

IDENTIFICATION FORM AND STATEMENT On politically exposed person status for natural persons for Alfa Voluntary Pension Fund

To fulfil the requirements of Act LIII of 2017 on the Prevention and Combating of Money Laundering and Terrorist Financing (Act on Money Laundering).

INFORMATION OF THE IDENTIFIED PERSON								
Voluntary pension fund	contract number:							
Family name and given name:								
Family name and given name at birth:	Please specify for men too!							
Place of birth:	Date of birth:							
Mother's name at birth:								
Your citizenship:								
Residential address (if absent, temporary residence)residence) If your address card say	"Foreign residential address", enter the address of your temporary residence in the Residential address field.							
Mailing address:								

If you fail to provide a mailing address, the Fund will send the mails to the address provided in the Residential address – or Temporary residence – field.

TYPE AND NUMBER OF IDENTIFICATION DOCUMENTS

In case of a Hungarian citizen, identity documents shall be: personal identification card or card model driving licence or passport AND official address card, provided that your place of permanent or temporary residence is in Hungary.

In the case of a foreign national, identity documents shall be: passport or personal identification card, provided that the document entitles the holder to reside in Hungary, as well as the document certifying the right of residence, or a document that authorizes residence and an official address card for a Hungarian address, provided that your place of permanent or temporary residence is in Hungary. In case of a foreign residential address, please provide the number of the document certifying that foreign residential address.

Personal identification card No.:		
Number of card model driving licence:		
Passport No.:		
Number of official address card:	Number of document certifying a foreign residential address:	
Miscellaneous document type:	(e.g.: residence-, settlement p	permit, registration card)
Miscellaneous document number:		

I acknowledge that in the case of personal identification, the service provider is obliged to make a copy of the above documents containing the data specified on this form in order to verify the identity of the person.

Please also send photocopies of all pages of the above documents together with this form; your identification will be valid ONLY if you send photocopies of the documents! (In case of an official address card, you do not need to make a copy of the side with the personal ID number.)

I acknowledge that in case of any change in personal information provided on the form or in the identity of the actual owner, I shall be obligated to notify the Pension fund within five business days after becoming aware of the change in guestion in accordance with Paragraph 3 Section 12 of the Act on Money Laundering.

COMPULSORY! (Select one only!)

I hereby declare that, as regards this transaction, I am acting on my own behalf.

I hereby declare that, as regards this transaction, I am acting on behalf of another party – the actual owner. (In this case a separate statement on the identity of the actual owner is required!)

Please make a statement on your status as a politically exposed person on the back of the form.

		S	TATEMENT ON	POLITICALLY	EXPOSED P	ERSON S	TATUS			
1) I he	ereby declare	that I am not a pol	itically exposed pers	on.						
	-	that I am a politica categories below!)	lly exposed person1	, and that my stat	us as politically e	exposed per	son covers the	following:		
A)	heads of		rnment, ministers and	deputy ministers, st	ate secretaries, in H	Hungary the	head of state, th	e prime minister,		
B)			similar legislative bodi	es, in Hungary men	bers of parliament	and advoca	tes for minorities	5,		
C)	members of the governing bodies of political parties, in Hungary members and officers of the governing bodies of political parties,									
D) E)	 members of supreme courts, constitutional courts or other senior judicial bodies, the decisions of which are not subject to appeal, in Hungary members of the Constitutional Court of Hungary, courts of appeal and the Curia of Hungary, members of audit offices or the executive boards of central banks, in Hungary the president and vice president of the State Audit Office, 									
F)	members of the Mionetary Council and the Financial Stability Board,									
G)										
H)										
Plee the 4) I he Plee the In addition to associated w	ase provide the politically exp ereby declare ase provide the politically exp o the informati	e letter (as listed in cl osed person status of that I am a person e letter (as listed in cl osed person status of on specified above, il	your close relative:	th a politically ex ociated with you: statement is a polit	posed person³.		elative of a politi	ically exposed pers	on or a person closely	
				SIGNA	TIDES					
l declare that	t the information	on I have provided is	true and correct	SIGNA						
Place and c					Χ					
			, []		Signature of the	e identified	person			
	politically ex Authentication		witness signatures a	are required, unle	ss you are submi	tting it witl	n electronical a	authentication (le	lentification Based	
			y our signatures that th I his/her signature as h			f funds and t	he source of ass	ets has been signe	d in front of us by the	
1. Name of w (in capital let	witness:				2. Name of wit (in capital lette					
1. Address of	f witness:				2. Address of v	vitness:				
1. Signature o	of witness:	X			2. Signature of	witness:	Χ			
IN THE	CASE OF P	ERSONAL IDEN	TIFICATION, TH	E STATEMEN	OF THE ALF	A PARTNE		AING THE IDE	NTIFICATION	
l have record	ded the data ar	id performed the ide	ntification on the basis	of the original valio	l document(s) pres	ented.				
Place and c	date.				Χ					
			, []		Signature of the	e person pe	rforming the id	dentification		
Name of the performing t identification	the					perf	e of the person orming the tification:			
1. Political of this st	ly exposed perso tatement. For the	n shall mean a natural pe purposes of this staten	erson who is performing ar nent, the persons listed in	important public task clause 2 are considere	or has been performi d to have an importa	ng an importar nt public task.	nt public task for at	least one year prior to	o the date of the issuance	

The close relative of a politically exposed person shall mean the spouse or domestic partner of a politically exposed person; their biological and adopted children, stepchildren and foster children and their spouses or domestic partners; and their biological, adoptive, step- and foster parents. A person closely associated with a politically exposed person shall mean: 2.

3.

any natural person having a joint beneficial ownership of any legal person or entity without legal personality, or any other close business relations with a politically exposed person; any natural person who has sole beneficial ownership of a legal person or entity without legal personality set up for the benefit of a politically exposed person. a)

b)

Alfa Voluntary Pension Fund Mailing address: H-1399 Budapest, Pf. 717. > Customer service: +36-1-477-4890 > www.alfanyugdij.hu