

NATURAL PERSON'S QUESTIONNAIRE

Date:

In accordance with legislation of Canada regarding tax administration and prevention of money laundering and terrorist financing, other legal acts applicable to DNBC Financial Canada Limited Entities registered in Canada (hereinafter referred to as “**DNBC**”), we kindly ask you to complete this questionnaire. A fully filled form is mandatory upon receiving services provided by DNBC. The requested information contains personal data and we shall process in accordance with the Principles of Personal data processing approved by DNBC and available on www.dnbcgroup.com/en-ca

1. CUSTOMER INFORMATION

- ☐ Passport.
- ☐ National identity card.
- ☐ Temporary or Permanent residence permission in Canada.
- ☐ Others (indicate): _____

Surname:		Given Name:	
Gender:	Male Female Other	Date of Birth:	
Nationality:		Identification/ Passport No.:	
Issuing Country:		Expiry Date:	
Place of Birth: (city, country)		Residency:	

2. CONTACT DETAIL

Residential Address

Address Details in Room, Building	
Number and Street/Road	
District, City	
Region	
Postal Code/ZIP code	
Country	

Correspondence Address, Check here if the same with **Residential Address** ☐

Address Details in Room, Building	
Number and Street/Road	
District, City	
Region	
Postal Code/ZIP code	
Country	

	Country Code	Number
Telephone number	+	
Mobile number	+	
Email		
Skype ID		

3. INFORMATION ABOUT SOURCES OF FUNDS AND ACCOUNT USING PURPOSE

<input type="checkbox"/> Salary/ Wage	<input type="checkbox"/> Pension/ social benefits	<input type="checkbox"/> Income from family members/ close relatives
<input type="checkbox"/> Savings	<input type="checkbox"/> Heritage	<input type="checkbox"/> Scholarship
<input type="checkbox"/> Securities	<input type="checkbox"/> Real Estate sold	<input type="checkbox"/> Loans/ Borrowed funds
<input type="checkbox"/> Self-Employment (including remuneration from originator's / sort activities)		<input type="checkbox"/> Winnings (Lotteries/ Bet)

Nature and purpose of transactions to be performed

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Reference of the beneficiary for outgoing payments:

Beneficiary	Country	Purpose

Reference of the sender for incoming payments:

Sender	Country	Purpose

Your External Bank Account:

Account Name		Account Number	
With (Bank)		Branch (If available)	
Bank Address			
SWIFT code/BIC code			

4. INFORMATION ON OCCUPATION

☐ Employed

Full name of company	
Job position	
City, country of workplace	

☐ Self-employed (based on business certificate, business license, etc.) or business:

☐ trade in food products and household goods

☐ trade in means of transport

☐ trade in/rent in real estate

☐ services (construction, repair works, beauty treatment services, etc.)

☐ agricultural activities

☐ activity related to ferrous, non-ferrous or precious metals, precious stones, pieces of art

☐ other (indicate): _____

☐ Student

☐ Unemployed

☐ Pensioner

5. EXPECTED MONTHLY VOLUME OF FUNDS IN ACCOUNT

Currency:

☐ < 5,000

☐ 5,001 to 10,000

☐ 10,001 to 50,000

☐ > 50,000

6. INFORMATION ON A POLITICALLY EXPOSED PERSON

Do you or your close family members or close associates entrust or during the past 18 months entrusted with prominent public functions in Canada or in foreign countries?

☐ No

☐ Yes (indicate)

☐ I, myself

☐ My close family member

☐ My close associate

☐ Head of state or head of government.

☐ Member of the executive council of government or member of a legislature.

☐ Deputy minister or equivalent rank.

- ☐ Ambassador, or attaché or counsellor of an ambassador.
- ☐ Military officer with a rank of general or above.
- ☐ President of a state-owned company or a state-owned bank.
- ☐ Head of a government agency.
- ☐ Judge of a supreme court, constitutional court or other court of last resort.
- ☐ Leader or president of a political party represented in a legislature.

Specify the Politically exposed person:

Name, surname: _____

State, institution, position: _____

7. APPLICATION FOR ACCOUNT OPENING AND/OR OTHER SERVICES

Account Type	Currency
<input type="checkbox"/> Personal Account for payment transaction, remittance, credit transfer. DNBCnet for Internet Banking.	<input type="checkbox"/> CAD <input type="checkbox"/> CHF <input type="checkbox"/> HKD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> OTHERS: _____

Transaction Limits

Transaction Type	Limit Per Day	Limit Per Day	Limit Per Day	Limit Per Day	Limit Per Day
Currency					
Transfer within DNBC Financial Group Network					
Transfer via Non-SWIFT					
Transfer to international account via SWIFT					

*Depending on the channel used, to financial transactions exceeding the cumulative daily limit per Account Holder, the User might be given an option to forward the transactions to DNBC for manual processing and execution, regardless of the limits listed above. In addition, if this Daily Limit set by the User is rejected by DNBC, the User's daily transaction limit shall be set at the Default Limit Per Day.

Accountholder Declaration

I understand that when considering my application and also when operating the account or making lending decisions, you will use the system of scoring. I apply for the issue with an account and I confirm that the information given is true. I agree that DNBC reserves its right to decline the application. By signing below, I confirm that I have read and agreed to abide by the Terms and Conditions of DNBC published on www.dnbcgroup.com/en-ca.

Signature of the Customer
Surname:
Given name:
Date:

8. SELF – CERTIFICATION

Pursuant to the Agreements for the automatic exchange of information which has been concluded and/or will be concluded between the Canada and other countries for tax matters and relevant legislations (FATCA and the Common Reporting Standard - CRS), DNBC Financial Canada Limited (“DNBC”) is required to identify account holders that are tax residents in foreign jurisdictions (for purposes of CRS) and are US Persons that is US citizens or tax residents (for purposes of FATCA) and report all related information to the Canada Revenue Agency (CRA) which in turn will report this information to Tax Departments of the foreign jurisdictions and/or to the IRS of the United States. DNBC requests you to complete this Application Form. Further information is available FATCA and CRS may be found on the U.S. IRS at www.irs.gov/fatca and the OECD at <http://www.oecd.org/tax/automatic-exchange>

Please choose the option that apply to you:

You're a tax resident of Canada.	<input type="checkbox"/>
You're a tax resident of a country other than Canada.	<input type="checkbox"/>

Please report all countries in which you are tax resident:

Country of Tax Residence	Taxpayer Identification Number (TIN) or Equivalent		If no TIN available enter Reason A, B or C *
	Type of Document	Number	

* Complete only for CRS countries - If a TIN is not available, please provide appropriate reasons A, B or C.

Reason A - The Country where the Account Holder is a tax resident does not issue TINs to its residents.

Reason B - The Account Holder is otherwise unable to obtain a TIN (please explain):

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Reason C - No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

9. CUSTOMER DECLARATION

By signing this Questionnaire, I confirm that the information provided in this questionnaire is true, complete and accurate. I shall try my best to immediately notify DNBC Canada in writing any changes that arise in the future, if any. I undertake to immediately notify DNBC Canada in writing of any intentions to perform transactions on behalf of a third person and/or to hold third persons' funds in the accounts

to be opened under my name. I confirm that if such notification is not given, I am the owner of the funds held in the accounts to be opened/opened in my name, as well as I am not performing any transactions on behalf of the third persons and I am not holding third persons' funds in the accounts opened in my name.

Please be noticed that: DNBC always conducts AML/CTF checks of Source of Fund on Incoming Transactions and/or Outgoing Transactions for any DNBC Account that has been operating for under 3 months.

1. DNBC's Compliance Team reserves the right to send emails/ call or conduct short online Conference to ask for Transactions' Documents (Invoices/Agreement/Receipt of Delivery), Explanation and further Evidence to prove the genuine Business Relationship between the Account Holders and their customers as well as their suppliers. The submitted documents will be reviewed and assessed. From there onward, any of your payment to this beneficiary would not be held back if the documents/ evidence are in line with DNBC's policy.
2. The Online Conference serves the main purpose of getting your authorization for the payment which is considered necessary by the Compliance Team to prevent Fraudulent Activities.

By signing this Application Form, I am aware of the information provided for AML-CTF Checks of Source of Fund on Transaction and I agree and are going to follow with the regulations posed to the DNBC Account's holder.

I agree and consent to the terms of **DNBC's Term of Services**, including but not limited to Data Protection Policy, Safeguard, Compliance, available at <https://www.dnbcgroup.com/en-ca/info/legal-agreements> or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.

Privacy Statement

In order to be informed about the processing of your personal data, your rights and other important information regarding the security and use of your data at DNBC, please read the DNBC's Privacy Statement which is available on website www.dnbcgroup.com/en-ca as well as on the Internet banking DNBCnet: www.dnbcnet.com

Signature of the Customer
Surname:
Given name:
Date: