

Customer Data Reconciliation Form

For legal entity or another organization without legal status represented



Generali Biztosító Zrt. • Customer Service Direct Line: +36 1 452 3333 • generali.hu/kapcsolat

For the purposes section 6 of the Act LIII of 2017 on Preventing and Combating Money Laundering and Terrorist Financing (hereinafter referred to as: "Anti-Money Laundering Act [Pmt.]"), the insurance company shall apply customer due diligence measures when establishing a business relationship or before carrying out an occasional transaction, and in other cases specified by the law. The processing of collected personal data is based on legal obligation stipulated by Regulation (EU) 2016/679 of the European Parliament and of the Council (GDPR). For the full execution of customer due diligence obligations, the insurance company shall MAKE COPIES OF THE DOCUMENTS presented for the purpose of verification of identity according to section 7 (8)–(8a) of the Anti-Money Laundering Act (Pmt.). (It shall be attached as an annex!)

Based on legal obligation (Pmt. 7. §, 8. §, 9. §, 9/A. §, 16. § and 16/A. §) as part of due diligence procedure Generali Biztosító Zrt. is required to collect and store customer data and declarations.

In order to comply with the data reconciliation obligation, the following documents must be submitted: for companies, a certified company certificate or registration application no more than 30 days old; for other organisations, a certificate of registration or authorisation to apply for registration (if any) no more than 30 days old; signature specimen of the person entitled to represent the legal entity or another organization without legal status represented; the signed authorization in case of authorized person (in case of any); free format owning structure, in case of the layers reach minimum 3 (three) layers and/or the ownership goes to abroad. Minimum requirements: full name and owning percentage of all intermediate parents/companies and the structure must be indicate all ultimate beneficial owner. The form must be signed and dated.

We inform you, where the insurance company is unable to comply with the customer due diligence measures, it shall refuse to carry out the requested operation, establish a business relationship and carry out the transaction, or shall terminate the business relationship with the customer in question.

The undersigned declare the following statement in my capacity as: ☐ Policyholder ☐ Beneficiary ☐ Other:

I. DATA OF THE LEGAL ENTITY OR ANOTHER ORGANIZATION WITHOUT LEGAL STATUS REPRESENTED

(to be filled in even in case of private entrepreneurs)

Full name:

Short name: Nonprofit¹: ☐ Yes ☐ No

Address of head office/branch establishment in Hungary²: Country:

Postal address in Hungary:

Name of the agent for service of process:

Address of the agent for service of process:

Company registration number/registration number/decision number: Date of registration:

Place of registration: Country:

Is the company registered with a Registered Office Service? ☐ Yes ☐ No

Main activity: TEÁOR code:

Tax number: Fiduciary trustee: ☐ Yes ☐ No

¹ Not state or municipality owned non-profit business association.

² In case of an enterprise having its registered seat abroad, the address of its branch office in Hungary.

Information and declaration about the tax residence

☐ I declare that I consider the represented entity a foreign entity/organization for tax purposes.

Please provide the country(ies)!:

Please provide your tax number:

II. (ULTIMATE) BENEFICIAL OWNER DECLARATION

PLEASE NOTE! In case of more than one beneficial owners, each and every beneficial owner shall be indicated!

The above indicated person(s) entitled to representation declare(s) in full knowledge of liability under criminal law that under the business relationship with Generali Insurance Private Company Limited by Shares, or transaction order, the beneficial owner(s) of the represented above indicated legal entity or another organization without legal status represented are the person(s) indicated below:

Details of the Beneficial owner (1)

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (1) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....

- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:
.....

Declaration of the beneficial owner (1) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add
classification code (see page 8.) in the following list:

Details of the Beneficial owner (2)

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (2) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....

- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:
.....

Declaration of the beneficial owner (2) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add
classification code (see page 8.) in the following list:

Continue on the next page!

Details of the Beneficial owner (3)

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (3) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (3) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:**Details of the Beneficial owner (4)**

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (4) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (4) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:**Continue on the next page!**

Details of the Beneficial owner (5)

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (5) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (5) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:**Details of the Beneficial owner (6)**

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (6) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (6) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:**Continue on the next page!**

Details of the Beneficial owner (7)

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (7) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (7) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:**Details of the Beneficial owner (8)**

Title, surname and first name:

Birth name:

Place of birth (Country: Place of birth (City):

Date of birth:

Nationality(ies):

Address (Country): Address:

Postal address in Hungary:

Nature of ownership interest:

Extent of ownership interest:%

Declaration of the beneficial owner (8) of tax residence

(Please mark with X the correct answer!)

- ☐ Hungary
- ☐ United States of America (Please provide the number of U.S. SSN):
.....
- ☐ Other (Please provide the country(ies)!:
.....

If "Other", please provide the TIN of the tax residence:

.....

Declaration of the beneficial owner (8) on the politically exposed person status

(Please mark with X the correct answer!)

- ☐ 1. Politically exposed person
- ☐ 2. Close relative of the politically exposed person (see page 8.)
- ☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)
- ☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:

III. DATA OF THE PERSON ENTITLED TO REPRESENT THE LEGAL ENTITY OR ANOTHER ORGANIZATION WITHOUT LEGAL STATUS REPRESENTED

Authorized representative (1)

Title, surname and first name:

Position:

Birth Name

Place of birth (Country):

Place of birth (City):

Date of birth:

Mother's full maiden name:

Nationality(ies):

Address (Country):

Address:

Postal address in Hungary:

Type of the identification document

(Please mark with X the type of the appropriate identification document!):

☐ personal identification card ☐ driving license ☐ passport

☐ other:

Number of the identification document:

Date of expiry of the identification document:

Number of the official address card³:

Telephone/Mobile number:

Country of Telephone/Mobile:

Declaration of the Authorized representative (1) on tax residence

(Please mark with X the correct answer!)

☐ Hungary

☐ United States of America (Please provide the number of U.S. SSN):

.....

☐ Other (Please provide the country(ies)!):

.....

(If "Other", please provide the TIN of the tax residence!):

.....

Declaration of the Authorized representative (1) on the politically exposed person status

(Please mark with X the correct answer!)

☐ 1. Politically exposed person

☐ 2. Close relative of the politically exposed person (see page 8.)

☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)

☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:

Dated:, 20

Signature of the authorized representative (1) – natural person – of the legal entity, or another organization without legal status represented

Authorized representative (2)

Title, surname and first name:

Position:

Birth Name

Place of birth (Country):

Place of birth (City):

Date of birth:

Mother's full maiden name:

Nationality(ies):

Address (Country):

Address:

Postal address in Hungary:

Type of the identification document

(Please mark with X the type of the appropriate identification document!):

☐ personal identification card ☐ driving license ☐ passport

☐ other:

Number of the identification document:

Date of expiry of the identification document:

Number of the official address card³:

Telephone/Mobile number:

Country of Telephone/Mobile:

Declaration of the Authorized representative (2) on tax residence

(Please mark with X the correct answer!)

☐ Hungary

☐ United States of America (Please provide the number of U.S. SSN):

.....

☐ Other (Please provide the country(ies)!):

.....

(If "Other", please provide the TIN of the tax residence!):

.....

Declaration of the Authorized representative (2) on the politically exposed person status

(Please mark with X the correct answer!)

☐ 1. Politically exposed person

☐ 2. Close relative of the politically exposed person (see page 8.)

☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)

☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:

Dated:, 20

Signature of the authorized representative (2) – natural person – of the legal entity, or another organization without legal status represented

³ The official address card itself is not valid for identification, only with personal identification card or driving license or passport!

Authorized representative (3)

Title, surname and first name:

.....

Position:

Birth Name

Place of birth (Country):

Place of birth (City):

Date of birth:

Mother's full maiden name:

Nationality(ies):

Address (Country):

Address:

.....

Postal address in Hungary:

.....

Type of the identification document

(Please mark with X the type of the appropriate identification document!):

☐ personal identification card ☐ driving license ☐ passport☐ other:

Number of the identification document:

Date of expiry of the identification document:

Number of the official address card³:

Telephone/Mobile number:

Country of Telephone/Mobile:

Declaration of the Authorized representative (3) on tax residence

(Please mark with X the correct answer!)

☐ Hungary☐ United States of America (Please provide the number of U.S. SSN):

.....

☐ Other (Please provide the country(ies)!):

.....

(If "Other", please provide the TIN of the tax residence!):

.....

Declaration of the Authorized representative (3) on the politically exposed person status

(Please mark with X the correct answer!)

☐ 1. Politically exposed person☐ 2. Close relative of the politically exposed person (see page 8.)☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:

Dated:, 20

.....

Signature of the authorized representative (3) – natural person – of the legal entity, or another organization without legal status represented

Authorized representative (4)

Title, surname and first name:

.....

Position:

Birth Name

Place of birth (Country):

Place of birth (City):

Date of birth:

Mother's full maiden name:

Nationality(ies):

Address (Country):

Address:

.....

Postal address in Hungary:

.....

Type of the identification document

(Please mark with X the type of the appropriate identification document!):

☐ personal identification card ☐ driving license ☐ passport☐ other:

Number of the identification document:

Date of expiry of the identification document:

Number of the official address card³:

Telephone/Mobile number:

Country of Telephone/Mobile:

Declaration of the Authorized representative (4) on tax residence

(Please mark with X the correct answer!)

☐ Hungary☐ United States of America (Please provide the number of U.S. SSN):

.....

☐ Other (Please provide the country(ies)!):

.....

(If "Other", please provide the TIN of the tax residence!):

.....

Declaration of the Authorized representative (4) on the politically exposed person status

(Please mark with X the correct answer!)

☐ 1. Politically exposed person☐ 2. Close relative of the politically exposed person (see page 8.)☐ 3. Person known to be a close associate of a politically exposed person (see page 8.)☐ 4. Not a politically exposed person

In case of answers 1 to 3, please add

classification code (see page 8.) in the following list:

Dated:, 20

.....

Signature of the authorized representative (4) – natural person – of the legal entity, or another organization without legal status represented

³ The official address card itself is not valid for identification, only with personal identification card or driving license or passport!

Information and declaration about the tax residence

The Insurance Company carries out the tax residence self-certification examination and can treat my data and declaration according to the Act XXXVII of 2013 on the International Administrative Cooperation of Taxes and Charges (hereinafter referred: Aktv.) and the Act XIX of 2014 on the Agreement between the Government of Hungary and the Government of the United States of America to Improve International Tax Compliance and to Implement FATCA and modification of related Acts (hereinafter referred: FATCA-Act). If the policyholder or other recipient of insurance benefits considered as U.S. or other foreign person for tax purposes, the Insurance Company can forward its own data and the data of the contract to the National Tax and Customs Administration of Hungary in order to the automatic exchange of information according to the Aktv. and FATCA-Act.

The Insurance Company qualifies the contract reportable or non-reportable on the basis of the data and declaration of the policyholder and the recipient of insurance benefits. Furthermore the Insurance Company is entitled to change the status of the account after the contracting in cases provided by Aktv. and FATCA-Act. The Insurance Company constantly monitors the data in connection with tax residence self-certification and the changes in the value of the contracts according to the Aktv. and FATCA-Act.

The detailed written notice of tax residence self-certification is available on the [generali.hu/adougyiilletkesseg](https://www.generali.hu/adougyiilletkesseg) website.

Politically exposed person

Any natural person who is entrusted with prominent public functions, or who has been entrusted with prominent public functions within at least one year before the implementation of customer due diligence measures.

Natural person who is entrusted with prominent public functions:

- a) heads of State, heads of government, ministers and deputy ministers, state secretaries, in Hungary the head of State, the Prime Minister, ministers and state secretaries,
- b) members of parliament or of similar legislative bodies, in Hungary members of parliament and spokesmen for the nationality,
- c) members of the governing bodies of political parties, in Hungary members and officers of the governing bodies of political parties,
- d) members of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal, in Hungary members of the Alkotmánybíróság (Constitutional Court), of the courts of appeal and the Kúria (Curia),
- e) members of courts of auditors or of the boards of central banks, in Hungary the President and Vice-President of the Állami Számvevőszék (State Audit Office), members of the Monetáris Tanács (Monetary Council) and the Pénzügyi Stabilitási Tanács (Financial Stability Board),
- f) ambassadors, chargés d'affaires and high-ranking officers in the armed forces, in Hungary the head of the central body of law enforcement bodies and organizations and his deputy, Chief of Staff of the Hungarian Army and Deputy Chiefs of Staff of the Hungarian Army,
- g) members of the administrative, management or supervisory bodies of enterprises with majority state ownership, in Hungary the managing directors of enterprises with majority state ownership, including members of the management body exercising control or supervisory rights of such enterprises,
- h) directors, deputy directors and members of the board of an international organization.

Notification of the data change

Please note You are obliged to notify the Insurance Company of any changes to the data provided above within 5 working days.

Beneficial owner

- the natural person who **owns or controls at least twenty-five per cent of the shares or voting rights** in a legal person or an unincorporated business association directly or – by way of the means defined in Subsection (4) of Section 8:2 of Act V of 2013 on the Civil Code (hereinafter referred to as „Civil Code”) – indirectly, if that legal person or unincorporated business association is not listed on a regulated market and is subject to disclosure requirements consistent with Community legislation or subject to equivalent international standards,
- the natural person who **has a dominant influence** in a legal person or unincorporated business association as defined in Subsection (2) of Section 8:2 of the Civil Code. The holder of a participating interest is deemed to have dominant influence on a legal person if it is a member of or shareholder in that company and:
 - a) it has the right to appoint and recall the majority of the executive officers or supervisory board members of the legal person; or
 - b) other members of or shareholder in that legal person are committed under agreement with the holder of a participating interest to vote in concert with the holder of a participating interest, or they exercise their voting rights through the holder of a participating interest, provided that together they control more than half of the votes.
- in the absence of the natural person as defined in the preceding paragraph, the **executive officer** of the legal person or unincorporated business association,
- any natural person **on whose behalf a transaction is being conducted**, or who is **able to exercise effective control** over the activity of a customer **via other means** in the case of natural persons,
- in the case of **foundations**:
 1. where the future beneficiaries have already been determined, the natural person(s) who is the beneficiary of twenty-five per cent or more of the property of the foundation,
 2. where the individuals that benefit from the foundation have yet to be determined, the class of natural persons in whose main interest the foundation is set up or operates, or
 3. the natural person(s) who exercises control in the management of the foundation or exercises control over twenty-five per cent of the property of a foundation, or who is authorized to represent the foundation.

Information on data processing

Detailed written information on data processing is accessible at [generali.hu/adatkezeles](https://www.generali.hu/adatkezeles).

Close relative of the politically exposed person

The spouse, domestic partner of a politically exposed person; the biological and adopted children, stepchildren and foster children and their spouses or domestic partners, of a politically exposed person.

Person known to be a close associate of a politically exposed person

- a) Any natural person who is known to have joint beneficial ownership of legal entities or unincorporated organizations, or any other close business relations, with a person who is entrusted with prominent public functions;
- b) any natural person who has sole beneficial ownership of a legal entity or unincorporated organization which is known to have been set up for the benefit of a person who is entrusted with prominent public functions.

High-risk third countries with strategic deficiencies

Countries as provided for in Commission Delegated Regulation (EU) 2016/1675, as amended. The list is available on the following website of the Hungarian National Bank:

<https://www.mnb.hu/felugyelet/szabalyozas/penzmosas-ellen/korlatozo-intezkedesek-szankciok/strategiai-hianyossagokkal-rendelkezo-kiemelt-kockazatot-jelento-harmadik-oroszagok>

Dated:, 20

.....
Customer's signature (In case of legal entity or another organization without legal status represented, the declaration must be signed duly, the declarant is the legal entity or another organization without legal status represented)