

## INSTRUCTIONS

- ➔ Open the form using Adobe Acrobat Reader ONLY
- ➔ Fill in the form digitally USING A COMPUTER, ensuring ALL mandatory fields (marked in red) are completed
- ➔ When form is completed, please print by clicking on the PRINT FORM button found on the last page
- ➔ Entity representative/s (as indicated in the guideline leaflet included with letter) are to CONFIRM AND SIGN THE FORM
- ➔ The COMPLETED FORM, CERTIFIED colour ID Copy (front and back) of the entity representative/s and ADDITIONAL DOCUMENTATION are to be sent by post using the envelope provided (no stamp needed)

## ENTITY DETAILS

<b>Entity Name:</b>		<b>Official Reg. No.:</b>
<b>Entity Trading as:</b> <i>(if different from Entity Name)</i>		
<b>Type of Entity:</b>	Company <input type="checkbox"/>	Partnership <input type="checkbox"/> Foundation <input type="checkbox"/> Organisation/Association <input type="checkbox"/>
<b>Ownership:</b>	Public <input type="checkbox"/>	Private <input type="checkbox"/>
<b>Legal Status:</b>	In Formation <input type="checkbox"/>	Registered <input type="checkbox"/> In Dissolution/Liquidation <input type="checkbox"/>
<b>Registered in:</b>	Malta <input type="checkbox"/>	Other Country <i>(please specify)</i> <input type="checkbox"/> <span style="background-color: #cccccc; padding: 2px;"> </span>
<b>Economic Sector:</b>		
<b>Economic Sector - Sub Section:</b>		
<b>VAT No.:</b> <i>(If Applicable)</i>	<b>Incorporation/Founding Date:</b> DD/MM/YYYY	
<b>Does the Entity Form Part of a Group?:</b> <i>(If Yes, please provide the Group Corporate/Ownership structure chart)</i> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Parent/Holding Company</b> <input type="checkbox"/> <b>Subsidiary</b> <input type="checkbox"/> <b>Associate</b> <input type="checkbox"/> <b>Other</b> <input type="checkbox"/> <span style="background-color: #cccccc; padding: 2px;"> </span>		
<b>Are any of the Entity's shares held under fiduciary capacity:</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Number of Branches/Outlets/Offices/Locations</b> <i>(Including Main Office):</i>		
<b>Number of Employees/Members:</b>		
<b>Does the entity's constituting documents (eg. M&amp;As) allow for the issuance of bearer shares?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Does the entity have economic substance or connection to Malta?</b> Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>How were you introduced to APS?:</b>	Response to Advertising <input type="checkbox"/>	Convenient Location <input type="checkbox"/> Recommended by Bank Client <input type="checkbox"/>
	Recommended by Introducer <i>(please specify)</i> <input type="checkbox"/>	<span style="background-color: #cccccc; padding: 2px;"> </span>

## CONTACT DETAILS

<b>REGISTERED ADDRESS</b>	<b>Building/Office No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>Does the Entity Operate from the Registered Address:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <i>(If No, Complete Operational Address)</i>		
<b>OPERATIONAL ADDRESS</b>	<b>Building/Office No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>Use Entity Registered Address for Communication:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <i>(If No, Complete Mailing Address)</i>		
<b>MAILING ADDRESS</b>	<b>Building/Office No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>Tel No.:</b>	<b>Additional Tel No.:</b>	
<b>Mob No.:</b>	<b>E-Mail:</b>	
<b>Entity Website:</b>		
<b>Preferred Banking Channel:</b>	ATM <input type="checkbox"/>	Phone <input type="checkbox"/> Branch <input type="checkbox"/> Internet/Mobile Banking (myAPS) <input type="checkbox"/>



**SOURCE OF FUNDS**

I/We, the undersigned declare that the expected source of funds utilised to initiate the banking relationship with APS is derived from the following:

- Shareholder Funds
- Directors/Shareholder
- Donations
- Bank Finance
- Trading Income
- Loan Sale of Property/
- Inheritance/Grant
- Other
- Investments
- Assets Rental Income
- Subscriptions
- 

From which country(ies) has Source of Funds been acquired?:

**SOURCE OF WEALTH - ENTITY ASSETS**

I/We, the undersigned declare that the Entity has acquired its Assets from:

- Shareholder Funds
- Directors/Shareholder
- Donations
- Bank Finance
- Trading Income
- Loan Sale of Property/
- Inheritance/Grant
- Other
- Investments
- Assets Rental Income
- Subscriptions
- 

From which country(ies) has Source of Wealth been acquired?:

**YOUR ACTIVITY**

Main currencies utilised: EUR  GBP  USD  Other

Expected Annual Turnover - €:

How will you be transacting with Bank?: Branch  Electronic/Digital Channels

Transactions will be made in: Cash  Non-Cash

DEPOSITS

Normal method of deposits: Bank Deposit Machine  Cash  Cheques  Inter Bank Transfer

Approximate number of anticipated cash deposits per month: 0  1-5  6-10  11-15  16-20  >20

Approximate cumulative value of anticipated cash deposits per month €

Approximate number of anticipated non-cash deposits per month: 0  1-5  6-10  11-15  16-20  >20

Approximate cumulative value of anticipated non-cash deposits per month €

WITHDRAWALS

Normal method of withdrawals: ATM  Cash  Cheques  Inter Bank Transfer

Approximate number of anticipated cash withdrawals per month: 0  1-5  6-10  11-15  16-20  >20

Approximate cumulative value of anticipated cash withdrawals per month €

Approximate number of anticipated non-cash withdrawals per month: 0  1-5  6-10  11-15  16-20  >20

Approximate cumulative value of anticipated non-cash withdrawals per month €

Which countries will the entity be trading with? Malta  EU/EEA  Non-EU

(If EU/EEA or Non-EU, select countries)

Main Purpose or Trade:

Type of Income/Contributions: (Only fill this if you are a Foundation or Organisation/Association)

**YOUR ACTIVITY - CONTINUED**

Services/Products/Activities Offered:	Business Location

Persons/organisation/suppliers from which/whom the entity expects to receive Incoming Payment Orders:	Country

Persons/organisation/suppliers to which/whom the entity expects to send Outgoing Payment Orders:	Country

Entity holds or has previously held accounts with the following bank(s):

Local Bank(s) (please specify)  Foreign Bank(s) (please specify)

Have you ever been refused a banking relationship? (If yes, please provide the reason) Y  N

Have you ever had a banking relationship terminated? (If yes, please provide the reason) Y  N

**COMMON REPORTING STANDARD (“CRS”)**

	Country of TAX Residence	TIN (Tax Identification Number)
1		
2		
3		

**IMPORTANT - ONLY ONE option from a-g needs to be completed by all entities**

**FINANCIAL INSTITUTIONS:**

- a) Financial Institution - Investment Entity
- i. An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution
  - ii. Other Investment Entity

- b) Financial Institution - Depository Institution, Custodial Institution or Specified Insurance Company

If you ticked (a) or (b), please provide the Global Intermediary Identification Number (GIIN):

**NON-FINANCIAL ENTITY (NFE):**

- c) Active NFE - A corporation, the stock of which is regularly traded on an established securities market or a Corporation which is a related entity of such a corporation.

If you ticked (c), please provide the established security market on which the corporation is regularly traded:

If applicable, provide the name of related entity which is a regularly traded corporation:

- d) Active NFE - A Government Entity or Central Bank
- e) Active NFE - An International Organisation
- f) Active NFE - Other than (c) - (e) above (example a start-up NFE or a non-profit NFE)
- g) Passive NFE

If you have ticked (a)(i), (a)(ii) or (g) above, please indicate the names of any Controlling Person(s)  
 (Please complete *CRS-CP form* - <https://www.apsbank.com.mt/en/document-downloads>):

**UNITED STATES OF AMERICA TAX LIABILITY (“FATCA”)**

Please complete the following by ticking one of the following boxes as applicable. If the Entity has connections with the US by having one or more of the below indicia or has US controlling persons, complete either the W-8BEN-E or W-9 form. Kindly seek tax advice in case of difficulty.

- I hereby declare that the Entity is classified as non-US Person and therefore non-US tax resident.
- I hereby declare that the Entity is classified as Passive NFE with one or more US citizens/residents as Controlling Person(s). *(Please complete CRS-CP form - <https://www.apsbank.com.mt/en/document-downloads>)*
- I hereby declare that the Entity is classified as a US person and therefore US tax resident and has one or more of the following US indicia:
  - US Place of Incorporation
  - US Residence/Mailing Address
  - US Telephone Number

**POLITICALLY EXPOSED PERSON (“PEP”)**

In terms of the Prevention of Money Laundering Act and the Prevention of Money Laundering and Funding of Terrorism Regulations, the Bank is required to establish whether any individual who is in the Entity as a Director, Shareholder or Beneficial Owner (or their equivalent) is or has been a “Politically Exposed Person [“PEP”] for the past 3 years when entering into a Banking Relationship or executing a Transaction.

**a) Does the entity have any PEP involvement within its ownership structure (Beneficial Owner, Shareholder, Key Controllers) and/or directorship? *(Please tick as appropriate)***

- No active and relevant PEP involvement
- Yes, the Entity has active and relevant PEP involvement
- Yes, has connected parties (Individuals) holding a prominent public function (active PEP involvement)
- Yes, has connected parties (Individuals) who is an immediate family member of PEP
- Yes, has connected parties (Individuals) who is a close associate of a PEP

b) If Yes, to any of the above, please mark relevant PEP Section in Entity Representative/s and Connected Party Sections below.

**ENTITY REPRESENTATIVES (The Entity Representatives, as documented in guidelines, sign this form and will be the contact persons when processing this form. Additionally, all future banking communications will be addressed to the Entity Representatives)**

<b>First Name:</b>		<b>Middle Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>			<b>Place of Birth:</b>		
<b>Nationality:</b>			<b>Citizenship:</b>		
<b>Role(s) in Entity:</b>					
<b>Beneficial Owner/Controlling Person Type:</b>				<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>		<b>House/Apt.No.:</b>		<b>Street:</b>	
<b>City:</b>		<b>Post Code:</b>		<b>Country:</b>	
<b>ID Type:</b>			<b>Country of Issue:</b>		
<b>ID No.:</b>		<b>Document Issue Date: DD/MM/YYYY</b>		<b>Document Expiry Date: DD/MM/YYYY</b>	
<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> <i>(Office Use Only)</i>					
<b>First Name:</b>		<b>Middle Name:</b>		<b>Surname:</b>	
<b>Date of Birth:</b>			<b>Place of Birth:</b>		
<b>Nationality:</b>			<b>Citizenship:</b>		
<b>Role(s) in Entity:</b>					
<b>Beneficial Owner/Controlling Person Type:</b>				<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>		<b>House/Apt.No.:</b>		<b>Street:</b>	
<b>City:</b>		<b>Post Code:</b>		<b>Country:</b>	
<b>ID Type:</b>			<b>Country of Issue:</b>		
<b>ID No.:</b>		<b>Document Issue Date: DD/MM/YYYY</b>		<b>Document Expiry Date: DD/MM/YYYY</b>	
<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> <i>(Office Use Only)</i>					

**CONNECTED PARTY INFORMATION** (Please list ALL connected parties to the Entity)

The following information is required for each Director, Shareholder, Partner, Administrator, Executive Committee Member, Beneficial Owner, Key Controller or equivalent. All Voting Rights % and Ownership % are to be included where applicable.

<b>First Name:</b>	<b>Middle Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>	
<b>Nationality:</b>	<b>Citizenship:</b>	
<b>Role(s) in Entity:</b>		
<b>Beneficial Owner/Controlling Person Type:</b>	<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>	<b>House/Apt.No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>ID Type:</b>	<b>Country of Issue:</b>	
<b>ID No.:</b>	<b>Document Issue Date:</b> DD/MM/YYYY	<b>Document Expiry Date:</b> DD/MM/YYYY
<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> (Office Use Only)		

<b>First Name:</b>	<b>Middle Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>	
<b>Nationality:</b>	<b>Citizenship:</b>	
<b>Role(s) in Entity:</b>		
<b>Beneficial Owner/Controlling Person Type:</b>	<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>	<b>House/Apt.No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>ID Type:</b>	<b>Country of Issue:</b>	
<b>ID No.:</b>	<b>Document Issue Date:</b> DD/MM/YYYY	<b>Document Expiry Date:</b> DD/MM/YYYY
<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> (Office Use Only)		

<b>First Name:</b>	<b>Middle Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>	
<b>Nationality:</b>	<b>Citizenship:</b>	
<b>Role(s) in Entity:</b>		
<b>Beneficial Owner/Controlling Person Type:</b>	<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>	<b>House/Apt.No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>ID Type:</b>	<b>Country of Issue:</b>	
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<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> (Office Use Only)		

<b>First Name:</b>	<b>Middle Name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>Place of Birth:</b>	
<b>Nationality:</b>	<b>Citizenship:</b>	
<b>Role(s) in Entity:</b>		
<b>Beneficial Owner/Controlling Person Type:</b>	<b>Voting Rights %:</b>	<b>Ownership %:</b>
<b>Permanent Residential Address</b>	<b>House/Apt.No.:</b>	<b>Street:</b>
<b>City:</b>	<b>Post Code:</b>	<b>Country:</b>
<b>ID Type:</b>	<b>Country of Issue:</b>	
<b>ID No.:</b>	<b>Document Issue Date:</b> DD/MM/YYYY	<b>Document Expiry Date:</b> DD/MM/YYYY
<b>Politically Exposed Person:</b> Y <input type="checkbox"/> N <input type="checkbox"/> <b>Profile No.:</b> (Office Use Only)		

**Should additional pages be needed for Connected Party information, please click here to download.**

Total Additional Pages included: (excluding this page)

## DATA PROTECTION AND MARKETING

Data Privacy Policy	The Entity confirms that they have read, understood and acknowledged the Data Privacy Policy.	<input type="checkbox"/>				
Privacy Preference: Direct Marketing, Profiling & Research	The Entity would like to participate in the following: <i>(Tick the appropriate box)</i> Marketing communication by post, email, SMS or other electronic messages (such as online and internet banking messages) relating to information on APS Bank's products and services.	<table border="1"> <thead> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Y	N	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N				
<input type="checkbox"/>	<input type="checkbox"/>					
	In market research organised by the Bank, such as surveys and focus groups.	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>					

*Consent Withdrawals: You may withdraw your consent from direct marketing at any time. Please note that it may take up to 30 calendar days to complete your request from the withdrawal receipt date, in the meantime you may continue to receive marketing communication and research requests.*

## REVIEW DECLARATIONS

I/We, the undersigned, on behalf of the Entity hereby:

- Confirm that all the Information provided to the Bank on this form is true, complete and up-to-date, and acknowledge that the Bank is entitled to close the Account(s) if the information provided information is found to be incorrect.
- Acknowledge that the Bank shall not be held responsible in any manner whatsoever for any incorrect, incomplete or omitted information provided by means of this form.
- Affirm that the Constituting Documents of the Entity provided to the Bank are the most recent versions.
- Confirm that there are no other persons, other than those mentioned in the Constituting Documents of the Entity who exercise some form of control over the Entity and/or over its Management.
- Confirm that there are no Bearer Shares held directly, or indirectly through holding entities, and that no interest is held in the applicant Entity, directly or indirectly, as trustee, nominee or by way of other fiduciary relationship.
- Declare that the Funds that are deposited in the Account(s) belong exclusively to the Entity and are not held by it for another person, directly or indirectly, as trustee or nominee or in a fiduciary capacity, and undertake to immediately inform the Bank in writing whenever this is not the case.
- Undertake to immediately inform the Bank in writing in the eventuality that the Entity starts dealing in areas of operation that are not listed in the Constituting Documents of the Entity.
- Confirm that all funds that are deposited in the Account(s) with the Bank are the proceeds of the Services / Products / Income / Contributions listed above.
- Undertake to immediately inform the Bank in writing in the eventuality that the Entity:
  - Stops providing any of the above Services / Products and/or from new Location(s); or
  - Starts providing new Services / Products and/or from new Location(s).
- Agree to cooperate with the Bank in writing in the eventuality that it requires further Documentation and/or Information about the Entity and/or about any Transaction/s in which it might be involved including Documentation and/or information relating to its clients, members, sponsors and beneficiaries, and or/any Transaction/s in which these might be involved.
- Declare that the Entity will not have any relationship and/or connection with any business that does not conform to the Bank's commercial ethics and principles, including but not limited to, business involved in Adult Entertainment, Casinos, Gambling and Betting establishments, Gaming-related Business including Online Betting or Organisations or Companies that have been set up for facilitating such activities.
- (If Entity is a Company or Partnership) Declare that the percentages of Shareholding shown in the Company's Memorandum & Articles of Association / the Partnership's Deed of Partnership / Partnership Agreement reflect both the voting rights held, and the control exercised, by the Shareholders and the Ultimate Beneficial Owners / Partners and the Individual Contributors / Ultimate Individual Owners.
- (If Entity is a Foundation or Voluntary Organisation) Undertake to immediately inform the Bank in writing in the eventuality that the scope of the Foundation / Voluntary Organisation changes from that disclosed above and /or is not one listed in the Deed / Statute / Constituting Document.
- Declare that the Entity is aware that for Compliance Purposes the Bank must necessarily carry out checks/verifications on the Entity itself and on all the connected parties, including the Directors, the Shareholders, the Ultimate Beneficial Owners and the Signatories (Company), the Partners, the Individual Contributors/Ultimate Individual Owners and/or the Signatories (Partnership), Administrator(s), Committee Member(s), Board Member(s) and Signatories (Voluntary Organisations), Administrator/Member of Governing Body, Founder, Person who endowed the Foundation, Assignee of Founder's Rights/Assignee of Assets of Foundation, the Ultimate Individual Beneficiaries and/ or the Signatories (Foundations). To this effect, the Entity confirms that it has notified it's Connected Parties i) of these checks and verifications and ii) that information processed in connection to such checks for this application and profiling process may be divulged to Corporate Entity and to third parties as provided in the Bank's Privacy Policy.
- Confirm that the only Individuals involved in the Entity who are Politically Exposed Persons are those indicated on the form. The Entity undertakes to immediately inform the Bank in writing in the eventuality of any changes in this respect.
- Undertake to immediately inform the Bank if any of the Information provided in this form becomes outdated and/or is no longer correct, including changes in the Entity's Constituting Documents, the Governance / Corporate Structure, the Ultimate Beneficial Owners, the Officials and/or the Signatories.

- Acknowledge that the Bank has the right to periodically review:
  - The Entity's setup and the operation of the Account(s) for Compliance purposes, and that it may request any further Documentation and/or Information, including but not limited to, details about the Entity, Officials, Directors, Shareholders, Ultimate Beneficial Owners and/or Signatories (or equivalent roles).
  - The banking relationship, and in its total and absolute discretion, to take any decision that it deems necessary, including terminating this banking relationship without the obligation on the part of the Bank to provide any explanation for its decision.
- Acknowledge that Information about the Entity and its Account(s) may be put onto the Bank's database and used, analysed and assessed by the Bank to provide the Entity with a better service. Apart from the Bank, this information including the nature of transactions will be disclosed to Third Parties in order to provide the Entity with the service applied for, for marketing purposes, for the purpose of fraud prevention and compliance with applicable guidance, regulations and legislation, for audit and debt collection and to enable services to be processed for the Bank in Malta and abroad.
- Acknowledge that the information contained in this form and information regarding the Entity and any reportable Account(s) may be reported to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the account holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- Authorise the Bank to debit the Entity's Account with any charges that may be incurred to retain the banking relationship and while using the accounts and services applied for New Applications, Periodical Compliance Reviews and the Monthly non-Compliance Fee - where applicable as per the Bank's Tariff of Charges.

Whilst the Bank may periodically request the Entity to re-confirm details, in this form, the Entity should inform the Bank immediately should any information in this form change.

I/We hereby confirm that I/we have read, understood and accept the entire **Terms & Conditions, Depositor Information Sheet, Fee Information Document and Tariff of Charges** governing the requested products and services. I/We also acknowledge that when needed, I/we can collect a copy of the relevant **Terms & Conditions, Data Privacy Policy, Depositor Information Sheet, Fee Information Document and Tariff of Charges** from any APS Branch, which are also available from the Bank's website [apsbank.com.mt/terms-and-conditions](https://apsbank.com.mt/terms-and-conditions).

**DECLARATIONS BY BANK** (for office use only)

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**REMINDER - Together with this completed form, please provide a CERTIFIED colour ID copy (front and back) of the entity representative/s and ADDITIONAL DOCUMENTATION (as indicated in the Guideline leaflet included with the letter)**

**ENTITY REPRESENTATIVES:**

**Name & Surname**  
\_\_\_\_\_

**ID/Passport No.**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_

**Signature**  
\_\_\_\_\_

**Role**  
\_\_\_\_\_

**Name & Surname**  
\_\_\_\_\_

**ID/Passport No.**  
\_\_\_\_\_

**Signature**  
\_\_\_\_\_

**Role**  
\_\_\_\_\_