Identification Form¹

in case of natural person clients and authorised representatives to be filled in only by the SERVICE PROVIDER!

Identified natura	person:	Custome	r Autho	rised r	epresentative		
Prefix:	Sur- name:				Given name:		
Family name a	nd given nam	e at birth:					
Nationality 1:			Nationality 2	² :			
Permanent addre		1 6 .					
If there is no per Number of the co			<u>y:</u> n case of Hungaria	an citiz	ens):		
Type of identification document At least one document must be obligatorily presented (Please mark with X)				Number of identification document			
☐ Identity	card	,					
Resider	ce permit						
Passpor		1.0					
☐ Driving	licence in ca	ard format			1		
Place of birth:							
Date of birth:			Mo birth 1	ther's name:			
Tax number:			Country of taxa	a-tion:			
MIFID qualifica	ion of natural	person client:	corpor	ate cli	ent		
Correspondence	address*:						
Mobile phone nu	mber*:		Landline pl	hone n	umber*:		
E-mail ad-dress*	:						
be filled in voluntari Related to the fulfilme in case of multiple nat	nt of the obligation		ection 7 of the Act LIII	I of 2017	7 as well as in Ac	et XIX of 2014	·.
ave carried out the	ne identificat ntification de	ion of the id	entified person besented by him/h	pased (on his/her na	ame and the	e type and
•	•		,			(dd/n	ım/yy)
	Si	ignature of th	ne person in char	ge of o	data recordin	 g	
	-		nternational sanc			dd/m	ım/yy
					ure of the off		

to be filled in only by the Customer!

Declaration on the status of Politically Exposed Person							
	natural persons who is or has been entrusted with prominent implementation of customer due diligence measures. Please						
I am not a Politically Exposed Person	I am a Politically Exposed Person ²						
	I am a close relative of a Politically Exposed Person ³						
	I have a close relation to a Politically Exposed Person ⁴						
Declaration on the beneficial owner							
resentatives, persons with authority of disposisection (1) of the Act on the Prevention and H	from the Bank I am aware that if I do not act as authorised rep- tion and representatives at the Bank, based on Section 8 Sub- lindrance of Money Laundering and the Financing of Terrorism neficial owner related to natural persons if I act on behalf or in						
form sheet is correct. I am aware of my obligation to inform the Serelated data within 5 (five) working days and to fulfil this obligation. I shall declare to be aware that the provision sory data supply based on the provision in laundering and the financing of terrorism (Pm Client/Authorised representative shall take no signature specimen sheet.	ervice Provider of any changes in the above data or in any other that I shall be held liable for any damages resulting from failure of the data marked on this Identification data sheet is a compul-Act LIII of 2017 on the prevention and hindrance of moneyat.). Determine that its signature on this document at the same time serves as the computation of the same time se						
Signature of t	the Client						
b) the member of Parliament and the member of a similar legal c) members of the governing organ of the political party, in Hu d) the Supreme Court, members of the Constitutional Court of Hungary the Constitutional Court, members of the High Court	minister, state secretary, in Hungary the head of state, t, minister, state secretary organ, in Hungary the members of Parliament and spokesmen for the nationality, ingary members and officers of the leading organ of the political party, of other high-level judicial bodies whose decisions are not subject to further appeal, in and the Curia, and the Central Bank, in Hungary the Chairman and the Deputy Chairman of the						

- f) ambassadors, chargés d'affaires and high-ranking officers of the Armed Forces, in Hungary the head and deputy-head of the central organ of law enforcement agencies as well as the Chief of the Armed Forces of the Republic of Hungary and its deputies,
- g) members of the administrative, management or supervisory bodies of companies under majority state ownership, in Hungary the Managing Director of companies under majority state ownership, the member of the managing body of companies under majority state ownership the head, the deputy-head or the member of the managing body of international organisations,

h) the head and deputy head of international organisations, the members of the senior body of international organisations.

b) any natural person who has sole beneficial ownership of a legal person or the business association without legal personality that was established on behalf of the Politically Exposed Person.

² Should the Beneficial Owner be qualified a Politically Exposed Person, please fill in the declaration on the status of Politically Exposed Person.

³ Based on Paragraph (3) of Section 4 of the Pmt, a close relative is the spouse or partner of the Politically Exposed Person, the blood children, adopted children, step-children and foster children and the spouses or partners thereof, blood parents, adopting parents, step-parents and foster parents.

⁴ Based on Paragraph (4) of Section 4 of the Pmt, persons who have a close relation to the Politically Exposed Person, are: a) any natural person who is a beneficial owner of a legal person or business association without legal personality with the Politically Exposed Person or has close business relations to it;

$\ \ \, \textbf{Identification Form}^{\ 1}$

in case of legal person clients and business associations without a legal entity

	to be filled in o	only by the SERVI	CE PROVIDER!			
The company's legal na	ame::					
Short name of the Co	mpany as regis-					
tered by the Company						
Official seat of the Con	npany as registered by	y the Company C	Court:			
Country:	Postal c	ode, town:				
Street:		House num	ıber:			
In case of a foreign enti	ity, address of its head	d office in Hung	gary:			
Country:	Postal c	ode, town:				
Street:		House num	ıber:			
Type of id	entification docume	nt				
le At least one docur	ment must be obligatorily ase mark with X)	ly presented	Number of identification document			
	document (Deed of Fo	ounda-tion)*				
	in company court **					
Main activity:						
Name of authorized	•					
Position of authoriz						
Data for the identification sentative for deliver	1					
manually):	ry (to be fifted in					
Tax number:		Country of taxa	-tion:			
MIFID basic qualifications without	U 1	nd busi-				
Correspondence addres	s ***:					
Mobile phone number***:		Landline phone number***:				
E-mail ad- dress***:						
related to the fulfilment of the	e obligation specified in So	ection 7 of the Act L	JII of 2017 as well as in Act XIX of 2014			
Number or registry number of the state of legal persons registry to be filled in voluntarily						
, the Undersigned		(office	er / consultant) shall declare to have carried out the			
	=		type and number of the identification documents			
oresented by him/her in persolated with:			of validity thereof(dd/mm/yy)			
		person in charge of	of data recording			
The identified natural person	is not on the internation	onal sanction list.				
			dd/mm/yy			

Signature of the officer

to be filled in only by the Customer!

I, as an official representative ofthe Company / organization (hereinafter referred to as: the Company) shall declare in the awareness of my criminal liability that the information provided on the Identification form sheet is correct. I am aware of my obligation to inform the Service Provider of any changes in the above data or in any other related data within 5 (five) working days and that I shall be held liable for any damages resulting from failure to fulfil this obligation. I shall declare to be aware that the provision of the data marked on this Identification data sheet is a compulsory data supply based on the provision in Act LIII of 2017 on the prevention and hindrance of money-laundering and the financing of terrorism (Pmt.).
Dated with:
Company signature of the person entitled to sign on behalf of the Company / authorized representative