial owner, the beneficial owner has to prove his identity and also fill out an AML Questionnaire for individuals.

## 8. Attestation

I declare that the information given by me alone is true. I also accept the general terms and conditions of Eik Bank P/F

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Customer's signature