

Name: _____ Gender:

TIN: Identification Doc.: _____ ID Card Citizen Card Passport

Valid until Issued by (entity/place) (*): _____

Foreign TIN (I): Country (I): _____

In case you do not provide foreign TIN select The country does not issue It is not mandatory in the country

other: _____

Nationality 1: _____

Nationality 2: _____

Date of birth: Place of birth: _____

Address: _____

Post Code: - Place: _____

Country: _____

BEF: No Yes % shareholding:

Position: _____

Name: _____ Gender:

TIN: Identification Doc.: _____ ID Card Citizen Card Passport

Valid until Issued by (entity/place) (*): _____

Foreign TIN (I): Country (I): _____

In case you do not provide foreign TIN select The country does not issue It is not mandatory in the country

other: _____

Nationality 1: _____

Nationality 2: _____

Date of birth: Place of birth: _____

Address: _____

Post Code: - Place: _____

Country: _____

BEF: No Yes % shareholding:

Position: _____

(*) Form fields that must be filled in.

(I) Field that must be mandatorily filled in if the Customer is a US Citizen or resides in the United States of America.

IF YOU ARE A COMPANY FILL IN ANNEX I (integrant part of this form).

Please specify how many pages of Annex I you filled in:

SHAREHOLDINGS

Company 1

Corporate Name: _____	
Legal Person Tax Id. Nr.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% shareholding: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of the Head Office: _____	
Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Place _____
Country: _____	

Company 2

Corporate Name: _____	
Legal Person Tax Id. Nr.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% shareholding: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of the Head Office: _____	
Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Place _____
Country: _____	

Company 3

Corporate Name: _____	
Legal Person Tax Id. Nr.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	% shareholding: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of the Head Office: _____	
Post Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Place _____
Country: _____	

We hereby declare, on our honour, that the information provided in this Form is complete and true.
We hereby declare that we assume the obligation of promptly informing the Bank of any changes that may occur to the data herein provided.

Signature(s) of the Customer(s)

A A A A M M D D

(Stamp and signature in the capacity of person binding the Company)

Abonação das assinaturas

conferi os elementos de identificação por exibição do(s) documento(s) acima referido(s)

Assinatura do(s) Procurador(es) do Banco