

IV. DATA OF THE NATURAL PERSON CUSTOMER OR AGENT

Family name: <input style="width:95%; height: 20px;" type="text"/> Family name at birth: <input style="width:95%; height: 20px;" type="text"/> Place of birth country: <input style="width:95%; height: 20px;" type="text"/> Date of birth (day/month/year): Natural person tax ID: <input style="width:15%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> / <input style="width:20%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/> Mother's family name at birth: <input style="width:95%; height: 20px;" type="text"/> Permanent address: Country (To be completed for a foreign address): Post code: City/town: <input style="width:30%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:55%; height: 20px;" type="text"/> Street/square: <input style="width:70%; height: 20px;" type="text"/> House number: <input style="width:10%; height: 20px;" type="text"/> Floor: <input style="width:10%; height: 20px;" type="text"/> Door: <input style="width:10%; height: 20px;" type="text"/> Place of residence in Hungary (only for foreign nationals): Post code: City/town: <input style="width:10%; height: 20px;" type="text"/> <input style="width:85%; height: 20px;" type="text"/> Street/square: <input style="width:70%; height: 20px;" type="text"/> House number: <input style="width:10%; height: 20px;" type="text"/> Floor: <input style="width:10%; height: 20px;" type="text"/> Door: <input style="width:10%; height: 20px;" type="text"/> <input type="checkbox"/> Status without an address. Name of the document certifying the right: <input style="width:30%; height: 20px;" type="text"/> , number: <input style="width:20%; height: 20px;" type="text"/> valid until (day/month/year): <input style="width:10%; height: 20px;" type="text"/> / <input style="width:10%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> Issuing authority: <input style="width:65%; height: 20px;" type="text"/> Type, number and validity of identification document: <input type="checkbox"/> Personal ID card Number: <input style="width:20%; height: 20px;" type="text"/> Valid until (day/month/year): <input style="width:10%; height: 20px;" type="text"/> / <input style="width:10%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> <input type="checkbox"/> Passport Number: <input style="width:20%; height: 20px;" type="text"/> Valid until (day/month/year): <input style="width:10%; height: 20px;" type="text"/> / <input style="width:10%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> <input type="checkbox"/> Personal identification document Number: <input style="width:20%; height: 20px;" type="text"/> Valid until (day/month/year): <input style="width:10%; height: 20px;" type="text"/> / <input style="width:10%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> <input type="checkbox"/> Address card Number: <input style="width:20%; height: 20px;" type="text"/> <input type="checkbox"/> Card driving licence Number: <input style="width:20%; height: 20px;" type="text"/> Valid until (day/month/year): <input style="width:10%; height: 20px;" type="text"/> / <input style="width:10%; height: 20px;" type="text"/> / <input style="width:15%; height: 20px;" type="text"/> <input type="checkbox"/> Other Suitable for proving identity Name of other official certificate: <input style="width:30%; height: 20px;" type="text"/> , number: <input style="width:20%; height: 20px;" type="text"/>	First name: <input style="width:95%; height: 20px;" type="text"/> First name at birth: <input style="width:95%; height: 20px;" type="text"/> Place of birth city/town: <input style="width:95%; height: 20px;" type="text"/> Nationality: <input style="width:95%; height: 20px;" type="text"/> Mother's first name at birth: <input style="width:95%; height: 20px;" type="text"/>
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FATCA and foreign, non-US tax residency data

US tax residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax number (SSN): <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/>
US tax residency: (name of natural person principal insured)	<input style="width:95%; height: 20px;" type="text"/>	
US tax residency: (name of natural person co-insured)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax number (SSN): <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/>
	<input style="width:95%; height: 20px;" type="text"/>	
Other, non-US foreign tax residency:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax number (SSN): <input style="width:15%; height: 20px;" type="text"/> <input style="width:15%; height: 20px;" type="text"/> <input style="width:20%; height: 20px;" type="text"/>
	<input style="width:95%; height: 20px;" type="text"/>	
Country of tax residency	Tax number:	Issuing authority:
1. <input style="width:25%; height: 20px;" type="text"/>	<input style="width:30%; height: 20px;" type="text"/>	<input style="width:45%; height: 20px;" type="text"/>
2. <input style="width:25%; height: 20px;" type="text"/>	<input style="width:30%; height: 20px;" type="text"/>	<input style="width:45%; height: 20px;" type="text"/>
3. <input style="width:25%; height: 20px;" type="text"/>	<input style="width:30%; height: 20px;" type="text"/>	<input style="width:45%; height: 20px;" type="text"/>
4. <input style="width:25%; height: 20px;" type="text"/>	<input style="width:30%; height: 20px;" type="text"/>	<input style="width:45%; height: 20px;" type="text"/>
5. <input style="width:25%; height: 20px;" type="text"/>	<input style="width:30%; height: 20px;" type="text"/>	<input style="width:45%; height: 20px;" type="text"/>

V. DECLARATION ON PROMINENT PUBLIC PERSON STATUS

- 1) I declare that I am not a prominent public person.
- 2) I declare that, as a prominent public person, I have performed the following important public functions (insert the letter of the appropriate category from the list below.)
 - a) the head of state, the head of government, the minister, the deputy minister, the state secretary, in Hungary the head of state, the prime minister, the minister and the state secretary,
 - b) the Member of Parliament or a member of a similar legislative body, in Hungary the Member of Parliament and the nationality advocate,
 - c) member of the governing body of a political party, in Hungary, a member and officer of the governing body of a political party,
 - d) a member of the Supreme Court, the Constitutional Court and a high-ranking judicial body whose decisions are not subject to appeal, in Hungary the Constitutional Court, the Court of Appeal and the Curia,

- e) Member of the Board of Directors of the National Audit Office and the Central Bank, in Hungary the president and vice-president of the State Audit Office of Hungary, member of the Monetary Council and the Financial Stability Board,
- f) the ambassador, the chargé d'affaires and high-ranking officials of the armed forces, in Hungary the head of the central body of the law enforcement agency and their deputy, and the Chief of the Defence Staff and the deputies of the Chief of the Defence Staff,
- g) a member of the administrative, management or supervisory body of a majority state-owned enterprise, In Hungary the managing director of a majority state-owned enterprise, a member of its management body with management or supervisory powers,
- h) the head, deputy head, member of the governing body or equivalent of an international organisation.
- i) I declare that I am a close relative of a prominent public person: spouse, common-law partner; natural, adopted, step or foster child, and spouse or common-law partner of such persons; natural, adoptive, step or foster parent.
- j) I declare that I am a person closely associated with a prominent public person:
 - any natural person who, together with the prominent public person, beneficially owns or has a close business relationship with the same legal person or unincorporated entity,
 - any natural person who is the sole owner of a legal person or an unincorporated entity set up for the benefit of a prominent public person.

VI. CUSTOMER DATA OF LEGAL PERSONS OR OTHER ENTITY WITHOUT LEGAL PERSONALITY (to be filled in also for private entrepreneurs)

Legal person's name: Legal person's short name:

Registered office:
 Country (To be completed for a foreign address): Post code: City/town:

Street/square: House number: Floor: Door:

Address of the Hungarian branch (in the case of a foreign company, the address of the Hungarian branch):
 Post code: City/town:

Street/square: House number: Floor: Door:

Core activity: Foreign resident financial services provider: Yes No

Number of owners: Type of identification document:

Identification document number: The country issuing the identification document:

Family name of authorised representative 1: First name of authorised representative 1:

Position of authorised representative 1:

Title of representation: Organisational representation Power of attorney. Validity period of the authorisation (day/month/year) (Mandatory in case of authorisation): / /

Joint representation:

Family name of authorised representative 2: First name of authorised representative 2:

Position of authorised representative 2:

Title of representation: Organisational representation Power of attorney. Validity period of the authorisation (day/month/year) (Mandatory in case of authorisation): / /

Tax number of legal persons or other entities without legal personality: - -

Is proof of application for registration attached? Yes No

FATCA és külföldi, nem amerikai adóügyi illetőségre vonatkozó adatok

Founded/registered in the US: Yes No Tax number (EIN):

FATCA financial institution: Yes No

GIIN ID:

FATCA status:

Passive non-financial institution: Yes (If passive non-financial institution please fill in the tax residence of the beneficial owner(s) of the natural person.) No

US tax residency (name of natural person principal insured):

Yes No Tax number (SSN):

US tax residency (name of natural person co-insured):

Yes No Tax number (SSN):

Other, non-US foreign tax residency: Country of tax residency: 1. 2. 3. 4. 5.

Active non-financial legal entity: Yes No

Passive non-financial legal entity: Yes No

Tax number:

Issuing authority:

Family name of the delivery agent (To be completed in the case of a delivery agent):

First name of the delivery agent:

Mother's family name of the delivery agent:

Mother's first name of the delivery agent:

Delivery agent's place of birth: Delivery agent's date of birth (day/month/year):

Delivery agent's gender: Male Female

Address of the delivery agent: Post code: City/town:

Street/square: House number: Floor: Door:

VII. DATA OF THE NATURAL PERSON BENEFICIAL OWNER/SENIOR OFFICER*

1. Owner/senior officer

Exerts controlling influence: 1. Yes, as beneficial owner. 2. Yes, as official, 3. Yes, as other.

If "Yes, as other": ownership share – in legal entity, other – in legal entity, top management position – in legal entity,
 trust – trust fund (trust), trustee – trust fund (trust), patron – trust fund (trust), beneficiary – trust fund (trust), or other – trust fund (trust),
 a position corresponding to a trust – in other legal arrangements, position of trustee – in other legal arrangement,
 position corresponding to patron – in other legal arrangement, or position corresponding to beneficiary – in other legal arrangement, position,
 corresponding to other – in other legal arrangement.

Owner/senior official – family name:

Owner/senior officer – first name:

Owner/chief executive officer's family name at birth:

Owner/senior officer's first name at birth:

Place of birth country:

Place of birth city/town:

Date of birth (day/month/year): / / Natural person's tax number:

Nationality:

Mother's family name at birth:

Mother's first name at birth:

Permanent address: Country (To be completed for a foreign address): Post code: City/town:

Street/square: House number: Floor: Door:

Place of residence in Hungary (only for foreign nationals): Post code: City/town:

Street/square: House number: Floor: Door:

Status without an address. Name of the document certifying the right of residence abroad: number:

Ownership interest: Ownership rate:

* If there is no natural person who fulfils the conditions to be identified as the beneficial owner, the senior officer of the legal person or unincorporated entity shall be considered the beneficial owner.

Type, number and validity of identification document:

<input type="checkbox"/> Personal ID card	Number: <input type="text"/>	Valid until (day/month/year): <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Passport	Number: <input type="text"/>	Valid until (day/month/year): <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Personal identification document	Number: <input type="text"/>	Valid until (day/month/year): <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Address card	Number: <input type="text"/>	
<input type="checkbox"/> Card driving licence	Number: <input type="text"/>	Valid until (day/month/year): <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Other	Suitable for proving identity Name of other official certificate: <input type="text"/>	number: <input type="text"/>

Declaration on prominent public person status

I declare that I am not a prominent public person I declare that, as a prominent public person, I have a public duty.
(Enter the letter of the appropriate category from the list in section V)

Standard customer due diligence Enhanced customer due diligence: did not appear in person prominent public person reside or were born in a high-risk third country with strategic deficiencies

FATCA and foreign, non-US tax residency data

US tax residency: Yes No Tax number (SSN):

Other, non-US foreign tax residency: Yes No

Country of tax residency:	Tax number:	Issuing authority:
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>

2. Owner

Exerts controlling influence: 1. Yes, as beneficial owner. 2. Yes, as official, 3. Yes, as other.

If "Yes, as other": ownership share – in legal entity, other – in legal entity, top management position – in legal entity,
 trust – trust fund (trust), trustee – trust fund (trust), patron – trust fund (trust), beneficiary – trust fund (trust), or other – trust fund (trust),
 a position corresponding to a trust – in other legal arrangements, position of trustee – in other legal arrangement,
 position corresponding to patron – in other legal arrangement, or position corresponding to beneficiary – in other legal arrangement, position,
 corresponding to other – in other legal arrangement.

Owner – family name: <input type="text"/>	Owner's first name: <input type="text"/>
Owner's family name at birth: <input type="text"/>	Owner's first name at birth: <input type="text"/>
Place of birth country: <input type="text"/>	Place of birth city/town: <input type="text"/>
Date of birth (day/month/year): <input type="text"/> / <input type="text"/> / <input type="text"/>	Nationality: <input type="text"/>
Mother's family name at birth: <input type="text"/>	Mother's first name at birth: <input type="text"/>

Permanent address:

Country (To be completed for a foreign address): Post code: City/town:

Street/square: House number: Floor: Door:

Place of residence in Hungary (only for foreign nationals):

Post code: City/town:

Street/square: House number: Floor: Door:

Status without an address.
Name of the document certifying the right of residence abroad: , number:

Ownership interest: Ownership rate:

Type, number and validity of identification document:

<input type="checkbox"/> Personal ID card	number:	<input type="text"/>	valid until (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<input type="checkbox"/> Passport	number:	<input type="text"/>	valid until (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<input type="checkbox"/> Personal identification document	number:	<input type="text"/>	valid until (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<input type="checkbox"/> Address card	number:	<input type="text"/>						
<input type="checkbox"/> Card driving licence	number:	<input type="text"/>	valid until (day/month/year):	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
<input type="checkbox"/> Other	Suitable for proving identity Name of other official certificate:	<input type="text"/>		number:	<input type="text"/>			

Declaration on prominent public person status

I declare that I am not a prominent public person I declare that, as a prominent public person, I have a public duty.
(Enter the letter of the appropriate category from the list in section V)

Standard customer due diligence Enhanced customer due diligence: did not appear in person prominent public person reside or were born in a high-risk third country with strategic deficiencies

FATCA and foreign, non-US tax residency data

US tax residency: Yes No Tax number (SSN):

Other, non-US foreign tax residency: Yes No

	Country of tax residency	Tax number:	Issuing authority:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Owner

Exerts controlling influence: 1. Yes, as beneficial owner. 2. Yes, as official, 3. Yes, as other.

If "Yes, as other": ownership share – in legal entity, other – in legal entity, top management position – in legal entity,
 trust – trust fund (trust), trustee – trust fund (trust), patron – trust fund (trust), beneficiary – trust fund (trust), or other – trust fund (trust),
 a position corresponding to a trust – in other legal arrangements, position of trustee – in other legal arrangement,
 position corresponding to patron – in other legal arrangement, or position corresponding to beneficiary – in other legal arrangement, position,
 corresponding to other – in other legal arrangement.

Owner – family name: <input type="text"/>	Owner's first name: <input type="text"/>
Owner's family name at birth: <input type="text"/>	Owner's first name at birth: <input type="text"/>
Place of birth country: <input type="text"/>	Place of birth city/town: <input type="text"/>
Date of birth (day/month/year): Natural person's tax number: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/>	Nationality: <input type="text"/>
Mother's family name at birth: <input type="text"/>	Mother's first name at birth: <input type="text"/>

Permanent address:

Country (To be completed for a foreign address): Post code: City/town:

Street/square: **House number:** **Floor:** **Door:**

Place of residence in Hungary (only for foreign nationals):

Post code: City/town:

Street/square: **House number:** **Floor:** **Door:**

Status without an address.
Name of the document certifying the right of residence abroad: , number:

Ownership interest: **Ownership rate:**

Type, number and validity of identification document:

<input type="checkbox"/> Personal ID card	number: <input type="text"/>	valid until (day/month/year):	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Passport	number: <input type="text"/>	valid until (day/month/year):	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Personal identification document	number: <input type="text"/>	valid until (day/month/year):	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Address card	number: <input type="text"/>		
<input type="checkbox"/> Card driving licence	number: <input type="text"/>	valid until (day/month/year):	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Other	Suitable for proving identity Name of other official certificate: <input type="text"/>	number:	<input type="text"/>

Prominent public person's declaration

I declare that I am not a prominent public person I declare that, as a prominent public person, I have a public duty.
(Enter the letter of the appropriate category from the list in section V)

Standard customer due diligence Enhanced customer due diligence: did not appear in person prominent public person reside or were born in a high-risk third country with strategic deficiencies

FATCA and foreign, non-US tax residency data

US tax residency: Yes No Tax number (SSN):

Other, non-US foreign tax residency: Yes No

	Country of tax residency	Tax number:	Issuing authority:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATIONS, SIGNATURES

CUSTOMER'S DECLARATION

I am aware that I shall notify the service provider within 5 (five) working days of any changes in the above data or in my own data and that I will be liable for any damage resulting from failure to do so.

I/we the undersigned(s)

acknowledge that my/our personal data, which are fully in accordance with the above reality and the authentic documents attesting to it, shall be processed by Alfa Vienna Insurance Group Biztosító Zrt. as the insurer for the purpose of fulfilling the identification obligation and the tax residency between the United States of America and Hungary (FATCA) and the Multilateral Competent Authority Agreement on the Automatic Exchange of Financial Account Information (CRS).

Customer signatures (in case of a legal person contractor, please sign):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SALES PARTNER'S DECLARATION

In the case of simplified, standard or enhanced customer due diligence, identification was carried out in person, on the basis of documents.

<input type="text"/>	<input type="text"/>
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Signature of the person recording the data (e.g. insurance intermediary)

Reg. no.

Place: Date (day/month/year): / /