 **Questionnaire for Politically Exposed Persons**

When establishing a business relationship, pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act (Narodne novine, Official Gazette of the Republic of Croatia, Nos. 108/2017, 39/2019 and 151/2022), HBOR must perform the corresponding procedure to establish whether the client or the beneficial owner of client is a politically exposed person.

A politically exposed person is any natural person who has been, or was in the past 12 months, entrusted with a prominent public function in an EU member state or a third country, including immediate family members of politically exposed persons and persons who are known to be close associates of politically exposed persons:

1. Immediate family members: a spouse of a politically exposed person or a person with whom a politically exposed person lives in a cohabitation or a person with whom a politically exposed person is in a civil partnership or a person with whom a politically exposed person is in an informal civil partnership, his/her parents, his/her children and their spouses or persons with whom children of a politically exposed person live in a cohabitation or persons with whom the children of a politically exposed person are in a civil partnership or persons with whom the children of a politically exposed person are in an informal civil partnership.
2. Close associates: any natural person who is known to have joint beneficial ownership of a legal entity or a legal arrangement or any other close business relations with a politically exposed person or who is a sole beneficial owner of a legal entity or a legal arrangement which is known to have been set up for the benefit of a politically exposed person.

List of prominent public duties is provided below in this document.

The signatory of this questionnaire declares that he/she voluntarily makes available to HBOR his/her personal data stated in this questionnaire and in the accompanying documentation, including all his/her personal data available to HBOR pursuant to the regulations in force, and he/she also declares that he/she agrees that HBOR may collect, process and use the mentioned personal data for the purpose of providing banking and other financial services for which HBOR is authorised. The personal data may be used for the aforementioned purposes only, whereas the basis for their collection, processing, use and keeping has been established by the Anti-Money Laundering and Counter-Terrorism Financing Act, the Credit Institutions Act, the Croatian National Bank Act, the National Payment System Act, the Foreign Exchange Act, the Accounting Act, the Archive Materials and Archives Act, as well as other primary and secondary legislation.

All personal data that have been made available to HBOR are protected in accordance with the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data (General Data Protection Regulation - GDPR), the Act on the Implementation of the General Data Protection Regulation and other relevant legislation.

HBOR is authorised to transfer the gathered personal data available to HBOR to other recipients pursuant to the Privacy Policy and the Information for Data Subjects available at HBOR’s website: [www.hbor.hr](http://www.hbor.hr). The signatory of this questionnaire confirms that he/she is familiar with his/her rights and information on processing and protecting personal data processed by HBOR, published in documents the Privacy Policy and the Information for Data Subjects.

Considering the implementation of and compliance with the provisions of the Anti-Money Laundering and Counter-Terrorism Financing Act, please answer the following questions:

1. **PERSONAL DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and surname: |  | Identification number / PIN (OIB): |  |
| Country of permanent residence: |  | Date of birth: |  |

1. **QUESTIONNAIRE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Are you a politically exposed person?** |  | **YES** |  | **NO** |
| 1. **Are you a family member or a close associate of a politically exposed person?** |  | **YES** |  | **NO** |

**If the answer to one of the above questions is YES, please specify the form of political exposure in question:**

|  |  |  |
| --- | --- | --- |
| 1. | Prominent public function as president of a country or prime minister, minister, deputy minister, assistant minister or state secretary |  |
| 2. | Elected member of a legislative body |  |
| 3. | Member of a political party management body |  |
| 4. | Judge of supreme court, constitutional court or another high court against whose decisions, except in exceptional cases, the right to appeal does not apply |  |
| 5. | Member of court of auditors |  |
| 6. | Member of a central bank council |  |
| 7. | Ambassador, chargé d'affaires or high-ranking officer of the armed forces |  |
| 8. | Member of the Management Board or the Supervisory Board of the State-owned enterprise or a person performing an equivalent function |  |
| 9. | Manager, deputy manager, member of a committee or person performing an equivalent function in an international organisation |  |
| 10. | Head of municipality, mayor, county prefect or his/her deputy elected based on the act regulating local elections in the Republic of Croatia |  |

**If the answer to question number 2 is YES, please specify name of the person who is your family member/close associate:**

**If you are a politically exposed person, please fill in Statement on the source of** **funds and assets that are or will be the subject matter of the business relationship or transaction (Form 9).\***

***\* HBOR RETAINS THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION IN ORDER TO CONFIRM THE SOURCE OF ASSETS.***

By signing this Questionnaire, I confirm that the data contained in the Questionnaire is true. I hereby undertake to inform you in person if there is any change to the above data.

|  |  |  |  |
| --- | --- | --- | --- |
| **Place and date:** |  | **Signature:** |  |

**To be completed by HBOR**

|  |  |  |  |
| --- | --- | --- | --- |
| Questionnaire receipt date: |  | Note: |  |
| **Questionnaire received by** (name, surname and signature of HBOR’s employee): | | |  |
| **Acknowledged by** (name, surname and signature of head/managing director/executive director): | | |  |