

Please note: The English translation is a work document. Solely the German version is legally binding.

## Identification acc. to Section 6 of the Financial Markets Anti-Money Laundering Act (“Finanzmarkt-Geldwäschegesetz” - FM-GwG) – individual enterprises

### Information on the applying individual enterprise

Name   Company			
Business establishment name			
Commercial Register no.		UID no.	
Registered office	Street   Number		
	Postal code	Town	Country
Postal address <i>(if different from registered office)</i>	Street   Number		
	Postal code	Town	Country
Contact			
Email address: <i>(for sensitive banking correspondence)</i>			
Phone:			

### Information on the entrepreneur (authorised representative and sole beneficial owner)

<input type="checkbox"/> Mrs <input type="checkbox"/> Mister	First name and surname		Title	
Place of residence	Street   Number			Country
	Postal code	Town		
Date of birth (DD.MM.YYYY)		Name at birth		
Country of birth		Nationality		

#### TO BE COMPLETED BY THE PRINCIPAL BANK:

**Important - the form is valid only with passage completed by the principal bank!**

We herewith confirm the identity of the above-mentioned person, which we identified by means of a valid official photo identification document.

#### Entrepreneur legitimated by identity document/type:

Driving license  Passport  ID Card  Identity card

Other: \_\_\_\_\_ No. \_\_\_\_\_  
issued by: \_\_\_\_\_ on: \_\_\_\_\_

\_\_\_\_\_

Place, date

\_\_\_\_\_

Stamp and two signatures of the confirming credit institution

**Please add a copy of the identity document!**

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### Additional information

I confirm acting for my own account acc. to Section 6 para. 3 of the Financial Markets Anti-Money Laundering Act (FM-GwG).

Please tick as appropriate

yes  no

*Section 6 para. 3 of the Financial Markets Anti-Money Laundering Act provides (extract) that the customer has to inform the credit institution whether he/she acts for his/her own account or on behalf of others and has to notify any changes in this respect that may occur in the course of the business relation on his/her own initiative and without delay. In the case of a trust structure, the identity of the trustor has to be notified and evidenced.*

Do you have a personal connection to the U.S.A.?

Please tick as appropriate

yes  no

*US connection includes: Nationality of the U.S.A., place of birth in the U.S.A., possessing a Green Card of the U.S.A., contact data in the U.S.A. (e.g. place of residence, mailing address, US-American phone number) or tax registration, as well as the link to a person having connections to the U.S. acting for you as your legal representative, financial advisor or authorised signatory.*

This form has to be sent to ÖHT by mail, **unchanged** in terms of form and content and **in the original**.

**I hereby confirm**, with my signature below, that no one except myself is authorised to represent my company and that no one except myself holds a participation in my company, as well as the accuracy of the information I provided.

**I herewith undertake**, in addition, to inform Österreichische Hotel- und Tourismusbank Gesellschaft m.b.H. on my own initiative in writing and without delay about any deviations / changes concerning the control over the company and/or concerning the beneficial owner(s) that may occur in the course of the business relation, and to furnish proof of such information by appropriate documents.

\_\_\_\_\_

Place, date

X

(Corporate) Signature of the applicant