

CONNECTED PARTY APPLICATION FORM

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

Please complete all fields of this form by clicking on the required option and using the dropdown fields.

Account Holder's Name:
(the person/entity with whom you are connected)

Relationship with Applicant/Customer:*

Power of Attorney Holder <input type="checkbox"/>	Committee Member/Admin <input type="checkbox"/>	Key Controller <input type="checkbox"/>	Legal Guardian <input type="checkbox"/>
myAPS Administrator <input type="checkbox"/>	Beneficial Owner <input type="checkbox"/>	Shareholder <input type="checkbox"/>	Director <input type="checkbox"/>
Entity Representative <input type="checkbox"/>	Signatory <input type="checkbox"/>	myAPS User <input type="checkbox"/>	Partner <input type="checkbox"/>
Legal Representative <input type="checkbox"/>	Card Holder <input type="checkbox"/>	Administrator <input type="checkbox"/>	Other <input type="checkbox"/>

If additional positions are held in other entities, please specify 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 <input type="checkbox"/> N <input type="checkbox"/> Profile No.: (Office Use Only)		

OCCUPATION & INCOME

(ONLY REQUIRED IF THE CONNECTED PARTY'S 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) €:	

Connected Party's Profile No.:

Connected to Profile No.:

Customer is Physically Present: Y N

Branch:

Date: DD/MM/YYYY

Bank Official:

Authorised:

Initials



SOURCE OF WEALTH

(ONLY REQUIRED IF THE CONNECTED PARTY'S 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
<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	I confirm that I have read, understood and acknowledged the Data Privacy Policy.	<input type="checkbox"/>
Privacy Preference: Direct Marketing, Profiling & Research	I would like to participate in the following: <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"/>

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 CONNECTED PARTY

I, the undersigned hereby:

- Confirm that all the information provided to the Bank by me on this form is true, accurate and up-to-date.
- 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 information about me 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.

Whilst the Bank may periodically request you to re-confirm details contained 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.

Date

ID/Passport No.

Signature of Connected Party

Initials _____