

COMPANY INFORMATION

Legal name

Trading name

Company registration number

Country of incorporation

Date of incorporation

Company URL(s)

Primary contact name

Primary phone number

Primary email address

Business type

Please provide a list of your main targeted countries

Please describe in details your business model and how will the crypto payments will be used

REGISTERED ADDRESS

Address line 1

Address line 2

ZIP/Postcode

Country

TRADING ADDRESS

same as registered address

Address line 1

Address line 2

ZIP/Postcode

Country

SHAREHOLDER STRUCTURE

In the event there is a corporate entity within your shareholder structure with a shareholding equal to or greater than 25%, we require all documents listed in the [document checklist](#) be provided in support of this application.

| NAME | TYPE | SHAREHOLDING % |
|--------------|------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| TOTAL | | 100 % |

INDIVIDUAL INFORMATION

Please provide the information below for shareholders who hold equal to or greater than 25% of the company; as well as directors and authorised signatories of the company.

Individual 1

| | | |
|----------------------|---|----------------------|
| First name | Middle name(s) | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | Nationality | |
| <input type="text"/> | <input type="text"/> | |
| Position in company | If Shareholder – Please indicate % of holding | |
| <input type="text"/> | <input type="text"/> | |
| Address line 1 | Address line 2 | |
| <input type="text"/> | <input type="text"/> | |
| Zip/Postcode | Country | |
| <input type="text"/> | <input type="text"/> | |

INDIVIDUAL INFORMATION

Please provide the information below for shareholders who hold equal to or greater than 25% of the company; as well as directors and authorised signatories of the company.

Individual 2

| | | |
|----------------------|---|----------------------|
| First name | Middle name(s) | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | Nationality | |
| <input type="text"/> | <input type="text"/> | |
| Position in company | If Shareholder – Please indicate % of holding | |
| <input type="text"/> | <input type="text"/> | |
| Address line 1 | Address line 2 | |
| <input type="text"/> | <input type="text"/> | |
| Zip/Postcode | Country | |
| <input type="text"/> | <input type="text"/> | |

Individual 3

| | | |
|----------------------|---|----------------------|
| First name | Middle name(s) | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | Nationality | |
| <input type="text"/> | <input type="text"/> | |
| Position in company | If Shareholder – Please indicate % of holding | |
| <input type="text"/> | <input type="text"/> | |
| Address line 1 | Address line 2 | |
| <input type="text"/> | <input type="text"/> | |
| Zip/Postcode | Country | |
| <input type="text"/> | <input type="text"/> | |

INDIVIDUAL INFORMATION

Please provide the information below for shareholders who hold equal to or greater than 25% of the company; as well as directors and authorised signatories of the company.

Individual 4

| | | |
|----------------------|---|----------------------|
| First name | Middle name(s) | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | Nationality | |
| <input type="text"/> | <input type="text"/> | |
| Position in company | If Shareholder – Please indicate % of holding | |
| <input type="text"/> | <input type="text"/> | |
| Address line 1 | Address line 2 | |
| <input type="text"/> | <input type="text"/> | |
| Zip/Postcode | Country | |
| <input type="text"/> | <input type="text"/> | |

Individual 5

| | | |
|----------------------|---|----------------------|
| First name | Middle name(s) | Last name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of birth | Nationality | |
| <input type="text"/> | <input type="text"/> | |
| Position in company | If Shareholder – Please indicate % of holding | |
| <input type="text"/> | <input type="text"/> | |
| Address line 1 | Address line 2 | |
| <input type="text"/> | <input type="text"/> | |
| Zip/Postcode | Country | |
| <input type="text"/> | <input type="text"/> | |

FINANCIAL ACTIVITY

Monthly turnover

Number of transactions per month

AVERAGE TRANSACTION VALUE

Inbound (EUR)

Outbound (EUR)

By returning and signing this Customer Application Form, you confirm that:

- You have signatory authority to authorise this application on behalf of the merchant and no other person must grant you consent or approval to sign.
- You agree to inform Customer Service and/or update your account with any changes to the information provided as part of this application. Failure to do so could result in account closure or account suspension.
- You confirm and agree that you have read, understand, and agree to be bound by the terms comprising the Agreement. The Agreement is defined as this Customer Application Form, the Customer Terms and Conditions, the Privacy Policy, all documents referred to in the Customer Terms and Conditions, and any other documents that the parties may agree to from time to time.
- I/we hereby declare that the information provided in this application and any other accompanying or required document(s) is true, up to date, accurate and complete. I/we also understand that any wilful dishonesty may render for refusal of this application or immediate termination of the services provided by Bitexpert Poland to the

Full name

Position in company

Signature

Date

Note: the form should be signed by the Director of the company or a person with full signatory rights.

DOCUMENT CHECKLIST

- Certificate of incorporation
- Memorandum & articles of association
- Share certificate (not older than 12 months)
- Register of directors (not older than 12 months)
- Authorised signatory list (not older than 12 months)
- Colour copy of passport or national ID for all shareholders equal to or greater than 25%, directors, and authorised signatories
- Copy of proof of address for all shareholders equal to or greater than 25%, directors, and authorised signatories (utility bill/bank statement less than 3 months old)
- PEP declaration

POLITICALLY EXPOSED PERSON (PEP) SELF-CERTIFICATION FORM

The Act of March 1, 2018 on counteracting money laundering and terrorism financing ("Polish AML legislation") implements requirements of EU Directive (2015/849) on the control & prevention of money laundering and terrorist financing, and includes new provisions contained in the EU's Fifth Anti-Money Laundering Directive (2018/843).

In accordance with Polish AML legislation, there is an obligation on financial institutions to undertake enhanced customer due diligence (EDD) on those clients who are classified as a politically exposed person (PEP).

Please read the definition below carefully, select the relevant box, confirming you are/are not a PEP, sign the declaration at the bottom of the form, and return this form to us.

It is your obligation to inform us of a change to your status as a PEP or non-PEP should it change at any time in the future.

Polish AML legislation defines a PEP as individuals who are, or have been - at any time in the last year - entrusted with prominent public functions including:

- A head of state, head of government, government minister, deputy or assistant government minister;
- A member of parliament;
- A member of the governing bodies of political parties;
- A member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal;
- A member of a court of auditors or the board of a central bank;
- An ambassador, chargé d'affairs or high-ranking officer in the armed forces;
- A member of the administrative, management, or supervisory body of a state-owned enterprise; or
- A director, deputy director and members of the board or equivalent function of an international organisation.

PEP close associates and family

The legislation extends the requirement to apply EDD to a family member, or a close associate, of a PEP.

A "close associate" is defined by the Polish AML legislation to include any of the following persons:

- (i) Any individual who has joint beneficial ownership of a legal entity, or a legal arrangement, or close business relationship, with a PEP;
- (ii) Any individual who has sole beneficial ownership of a legal entity, or legal arrangement set up for the actual benefit of a PEP.

A "family member" of a PEP includes any of the following persons:

1. Any spouse or civil partner of the PEP;
2. Any child of the PEP;
3. Any spouse or civil partner of the child of a PEP;
4. Any parent of the PEP;

Having read and understood the above definition, I confirm that: (select only one of the following options)

- I am not a politically exposed person (PEP) as defined above
- I am a politically exposed person (PEP) as defined above

Full name (in block capitals)

Date

Signature
