**AML QUESTIONNAIRE FOR NATURAL PERSONS**

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| **Provider:** |
| **Name:** | CYRRUS FX, a.s. |  |  |
| **Business ID No:** | 288 80 293 | **Registered office:** | Na Florenci 2116/15, Nové Město, 110 00 Praha 1 |
| **Service recipient:** |
| **Name:** |       | **Surname:** |       |
| **Date of birth:** |       | **Birth ID No:** |       |
| **Home address:** |       | **Correspondence address:** |       |
| **\*Country of origin:** |       | **Citizenship:** |       |
| **ID card/passport number:** |       | **Valid till:** |       | **Issued by:** |       |
| Note: the country of origin means each state of which this person is a national, as well as all other states in which he is registered for permanent or other residence, or in which he resides for more than 1 year. |
| **Represented by:** |
| **Name:** |       | **Surname:** |       | **Date of birth:** |       |
| **ID card/passport number:** |       | **Valid till:** |       | **Issued by:** |       |
| **Name:** |       | **Surname:** |       | **Date of birth:** |       |
| **ID card/passport number:** |       | **Valid till:** |       | **Issued by:** |       |
| **Other information for contractual relationship and service recipient:** |
| **Purpose of conclusion of contract with provider\*\*:** |       |
| ++ Specify the purpose of the contract in full measure (e.g. payment of invoices to foreign business partners, payment from business activities, purchase of a car, real estate, etc.) |
| **What is the approximately anticipated volume of your transactions via the provider over 12 months?** (v CZK) |       |
| **Approximately in which intervals will your transactions occur (monthly/daily)?** |       |
| **Declaration of origin of funds used for payment services via provider:**       - maintenance, benefits, pension:             - salary, pay; please specify your employment:              - income from trading of legal person / self-employed person; please specify trading activity:              - income from capital (dividends, shares of profit, leasing of real estate, inheritance etc.); please give names of companies in which you have an interest and from which come your source of income from trading or capital:              - other, please specify:        |
| **\* Are you a politically exposed person?** | **Yes**       | **No**       |
| Note: Politically exposed person means, according to Act No 253/2008 Coll., on Certain Measures against Money Laundering and Terrorism Financing (ZAML): a natural person who currently holds, or in the past held, a prominent public function with nation-wide or regional significance and also persons connected to such a person. These are close person, partner or beneficial owner of the same subject, person who is in some other close trading relationship with this person or who is the beneficial owner of a subject created in favour of such a person. Examples of politically exposed person are in particular head of state, prime minister, head of central body of state administration and his/her deputy (deputy, secretary of state), member of parliament, member of governing body of political party, leading representative of local government body, supreme court judge, constitutional court judge or judge of other supreme judicial body against the rulings of which in general there is no remedy, with rare exceptions, member of banking board of central bank, senior officer in armed forces or corps, member or deputy of member (if a legal person) of statutory body of a trading corporation controlled by the state, ambassador or head of diplomatic mission or natural person who performs or performed a similar function in another state, in a body of the European Union or international organisation. |

*\* the designation serves only for the internal purposes of the provider*

The service recipient confirms that he/she has understood the content of this questionnaire, he/she has filled it in to the best of its knowledge, and in the event of any fundamental change of data given in this questionnaire, it will inform the Provider of this change without undue delay.

The service recipient takes due note that all the aforementioned information in the questionnaire serves the Provider for identification and checking of the client pursuant to Act No 253/2008 Coll., on Certain Measures against Money Laundering and Terrorism Financing, as amended, and if it answers any of the questions untruthfully or incompletely, the Provider is authorised to refuse to implement the transaction or enter into a trading relationship.

The service recipient signs to confirm that the data it gives is truthful, complete and undistorted. The service recipient takes note that it is liable for loss caused by the untruthful or incomplete completion of the questionnaire or breach of undertaking to inform the Provider.

The recipient of the service declares with his signature that the funds that will be used to provide the service do not come from criminal activity and are not used to finance terrorism and were acquired in accordance with legal regulations

The service recipient declares that it has no branch, organisational element or business premises in a state that does not adequately or at all enforce measures against money laundering or terrorism financing.

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| In       date       |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name:**      **Position:**       |  |