## **APLICATION FORM FOR IDENTITY VERIFICATION (KYC)**





## **KYC Card Holder Information – General**

| NAME   |   |  |
|--|---|--|
| FAMILY NAME  |   |  |
| BIRTH NUMBER (SOCIAL SECURITY NR.)                       |   |  |
| DATE OF BIRTH (only if the birth nr. is missing)         | D D . M M . Y Y Y                                 |  |
| PLACE OF BIRTH   |   |  |
| GENDER   | male female                                       |  |
| PERMANENT RESIDENCE Stree                                | t: HN LRN   |  |
| Cit  | y:  |  |
| Zip cod  | e: Country:                                       |  |
| CITIZENSHIP  |   |  |
| TYPE OF IDENTITY DOCUMENT                                | IC P business P diplomatic P RP                   |  |
| IDENTITY DOCUMENT NUMBER                                 |   |  |
| COUNTRY, DATE OF ISSUANCE OF THE ID                      | D D . M M . Y Y Y Y                               |  |
| THE NAME OF ID ISSUING AUTHORITY                         |   |  |
| VALIDITY DATE OF ID                                      | D D . M M . Y Y Y                                 |  |
| VERIFICATION OF CONFORMITY BETWEEN THE IDENTITY DOCUMENT | APPLICANT'S AND HIS PHOTOGRAPHY IN YES NO         |  |
| Contact information                                      |   |  |
| CONTACT ADDRESS:   |   |  |
|  | et: HN LRN  |  |
| Cit  | <b>y:</b>   |  |
| Zip cod  | e: Country:                                       |  |
| TELEFON NUMBER   | +   |  |
| E-MAIL ADDRESS   | <u> </u>  |  |
|  |   |  |
| KYC Card Holder Information                              | n – additional for a natural person – businessman |  |
| BUSINESS NAME (a distinct addition or other designation) |   |  |
| PLACE OF BUSINESS  |   |  |
| TAX NUMBER <sup>1</sup>                                  |   |  |

 $\verb| !!!$  Please complete the other side of the form, including the signature  $\verb| !!!$ 



| KYC Card Holder Information – additional for a legal entity |   |
|---|---|
| BUSINESS NAME   |   |
| HEADQUARTERS  |   |
| TAX NUMBER <sup>2</sup>                                     |   |
| P   | PEP – Politicaly Exposed Person                                       |
| POLITICALY EXPOSED PERSON ORIGIN OF REVENUE                 | YES <sup>3</sup> NO   |
|   |   |
| By signing below the applicant:                             |   |
| asks for a Visa Platinum Paynovatio paymen                  | it card   |
| agrees with Paynovatio Terms of Business <sup>4</sup> a     | and Paynovatio Terms and Conditions for a Visa Platinum Prepaid Card⁴ |
| agrees to the Visa Platinum Card Privacy Po                 | licy supported by Paynovatio⁴   |
|   | IN DATE: D D . M M . Y Y Y  |
|   |   |
| SIGNATURE OF THE CARD APPLICA                               | ANT VERIFICATION PERSON / SIGNATURE                                   |
| SIGNATURE OF THE CARD APPLICA                               | ANI VERIFICATION FERSON / SIGNATURE                                   |

## COMMENTS:

An attachment to this document may be a copy or extract of the applicant's identity card (eg, power of attorney if the applicant is represented).

- <sup>1</sup> Verify in the business register and extract from the business register.
- <sup>2</sup> Verify in the business register and extract from the business register.
- <sup>3</sup> In the case of a politically exposed person (ie, in particular a person who is, or was, a major public function of national or regional importance or a person close to him), the origin of the income must be stated.
- <sup>4</sup> Documents are available at <u>online.payplatinum.eu</u>

If the applicant for the card is represented by an agent or legal guardian, the identity of the proxy or legal guardian is also verified to the same extent. For the legal entity - the applicant, the identity of the natural person acting as a legal entity is verified.



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