

# CONNECTED PARTY APPLICATION FORM

This form is applicable to individuals who are connected parties to a customer holding Account(s) with the bank and do not have a direct personal banking relationship with APS Bank. \*refer to list below

Please complete all fields of the application by clicking the required option and using the dropdown fields. Include certified and translated copies of supporting documents required to confirm the entity's statutory documents, address and other details and submit the completed application and required documentation to our branch representatives.

## ENTITY/CUSTOMER DETAILS

Applicant/Customer:

Relationship with Applicant/Customer:

Power of Attorney Holder  Committee Member/Admin  Key Controller  Legal Guardian   
 myAPS Administrator  Beneficial Owner  Shareholder  Director   
 Entity Representative  Signatory  myAPS User  Partner   
 Legal Representative  Card Holder  Administrator  Other

If additional positions held in other entities, please list here:

## CONNECTED PARTY PERSONAL DETAILS

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

## OCCUPATION & INCOME (ONLY REQUIRED IF POSITION WITH ENTITY IS AN ULTIMATE BENEFICIAL OWNER)

Primary Job Type:	Secondary Job Type:
Nature of Activity:	Nature of Activity:
Role:	Role:
Primary Occupation:	Secondary Occupation:
Employer's Name:	Employer's Name:
Net Monthly Salary from Primary Job:	Net Monthly Salary from Secondary Job:
Any other source of income?: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, from what type of other net monthly income?:	
Interest <input type="checkbox"/> €:	Rent <input type="checkbox"/> €:
Investments <input type="checkbox"/> €:	
Other <input type="checkbox"/> €:	Total Net Annual Income (Occupation/s and/or Other Sources) €:

FOR OFFICE USE ONLY

Connected Party's Profile No.:	Connected to Profile No.:
Customer is Physically Present: Y <input type="checkbox"/> N <input type="checkbox"/>	
Branch: Date: DD/MM/YYYY	Bank Official: Authorised:



Initials \_\_\_\_\_

## SOURCE OF WEALTH

(ONLY REQUIRED IF POSITION WITH ENTITY IS AN ULTIMATE BENEFICIAL OWNER)

I, the undersigned declare that I acquired my total net wealth from:

(This refers to the activities which have generated or contributed to a customer's accumulation of both funds, assets and property over time)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Salary/Income from Occupation<br><i>(as defined in page 1)</i> | <input type="checkbox"/> Commercial Loan         | <input type="checkbox"/> Lottery/Gaming win | <input type="checkbox"/> Gift               |
| <input type="checkbox"/> Pension Lump Sum   | <input type="checkbox"/> Sale of property/Assets | <input type="checkbox"/> Re-mortgage        | <input type="checkbox"/> Family Loan        |
| <input type="checkbox"/> Investments  | <input type="checkbox"/> Sale of personal goods  | <input type="checkbox"/> Inheritance        | <input type="checkbox"/> Redundancy Payment |
|   | <input type="checkbox"/> Personal Loans          | <input type="checkbox"/> Rental Income      | <input type="checkbox"/> Other:             |

Countries from where wealth has been acquired:

Do your accumulated liquid assets amount to over €1 million or equivalent?

Y  N

## DATA PROTECTION & 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	<b>The Entity would like to participate in the following :</b> <i>(Tick the appropriate box) 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.</i>	Y <input type="checkbox"/>	N <input type="checkbox"/>
	<i>In market research organised by the Bank, such as surveys and focus groups.</i>	<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.*

## ELECTRONIC COMMUNICATION

The Bank processes written instructions or requests received through secure channels, such as myAPS. The Bank may consider to process instructions or requests received by email if authorised to do so as hereunder, and in line with Terms and Conditions. Customers should refrain from sending personal information by email.

*I authorise the Bank to act upon written requests or instructions sent or purported to have been sent from any of the email address/es specified on this form. I understand that the Bank shall nevertheless reserve the right (and at its sole discretion) to seek my identification through alternative channels prior to processing my requests or instructions received through email. I authorise the Bank to send any type of communication to any email address/es specified in this form.*

Y  N

Initials \_\_\_\_\_

## DECLARATIONS BY CUSTOMER

I, the undersigned hereby:

- Confirm that all the information provided to the Bank by me on this application form is true, complete and up-to-date and acknowledge that the Bank is entitled to close the Account(s) if the Information provided by me is found to be incorrect.
- Undertake to immediately inform the Bank if any of the information provided above becomes out-dated and/or is no longer correct.
- Agree to cooperate with the Bank in the eventuality that it requires further documentation and declarations about me and/or about any transaction(s) in which I might be involved.
- Affirm that all the deposits in the Account(s) are derived from legitimate activities.
- Acknowledge that the Bank has the right to periodically review the banking relationship, and in its total and absolute discretion, to take any decisions 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 me and the Account(s) may be put onto the Bank's database and used, analysed and assessed by the Bank to provide a better service. Apart from the Bank, this information including the nature of my transactions will be disclosed to third parties in order to provide 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, my information and any of the Account(s) which are reportable, may be provided to the tax authorities of the country in which this/these account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

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

I hereby confirm that I 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 also acknowledge that when needed, I 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 [www.apsbank.com.mt/terms-and-conditions](http://www.apsbank.com.mt/terms-and-conditions).

Date
_____
ID/Passport No.

Signature

Initials \_\_\_\_\_