<del></del>	 	(FO	

Travel agent cust. no.

To be filled in by FC

FC agreement's ID

FC customer no.

O I ravei account	Corporate liability cards	O Personal liability card
To order/apply for cards	to your employees, please find the approp	oriate forms on firstcard.se

	To order/apply for cards to your employees, please find the appropriate forms on firstcard.se			
Company's name	in full			
Company name er	mbossed on cards (max 26 block characters, including spaces), only applicable to corporate liability cards  Company's corporate identification number  —			
Address				
Post code	Postal address Telephone			
1 001 0000	Todal address			
Invoice address, if	other than above			
Contact person wi	Telephone Invoice recipient name Telephone			
Company's opera	tions Year of establishment Estimated number of cards Number of employees Annual turnover			
If applicant is a sul	bsidiary, state parent company's name  Parent company's corporate ID. no.			
Bank	Branch office Contact person within the bank Telephone			
Payment to	erms and invoice model (Payment term i e the period from invoice date to due date)			
PERIOD	O Monthly invoice, 15 days payment O Two invoices/months, 20 days payment O Weekly, 25 days payment			
	O Monthly invoice, 30 days payment (SEK 150 extra/card or according to offer)			
INVOICE MODE	EL (company card and/or travel account)			
MODEL 1	One invoice for the entire company In addition, separate specifications per cost centre (attach list)			
MODEL 2	One invoice per cost centre (attach list)			
MODEL 3				
Method of r	Dayment (Only one choice is possible)			
O Payment slip				
Bank	Clearing number Bank account number			
Company's	s travel agency (specified in connection with application for First Card Travel Account)			
Company's travel	agency Estimated travel volume SEK/year			
Travel agent's add	lress and location			
A openial f	forms for now quality and a small of a contifical control of well-d ID (manufactors)			
	form for new customers, as well as a certified copy of valid ID (mandatory) pages of this application is a separate form that all new customers must fill in. We ask you also attach attested/certified copy of the ID of the			
	the application and customer form. This is mandatory for us to process the application.			
_				

### **Company signature**

First Card is issued by Nordea Bank Abp, filial i Sverige

APPLICATION 1

2019.04

We confirm that everything entered into this form is correct and complete, and we comply to the credit granting process that follows and that the application can be denied without receiving an explanation from Nordea/First Card. We approve that the above specified travel agency is entitled to debit our First Card Travel Account in respect of trips, and also due charges. We have read the currently applicable General terms and conditions and will comply with them. Kindly attach certified copy of valid certificate of registration and current annual report.

Open General terms and conditions - corporate liability (link) Open General terms and conditions - p	private liability (link)
Place and date	
Authorised signatory	Clarification of signature
	Personal identification number
	_



# **Know Your Customer Companies, Associations and Foundations**

Date	Corporate identity number
	_

According to anti-money laundering legislation, the bank/the card issuer have to undertake measures to get to know its customers. The bank/card issuer is thus required to ask its customers to answer certain questions and, in certain cases, submit supplementary documentation.

 $\square$  Existing company/association/foundation  $\square$  Newly started company/association/foundation  $\square$  Company takeover

Information about the Company/Association/Foundation

				T
Name (company, association/foundation)				Corporate identity number
Address (Official permanent	: business address)			
Postcode	City			
Contact person	1			Phone
e-Mail			Homepage	
In which country is the regis	stered office of the company/a	ssociation/foundation?	Country / Countries of tax reside	ency (TAX) Refers to Sole Proprietorship
Beneficial owner	r			
ls there any natural	person who control	s more than 25% of th	ne company? 🗌 Yes 🛭	☐ No
For more information ab	out Beneficial owners, ple	ease see the appendix Def	initions in this form	
	ow the natural persons wh se exercise significant con	, ,	directly, by ownership or thro	ugh voting rights own more than 25% of the
			n legal entity), please attach a separate ersons who are future beneficiaries of o	e description of the company's ownership over 25% of the foundation's assets.
Associations: Specify be	low the natural persons w	ho are future beneficiaries	of over 25% of the association	s assets.
Foundations: Specify be	low the natural persons w	ho are future beneficiaries	of over 25% of the foundation	s assets.
Please state date of birth fo	or natural persons without o	Swedish personal identity n	umber and enclose an authentic	ated copy of the person's passport.
Owner/Person #1. Surname	e, first name			Personal identity no (YYYYMMDD-XXXX)
Permanent address				
Postcode	Postal address			Shares or number of votes, stated in %
Country of birth	-1	Citizenship (if multiple, list	all)	
known colleague of such a p		person who have, or during the (See description of PE	ne last 18 months has held, a high-le P in the appendix Definitions )	evel political or state position, or a close relative or
If Yes, please specify:	e first name			Personal identity no (YYYYMMDD-XXXX)
Owner/Person #2. Surname, first name				— — — —
Permanent address				
Postcode	Postal address			Shares or number of votes, stated in %
Country of birth		Citizenship (if multiple, list	all)	
Is this a political exposed pe known colleague of such a p			ne last 18 months has held, a high-le P in the appendix Definitions )	evel political or state position, or a close relative or
If Yes, please specify:				The state of the s
Owner/Person #3. Surname, first name				Personal identity no (YYYYMMDD-XXXX) —
Permanent address				ı
Postcode	Postal address			Shares or number of votes, stated in %
Country of birth	_1	Citizenship (if multiple, list	all)	I .
Is this a political exposed pe known colleague of such a p			ne last 18 months has held, a high-le P in the appendix Definitions )	evel political or state position, or a close relative or
If Yes, please specify:			·	



# **Know Your Customer Companies, Associations and Foundations**

Page	2 (	(3

Date	Corporate identity number
	_

## **Description of the operation**

Company's, Associations and Foun			T		
State estimated annual turnover	State estimated profit/loss		State the number of employees		
Does the company conduct money transfer or currency of	exchange?				
☐ Yes ☐ No If Yes, please specify:					
Are cash processed in the operations?					
☐ Yes ☐ No ☐ If Yes, please specify why:  In which countries are operations conducted?		In which countries are the	parties which you do business with?		
in which could les are operations conducted:		in which countries are the	parties which you do business with:		
Company's					
Please describe the company's main operations (e.g. indu	stry and areas of operation, business	iness concept, products and	services.)		
Associations					
Please describe the purpose of the Association					
Disass describe the Association with a section					
Please describe the Associations main operations					
Founded, year		Number of members			
		167 . 1.1			
Is the Association liable to tax?		If Yes, in which country?			
Please enclose last adopted statutes and the appr	roved minutes from the Gen	eral Meeting, board mee	eting or equivalent showing the authorised signatory		
Foundations					
Please state the type of Foundation					
[B]	( )   ( )   ( )   ( )   ( )	11:1-16			
Please state the purpose of the Foundation and the group	o of people the Foundation is est	ablished for.			
Please enclose the latest minutes of the General I	Meeting showing the author	ised signatory as well as	the latest annual report.		
	showing the addition	signator j, us well us	and the second annual reports		





#### **Know Your Customer Companies, Associations and Foundations**

Date	Corporate identity number
	_

## Signatures of authorised signatories (power of attorney not valid)

Hereby we assure that the information within this form is complete and correct.

Place and date	to ininediately notify Nor	dea/First Card (N/FC) in the event of c	manges in criese circumstances.
Signature of authorised signatory (# I)		Printed name	Personal identity no (YYYYMMDD-XXXX)
Permanent address			1
Postcode	Postal address		Telephone number daytime
Country of birth		Citizenship (if multiple, list all)	
Is this a political exposed pers known colleague of such a per If Yes, please specify:		erson who have, or during the last 18 month (See description of PEP in the append	s has held, a high-level political or state position, or a close relative or dix Definitions )
Place and date			
Signature of authorised signature	ory (# 2)	Printed name	Personal identity no (YYYYMMDD-XXXX)
Permanent address			
Postcode	Postal address		Telephone number daytime
Country of birth	1	Citizenship (if multiple, list all)	
ls this a political exposed pers known colleague of such a per	· · · — · — · ·	erson who have, or during the last 18 month (See description of PEP in the append	s has held, a high-level political or state position, or a close relative or dix Definitions )
If Yes, please specify:			
Place and date			
Signature of authorised signate	ory (# 3)	Printed name	Personal identity no (YYYYMMDD-XXXX)
Permanent address			<b>L</b>
Postcode	Postal address		Telephone number daytime
Country of birth		Citizenship (if multiple, list all)	
Is this a political exposed pers known colleague of such a per	· · · / · _ ·	erson who have, or during the last 18 month (See description of PEP in the appendi	s has held, a high-level political or state position, or a close relative or ix Definitions )
If Yes, please specify:			
Checklist: Please ensure t	hat you have enclosed the	requested documents.	
	•	e company is jointly owned.	
─ Authenticated copy of a	n identification document f	for the specified company signatory.	
Authenticated copy of a	n identification document f	for the beneficial owner and/or signator	ry if they do not have Swedish personal identity number.
Companies domiciled o	utside Sweden: Certificate	<u> </u>	a document which includes a list of persons authorised to sign for
nformation regarding t	he processing of persor	nal data	
comply with the law and other r nordea.se/dataskyddspolicy, or	ules. For detailed information reaccontact N/FC. The data protectio	garding the processing of personal data, please r n policy contains information regarding the right	reed upon by the parties and for other purposes, for example in order to read N/FC's data protection policy which is available at the following link: ts of the data subject in conjunction with the processing of personal data, such tion policy to Cardholders and other parties whose personal data is transferred
		plete form is sent to: First Card, L6400,	

First Card is issued by Nordea Bank Abp, filial Sverige

Notes by Nordea Bank/First Card			
Checked by	Date	User ID	Cl.nr



#### Bilaga / Appendix

#### Definitioner - Känn din kund

#### **Definitions - Know your customer**

Skatteregistreringsnummer / Taxpayer Identification Number (TIN) Ett skatteregistreringsnummer, Tax Identification Number (TIN) är ett identifikationsnummer för skattebetalare eller en funktionell motsvarighet till det om ett sådant nummer saknas. De flesta länder utfärdar skatteregistreringsnummer eller TIN. I Sverige används personnummer eller organisationsnummer som skatteregistreringsnummer. Information om utformningen av skatteregistrerings-nummer i olika iurisdiktioner/stater finns på OECD:s webbplats.

The term Taxpayer Identification Number (TIN) or a functional equivalent in the absence of a TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual and is used to identify the individual for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification.

Examples of a TIN include a social security/insurance number, citizen/personal identification/service code/number, and resident registration number. In Sweden, the personal identity number is used as the taxpayer identification number. Further details on jurisdiction specific TIN formats can be found at OECD webpage.

Person i politiskt utsatt ställning – PEP/ Politically exposed person – PEP Banken behöver känna till om någon av företagets verkliga huvudmän, styrelse-medlemmar (inklusive person med liknande beslutsmandat) eller firmatecknare har, eller under de senaste 18 månaderna har haft, en viktig offentlig funktion eller hög befattning inom staten eller om någon av dessa personer är familjemedlem eller känd medarbetare till en person på sådan post/befattning.

Med familjemedlem menas maka/make, registrerad partner och sambo, barn och deras makar, registrerade partner eller sambo, samt föräldrar. Företaget är skyldigt att meddela Nordea om någon av de ovannämnda personerna, någon av deras familjemedlemmar eller kända medarbetare har någon av de positioner som nämns nedan.

- Stats- eller regeringschef, statsminister, minister, vice eller biträdande minister
- Parlamentsledamot, riksdagsledamot, talman
- Ledamot i styrelse för politiskt parti i riksdag eller EU-parlament
- Domare i Högsta domstolen, domare i konstitutionell domstol eller annat rättsligt organ på hög nivå vilkas beslut endast undantagsvis kan överklagas till Högsta domstolen eller Högsta förvaltningsdomstolen
- Högre tjänsteman vid revisionsmyndighet, Riksrevisor
- Ledamot i centralbankens styrande organ, ledamot i Riksbankens direktion
- · Ambassadör eller beskickningschef
- Hög officerare i försvarsmakten, general, generallöjtnant, generalmajor, amiral, viceamiral eller konteramiral
- Person som ingår i statsägda företags förvaltnings-, lednings- eller kontrollorgan
- Person som har en funktion i ledningen i en internationell organisation

The bank needs to know if any of the company's beneficial owners, board of directors (including persons with similar executive decision-making powers over an entity) or authorised signatories hold, or have held within the last 18 months, an important official function or state position, or if any of these persons are a family member or close associate of a person who holds such a position.

"Family member" refers to spouse, registered partner, cohabitant, children and their spouses, registered partner or cohabitant, and parents. The company is obliged to inform Nordea if any of the abovementioned persons, any of their family members or close associates hold any of the positions mentioned below.

- Head of state or of government, king, prime minister, minister, deputy or assistant minister
- · Member of Swedish or foreign parliament, speaker
- Member of the Board of a political party in the Swedish or EU Parliament
- Judges of the Supreme Court, judges of a constitutional court or of other high- level judicial body whose decisions are not subject to further appeal to the Supreme Court or Supreme Administrative Court, exept in exceptional circumstances
- Senior official at an auditing authority, Auditor General
- Member of a central bank's governing body, member of the Executive Board of the Riksbank
- · Ambassador or Chief of Mission
- High-ranking officer in the armed forces, general, lieutenant general, major-general, admiral, vice-admiral or rear-admiral
- Person who is a member of the administrative, management or supervisory body of a state-owned company
- Person with a management function at an international organisation

## Verklig huvudman / Beneficial owner

**Företag** En verklig huvudman är den eller de personer som ytterst äger eller kontrollerar företag. En person kan kontrollera ett företag på olika sätt, exempelvis:

- ha mer än 25 procent av rösterna genom aktier
- ha rätt att utse eller avsätta mer än hälften av styrelseledamöterna. Det kan även finnas avtal eller bestämmelser i exempelvis bolagsordningen som gör att en person är verklig huvudman.

Om en person äger eller kontrollerar ett företag tillsammans med närstående, ska deras kontroll räknas samman. Närstående är maka/make/sambo/registrerad partner, föräldrar, barn och barnens makar/sambo/registrerade partner.

I en grupp av flera företag, är den verkliga huvudmannen den person som kontrollerar det företag som ytterst äger företagen i gruppen.

Föreningar Alla medlemmar ska anses vara verkliga huvudmän om föreningen har färre än fyra medlemmar. Föreningens ordförande ska normaltsätt betraktas som verklig huvudman i de fall föreningen har fler än tre medlemmar.

Stiftelser För stiftelse gäller, utöver kriterierna ovan, att en fysisk person ska antas utöva den yttersta kontrollen om han eller hon är styrelseledamot eller har motsvarande befattning. En fysisk person ska också antas utöva den yttersta kontrollen om han eller hon företräder en annan juridisk person som förvaltar stiftelsen.

En fysisk person ska antas vara den till vars förmån stiftelsen handlar i de fall han eller hon kan få del av en väsentlig andel av stiftelsens utdelade medel.

**Exempel 1** Aktiebolaget A ägs till lika delar av tre fysiska delägare (person 1, 2 och 3). Varje delägare äger alltså mer än 25 procent av aktierna. För aktiebolaget A är alla tre fysiska delägarna därför verkliga huvudmän. I formuläret ska alla tre delägarna (person 1, 2 och 3) inklusive uppgift om ägande (storlek i procent) anges.

Exempel 2 Aktiebolaget B ägs till mindre än 25 procent av en fysisk delägare (person 1). Trots att person 1 äger mindre än 25 procent så utövar personen en betydande kontroll över företaget, t.ex. att genom ett aktieägaravtal ha rätt att utse eller avsätta mer än hälften av ledamöterna i bolagets styrelse. För aktiebolaget B är person 1 verklig huvudman. Person 1 ska anges som verklig huvudman i formuläret, inklusive beskrivning av hur personen utövar betydande kontroll över företaget.

Company A Beneficial Owner is the person or persons who ultimately own or control a company. A person can exercise control of a company in different ways, such as:

- has more than 25 percent of the votes through shares
- has the right to appoint or dismiss more than half of the board members. There may be contracts or arrangements, for example the articles of association, that make a person to be considered Beneficial Owner. If a person owns or controls a company together with related parties, their control half be paragraphed. Belated parties are spayed, schapiling.

If a person owns or controls a company together with related parties, their control shall be aggregated. Related parties are spouse / cohabiting partner / registered partner, parents, children and spouse / cohabiting partner / registered partner.

In a group of several companies, the actual principal is the person who controls the company that ultimately owns the companies in the group.

**Associations** All members should be considered as beneficial owners if the association has less than four members. The chairman should generally be considered as beneficial owner for associations with more than three members.

**Foundations** For foundations, in addition to the criteria above, a natural person is expected to exercise the ultimate control if he or she is a member of the board or has an equivalent position. A natural person shall also be assumed to exercise the ultimate control if he or she represents another legal person who manages the foundation.

A natural person is supposed to be the one to whose benefit the foundation is acting in case he or she can get a substantial share of the foundation's distributed funds.

**Example 1** The limited liability company A is equally owned by three physical shareholders who are natural persons (persons 1, 2 and 3). Each shareholder owns more than 25 percent of the shares. For company A, all three physical shareholders are therefore beneficial owners. In the form, all three shareholders (persons 1, 2 and 3) including information on ownership (size in percent) must be added.

**Example 2** Company B is owned by less than 25 percent of a shareholder who is a natural person (person 1). Although person 1 owns less than 25 percent, the person exercises a significant control over the company, e.g. have the right to appoint or dismiss more than half of the members of the company's board member through a shareholder agreement. For company B, person 1 is a beneficial owner.

Person 1 should be added as beneficial owner in the form, including a description of how the person exercises ultimate control on the company.





# Bestyrkt kopia av giltig legitimation

Enligt lagstiftning om åtgärder mot penningtvätt måste bank- och finansbolag vidta åtgärder för att lära känna sina kunder. Det innebär att vi behöver en vidimerad kopia av din id-handling för att behandla din ansökan. Detta gäller såväl privatpersoner som firmatecknare/företrädare för företag.

#### Gör så här:

- 1. Kopiera din id-handling. Notera att samtliga uppgifter på kopian ska vara läsbara.
- 2. Skriv din namnteckning intill kopian, se exemplet nedan.
- 3. Ytterligare en person ska intyga att idhandlingen överensstämmer med originalet genom att skriva sitt namn och telefonnummer.

Godkänd id-handling är pass, körkort eller id-kort med gällande giltighetstid.

#### Kontakta oss

Har du frågor är du välkommen att ringa till kundservice.



Anna Persson 08-123 45 67

Vidimeras:

Lars Johnsson 08-123 45 68

# A certified copy of valid ID

Due to current legislation requirements concerning "know your customer" in the banking and financial services industry, we need a certified copy of your ID in order to process your application. This applies to both private individuals and authorised signatories/representatives of companies.

#### Do like this:

- 1. Copy your ID document. Please note that all details on the copy must be legible.
- 2. Write your signature next to the copy, see example below.
- 3. Another person must certify that the ID document corresponds with the original by writing his/her name and telephone number.

Approved ID documents are passports, driving licences or ID cards with applicable period of validity.

#### Contact us

Should you have any enquiries, please contact First Card customer service.

**Telefon kundservice:** 0771-40 71 70 **firstcard.se** 

Customer service phone: +46 (0)771-40 71 70 firstcard.se