

Customer data sheet

Identification according to the Money Laundering Act

Please send email to

| Business partner no. | | LM ID | | Terminal ID | |
|---|------------|--|--|---|----------------------------|
| <input type="checkbox"/> New customer <input type="checkbox"/> Existing customer <input type="checkbox"/> Central contract <input type="checkbox"/> Supplementary agreement <input type="checkbox"/> Branch to business partner no. | | | | | |
| 1. details of the business partner (also called contract partner - please fill in in block letters) | | | | | |
| Legal form | | | | | |
| <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> GmbH <input type="checkbox"/> AG <input type="checkbox"/> GbR <input type="checkbox"/> OHG <input type="checkbox"/> KG <input type="checkbox"/> GmbH & Co KG <input type="checkbox"/> UG <input type="checkbox"/> Other: | | | | | |
| Company name according to the Commercial Register, Trade Register, Partners Register | | | Company name (such as „Hotel zur Sonne“) | | |
| <input type="checkbox"/> Copy of register extract or commercial register no./register court | | | Industry, products and services | | |
| Address of registered office: street/house no. (no P.O. Box), country - zip code, city | | | | | |
| Tel. no. incl. (country) code ¹⁾ | | Sales tax identification no. ¹⁾ | | E-mail address | |
| Fax no. incl. (country) code ¹⁾ | | Website ¹⁾ | | | |
| 2. a) Business partner is a natural person | | | | | |
| <input type="checkbox"/> Copy of identification document is attached | | Salutation | First name(s) | Last name of the owner | |
| Nationality | | Birthplace | | Date of birth (DD/MM/YYYY) | |
| Private address: Street/house no. (no P.O. Box), country - postcode/city | | | | | |
| <input type="checkbox"/> I act in my own name and for my own account and not at the instigation of others (in particular not as a trustee). <input type="checkbox"/> I or my immediate family members are a politically exposed person (PeP) or are close to one. <input type="checkbox"/> I operate the business for the account of a third party for: | | | | | |
| _____ | | | | | |
| Salutation, first name(s), last name, date of birth | | | | | |
| Documents to be submitted | | | | | |
| <input type="checkbox"/> Business registration, trade register extract, trade license or other proof of commercial activity is attached. | | | | | |
| 2. b) Business partner is a legal entity / partnership | | | | | |
| Survey of the beneficial owner(s) | | | | | |
| Beneficial owners are all natural persons who own or control the company directly or indirectly (e.g. via other legal entities/trading partnerships). In the case of a legal entity/trading partnership, the natural persons who directly or indirectly hold more than 25% of the capital or voting rights must be surveyed. In accordance with the Money Laundering Act, all beneficial owners of the business partner must be identified and recorded (if space is not sufficient, please provide a separate list with all details as an appendix). | | | | | |
| <input type="checkbox"/> No natural person holds or controls more than 25% of the capital shares or voting rights <input type="checkbox"/> It is a listed stock corporation <input type="checkbox"/> It is an authority or institution under public law <input type="checkbox"/> It is a foundation, trust (trustee) or fiduciary (protector) <input type="checkbox"/> The following natural persons each hold or control more than 25% of the capital shares or voting rights (please fill in below): | | | | | |
| Beneficial owner | | | | | |
| 1 | Salutation | First name(s) | | Last name | Date of birth (DD/MM/YYYY) |
| | Country | ZIP CODE ¹⁾ | Location ¹⁾ | Home address - street/house no. ¹⁾ | Nationality |
| <input type="checkbox"/> The beneficial owner is a politically exposed person (PEP) or is close to such a person. | | | | | |
| 2 | Salutation | First name(s) | | Last name | Date of birth (DD/MM/YYYY) |
| | Country | ZIP CODE ¹⁾ | Location ¹⁾ | Home address - street/house no. ¹⁾ | Nationality |
| <input type="checkbox"/> The beneficial owner is a politically exposed person (PEP) or is close to such a person. | | | | | |
| 3 | Salutation | First name(s) | | Last name | Date of birth (DD/MM/YYYY) |
| | Country | ZIP CODE ¹⁾ | Location ¹⁾ | Home address - street/house no. ¹⁾ | Nationality |
| <input type="checkbox"/> The beneficial owner is a politically exposed person (PEP) or is close to such a person. | | | | | |
| Proof of registration in the transparency register | | | | | |
| <input type="checkbox"/> An entry in the Transparency Register has been made. The official notice of receipt of registration or a current extract from the Transparency Register is attached. | | | | | |
| <input type="checkbox"/> I am not a legal entity under private law or a registered partnership and am not subject to the obligation to be entered in the Transparency Register. | | | | | |
| Documents to be submitted | | | | | |
| <input type="checkbox"/> A chart or organization chart showing the ownership and control structure (including % of voting rights) is attached. | | | | | |

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|--|--|---|------------|---|----------------------------|----------------|
| Business partner no. | | LM ID | | Terminal ID | | |
| 2. c) Business partner is a civil law partnership (GbR) | | | | | | |
| <input type="checkbox"/> Copy of the signed shareholders' agreement or <input type="checkbox"/> Trade register excerpt <u>and</u> list of shareholders or <input type="checkbox"/> Copy of the confirmation letter from the tax office with the tax number <u>and</u> list of shareholders (if space is not sufficient, please attach separate list with all details) | | | | | | |
| List of shareholders | | | | | | |
| Shareholder | | | | | | |
| 1 | Salutation | First name(s) | Last name | Date of birth (DD/MM/YYYY) | Birthplace | |
| | Private address: Street/house no. (no P.O. Box), country - postcode/city | | | Capital shares/voting shares | Signature | |
| Shareholder | | | | | | |
| 2 | Salutation | First name(s) | Last name | Date of birth (DD/MM/YYYY) | Birthplace | |
| | Private address: Street/house no. (no P.O. Box), country - postcode/city | | | Capital shares/voting shares | Signature | |
| Shareholder | | | | | | |
| 3 | Salutation | First name(s) | Last name | Date of birth (DD/MM/YYYY) | Birthplace | |
| | Private address: Street/house no. (no P.O. Box), country - postcode/city | | | Capital shares/voting shares | Signature | |
| The list of shareholders must be signed by at least 2 shareholders. | | | | | | |
| Information on PeP status of the shareholders | | | | | | |
| One/more of the shareholders is/are a politically exposed person (PeP) or is/are close to such a person. These are the following shareholder(s): _____ | | | | | | |
| 3. data on person acting on behalf authorized to represent the business partner | | | | | | |
| Appearing person | | | | | | |
| <input type="checkbox"/> Copy of identification document is attached <input type="checkbox"/> Copy of power of attorney is attached (if required) | | | Salutation | First name(s) | Last name | |
| Nationality | | | Birthplace | | Date of birth (DD/MM/YYYY) | |
| Private address: Street/house no. (no P.O. Box), country - postcode/city | | | | | | |
| E-mail address | | | | | | |
| Appearing person | | | | | | |
| <input type="checkbox"/> Copy of identification document is attached <input type="checkbox"/> Copy of power of attorney is attached (if required) | | | Salutation | First name(s) | Last name | |
| Nationality | | | Birthplace | | Date of birth (DD/MM/YYYY) | |
| Private address: Street/house no. (no P.O. Box), country - postcode/city | | | | | | |
| E-mail address | | | | | | |
| 4. confirmation of the data | | | | | | |
| Comments | | | | | | |
| | | | | | | |
| The customer master data sheet must be signed by authorized signatories in authorized numbers. | | | | | | |
| Place, date | | Place, date | | Mediator | Indicator | Classification |
| First name/last name of the signatory(s) | | First name/last name of the signatory(s) | | <input type="checkbox"/> Identification documents were checked in the original on site. | | |
| Company stamp and legally binding signature of the contractual partner or authorized signatory | | Signature Nexi Germany GmbH Helfmann Park 7, 65760 Eschborn, Germany | | First name/last name in block letters | | |
| | | | | Signature of person responsible for identification | | |
| The fields marked with ¹⁾ are optional. | | | | Signing ID CC | | |



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