

# CONNECTED PARTY APPLICATION FORM

This form is applicable to individuals who are connected parties to a customer holding Account(s) with the bank such as Beneficial Owner(s), Key Controller(s), Entity Representative(s), Power of Attorney holder(s), and do not have a direct personal banking relationship with APS Bank, as well as for any other type of relationship such as Committee Members qualifying as 'UBO' Ultimate Beneficial Owner.

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  Partner  Beneficial Owner  Signatory  Card Holder   
 myAPS Administrator  myAPS User  Key Controller  Entity Representative   
 Other

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

## CONNECTED PARTY PERSONAL DETAILS

Title: Mr  Ms  Other:   Gender: Male  Female   
 First Name:  Middle Name:  Surname:   
 Date of Birth: DD / MM / YYYY Country of Birth:  Place of Birth:   
 Nationality: (if you hold more than one include separately)   
 Citizenship: (if you hold more than one include separately)   
 If Maltese Citizenship, this was acquired through: Birth  Marriage/Civil Union  IIP  Other:    
 ID Type:  Country of Issue:   
 ID No.:  Document Issue Date: DD/MM/YYYY Document Expiry Date: DD/MM/YYYY

## CONTACT DETAILS

Permanent Residential Address House/Apt.No.:  Street:   
 City:  Post Code:  Country:   
 Use Permanent Residential Address for Communication Y  N  (if No, complete Mailing Address)  
 Mailing Address House/Apt.No.:  Street:   
 City:  Post Code:  Country:   
 Tel No.:  Mobile No.:   
 Email:   
 Preferred Banking Channel: ATM  Phone  Branch  Internet/Mobile Banking (myAPS)

## 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:

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

FOR OFFICE USE ONLY



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: <input type="text"/> |

## COMMON REPORTING STANDARD ("CRS")

Please complete the following table indicating:

- (i) where you are tax resident and  
(ii) your Holder's Tax Identification Number (TIN) for each country indicated.

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

**Reason A** - The country where you are liable to pay tax does not issue TINs to its residents.

**Reason B** - You are otherwise unable to obtain a TIN or equivalent number.  
*(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)*

**Reason C** - No TIN is required.  
*(Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)*

	Country of TAX Residence	TIN (Tax Identification Number)	If no TIN is available, choose reason A, B or C	If you selected reason B, explain why you are unable to obtain a TIN
1				
2				
3				

## UNITED STATES OF AMERICA TAX LIABILITY ("FATCA")

Please complete the following by ticking one of the following boxes as applicable. If you hold any one or more of the United States indicia, complete either W-8BEN or W-9 form. You are to seek tax advice in case of difficulty.

- I hereby declare that I am not a citizen of the US and I am not a tax resident in the USA.
- I hereby declare that I am tax resident in the US and have the following indicia:
- US Citizenship    US Place of Birth    US Address    US Telephone No.    US Nationality    US Passport    US Tax Residence

## 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.

Are you, or have you been in the last 3 years:

a) An Individual who holds a Prominent Public Function:

Y    N  *(if yes, please tick as appropriate):*

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> The President                         | <input type="checkbox"/> Prime Minister                          | <input type="checkbox"/> Cabinet Secretary                     | <input type="checkbox"/> EU Commissioner                       |
| <input type="checkbox"/> Speaker of Parliament                 | <input type="checkbox"/> Minister                                | <input type="checkbox"/> Chief of Staff                        | <input type="checkbox"/> Member of the EU Parliament           |
| <input type="checkbox"/> The Attorney General                  | <input type="checkbox"/> Parliamentary Secretary                 | <input type="checkbox"/> Permanent Secretary within Ministries | <input type="checkbox"/> Member of the EU Court of Auditors    |
| <input type="checkbox"/> Auditor General/Deputy                | <input type="checkbox"/> Member of Parliament                    | <input type="checkbox"/> Dir. General within Gov. Ministries   | <input type="checkbox"/> Member of the EU Court of Justice     |
| <input type="checkbox"/> Governor/Deputy Governor Central Bank | <input type="checkbox"/> Member Governing Bodies Political Party | <input type="checkbox"/> CEO/equivalent of State-Owned Corps.  | <input type="checkbox"/> Army Commander (Brigadier/Colonel)    |
| <input type="checkbox"/> Judge                                 | <input type="checkbox"/> Local Council Mayor                     | <input type="checkbox"/> Member of Gov. Appointed Boards       | <input type="checkbox"/> Army Deputy Comm. (Brigadier/Colonel) |
| <input type="checkbox"/> Magistrate                            | <input type="checkbox"/> Local Council Executive Secretary       | <input type="checkbox"/> Member of Boards of State-Owned Corp. | <input type="checkbox"/> Police Commissioner                   |
| <input type="checkbox"/> Ambassadors                           | <input type="checkbox"/> High Ranking Public Official            | <input type="checkbox"/> High Ranking Civil Servant            | <input type="checkbox"/> Police Deputy Commissioner            |
| <input type="checkbox"/> Charge d'Affaires                     | <input type="checkbox"/> Other: <input type="text"/>             |  |  |

b) An Immediate Family Member or a Close Associate of a Politically Exposed Person: Y    N  *(if yes, please tick as appropriate)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Spouse or Partner equivalent to spouse | <input type="checkbox"/> Children's Spouse / Partner equivalent to spouse | <input type="checkbox"/> Parent                                 |
| <input type="checkbox"/> Children                               | <input type="checkbox"/> Individual has close business for PEP            | <input type="checkbox"/> Individual has close business with PEP |

PEP Name & Surname:

Designation:

Initials

## DATA PROTECTION & MARKETING

Data Privacy Policy	I hereby 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)</i> <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.</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 <input type="checkbox"/> N <input type="checkbox"/>
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## 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 \_\_\_\_\_