

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	:/Cu	stomer:*				
Power of Attorney Holder		Committee Member/Admin	n	Key Controller	Legal Guardiar	
myAPS Administrator		Beneficial Owner		Shareholder	Director	
Entity Representative		Signatory		myAPS User	Partner	
Legal Representative		Card Holder		Administrator	Other	

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.:	Emai	il:			
Role(s) in Entity:					
Beneficial Owner/Controlling Pe	erson Type:	Votir	Voting Rights %: Ownership %:		
Permanent Residential Address	House/Apt.No.:	Stree	et:		
City:	Post Code:		Country:		
ID Туре:	(	Country of Issue:			
ID No.:	Document Issue	e Date: DD/MM/YYYY	Document Expiry	Date: DD/MM/YYYY	

## 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 you are a "Politically Exposed Person" (PEP) when entering into a Banking Relationship or executing a Transaction for a customer.

Y N (if yes, select from dropdown as appropriate)
Other:
n: Y N (if yes, select from dropdown as appropriate)
Termination of Office: (if Prominent Public Function held previously)
Other:
Y N (if yes, select from dropdown as appropriate)
Termination of Office: (if Prominent Public Function held previously)
Other:



CA03 (02/2025

Initials

OCCUPATION & INCOME (ONLY REQUIRED IF THE CONNECTED PA	RTY'S POSITIO	N WITH ENTIT	Y IS AN ULTIMATE BENEF	FICIAL 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		lf yes, f	rom what type of oth		/ income?:		
Interest€:	Rent	€:	I	nvestments	]€:		
Other€:		Total Net A	nnual Income (Occupation	on/s and/or Other Sc	ources) €:		
Connected Party's Profile No.:     Connected       Customer is Physically Present:     Y			ed to Profile No.:				
Customer is Physically Present: Y	N 🗌						
Branch: Date: D	Branch: Date: DD/MM/YYYY			<pre></pre>			
<ul> <li>(ONLY REQUIRED IF THE CONNECTED PA</li> <li>I, the undersigned declare that I ac customer's accumulation of both funds, assets and</li> <li>Salary/Income from Occupation (as defined in page 2)</li> <li>Pension Lump Sum</li> <li>Investments</li> <li>Countries from where wealth has b</li> </ul>	quired my to I property over tim Commer Sale of p Sale of p Personal	tal net weal ne) cial Loan roperty/Asse ersonal good Loans	th from: (This refers to the Lottery/Ga ets Re-mortga	e activities which hav aming win [ age [ e [	e generated or contribution Gift Family Loan Redundancy P Donations Other:		
Do your accumulated liquid assets an <b>DATA PROTECTION &amp; MARK</b> Data Privacy Policy I confirm tha	ETING		r equivalent? d and acknowledged	the Data Priva	Y cy Policy.	□ N □	
Privacy Preference:appropriDirect Marketing,electron	riate box) Mai nic messages	rketing com (such as onl	<b>following:</b> (Tick the munication by post, e ine and internet bank oducts and services.			Y N	

## **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.

In market research organised by the Bank, such as surveys and focus groups.

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.

Ν

Y

## 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

Signature of Connected Party

ID/Passport No.