



Information relating to the Measures Against Money Laundering and Terrorist Financing Act No. 64/2006

- Establishment of a lasting business relationship Individual transaction that amounts to EUR 15,000
 Individual currency transaction that amounts to EUR 1,000

Individual

General information

Name		ID numer (kennitala)
Telephone	Mobile	E-mail address
Legal domicile	Postal code	City
Residence if different from legal domicile	Postal code	City
What is your nationality <input type="checkbox"/> Icelandic <input type="checkbox"/> Polish <input type="checkbox"/> Other, what?		In what country do you pay your taxes
Place of birth if other than nationality		

Profession

What is your profession	Employer
Employer's address	Type of business

Beneficial owner

Are you yourself the owner of the funds that will be transferred og handled? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, who is the beneficial owner?	
Name	ID number (kennitala)
Telephone	Mobile
Legal domicile	Town
What is the reason for third-party funding?	

Reason for opening an account

What kind of business will you be doing through the bank?	<input type="checkbox"/> Bank account <input type="checkbox"/> Savings	<input type="checkbox"/> Investments <input type="checkbox"/> Loan	<input type="checkbox"/> Other, what?
Will you be depositing large amounts (i.e more than 100.000 ISK) on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe further with regards to amount	
Will you be trading with cash or bearer bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe further with regards to amount	
Will you use your account to transfer large amounts to foreign banks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe further with regards to amount	

Origin of funds

What is the origin of the funds transferred though the bank?	<input type="checkbox"/> Salary <input type="checkbox"/> Inheritance <input type="checkbox"/> Sales profit <input type="checkbox"/> Other, what?
What is the country of origin of the funds?	
What is the expected monthly turnover on your account?	
Where will the first transfer of funds come from?	<input type="checkbox"/> From employer <input type="checkbox"/> From account in another bank, which bank? <input type="checkbox"/> Other, where?

Signature

This form is filled out in accordance with Act No. 64/2006 og Measures to Prevent Money Laundering and Terrorist Financing. Foreign individuals must present a valid passport.

_____ Place and date

_____ Signature of applicant

Afrit persónuskilríkja (Útfyllist af starfsmanni Kviku)

Starfsmaður
Persónuskilríki viðskiptamanns framvísað og afrit tekið. <input type="checkbox"/> Vegabréf <input type="checkbox"/> Okuskirteini <input type="checkbox"/> Nafnskirteini
Númer persónuskilríkja:
Útgáfudagur persónuskilríkja:
Gildistími persónuskilríkja:
Útgefið af:
Útgáfustaður:
Bandarískt ríkisfang eða fæðingastaður <input type="checkbox"/> W-8 BEN / W-9 eyðublað