



Account opening application – Individuals

Title	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Date of birth	<input type="text"/>
City of birth	<input type="text"/>	Country of birth	<input type="text"/>
Civil status	<input type="text"/>	Nationality	<input type="text"/>
Second nationality (in case of dual citizenship)	<input type="text"/>		
Permanent address (<i>not an office or P.O. box</i>)	<input type="text"/>		
Postal code	<input type="text"/>	City	<input type="text"/>
Country	<input type="text"/>		
If country of tax residence is different from permanent address, please specify. <input type="text"/>			
Tax ID number	<input type="text"/>		
VAT ID number (if applicable)	<input type="text"/>		
VAT ID country (if applicable)	<input type="text"/>		
Phone	<input type="text"/>	Mobile phone	<input type="text"/>
Work phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		
Profession/Job title (if retired please indicate former profession)	<input type="text"/>		
Ownership percentage (in case of joint account)	<input type="text"/>		

Additional personal information:

Do you qualify as a "US person"? (please check at least one box)

- ☐ No, I don't qualify as "US person"
- ☐ US citizen ☐ US resident ☐ US birthplace
- ☐ US person, due to dual citizenship
- ☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

Politically exposed person (PEP)

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

- DNB Luxembourg S.A.

Postal address: P.O. Box 867 - L-2018 Luxembourg
Visiting address: 13 rue Goethe, L-1637 Luxembourg

Telephone: +352 45 49 45 1
Telefax: +352 45 49 45 200

Swift address:
UBNLLULLXXX

www.dnb.no/lu

Insider information

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

Title

First name

Last name

Date of birth

City of birth

Country of birth

Civil status

Nationality

Second nationality (in case of dual citizenship)

Permanent address (*not an office or P.O. box*)

Postal code

City

Country

If country of tax residence is different from permanent address, please specify.

Tax ID number

VAT ID number (if applicable)

VAT ID country (if applicable)

Phone

Mobile phone

Work phone

Fax

E-mail

Profession/Job title (if retired please indicate former profession)

Ownership percentage (in case of joint account)

Additional personal information:

Do you qualify as a "US person"? (please check at least one box)

☐ No, I don't qualify as "US person"

☐ US citizen

☐ US resident

☐ US birthplace

☐ US person, due to dual citizenship

☐ US tax payer for any other reason (e.g. substantial presence test) - green card holder.

US Tin ID number or Social Security Number

Politically exposed person (PEP)

Do you have, or have you had, a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Do any close family members have or have had a senior political mandate or a senior position in the public sector?

☐ Yes ☐ No

If yes, please specify which country and position:

Insider information

Do you have access to privileged financial information (inside information), e.g. due to your profession or relationships, or are you subject to any investment restrictions?

☐ Yes ☐ No

If yes, please specify the name(s) of the company (companies) and your position:

What is the main intended purpose of the account? *(please check one or more boxes, as applicable)*

☐ Private banking services ☐ Mortgage loan

I/we hereby confirm being the actual beneficial owner(s) of the account, and that consequently all funds deposited in the account are mine/ours. I/we confirm, declare and certify that the funds do not and will not originate, directly, or indirectly, from criminal activities.

What is the “economic” source of the assets to be transferred to the Bank? (How did you originally accumulate these funds?)

Please check the applicable boxes and enter further explanations on the origin of the assets *(please check at least one box)*.

☐ Savings ☐ Inheritance ☐ Sale of real estate
☐ Insurance ☐ Commissions ☐ Salary / Employment income ☐ Other

Please specify

What is the “geographic” source of those assets? (From which bank and country will they be transferred?)

Cash

Securities

What will be the amount and "format" (cash and/or securities) of the initial transfer to the account in EUR?

Cash

Securities

What is the expected total size of assets to be invested through the account in EUR?

☐ The account is opened on behalf of a third party who is the ultimate beneficial owner of the account. Please use the additional form “[Beneficial ownership of funds statement](#)”.

This could apply in circumstances where the account is meant to hold third-party funds, temporarily placed under your control as a result of your profession (lawyer, notary, real estate agent etc.).

Account statements to be sent

Reference currency (the currency in which your portfolio is reported)

I/we prefer to receive correspondence in the following language:

☐ English ☐ Norwegian

Holdings in cross-border securities.

I/we hereby expressly authorise the Bank to disclose information, upon request or in some circumstances automatically, relating to the management of certain securities (shares, bonds and investment fund units) held by the Bank on a nominee account, to issuers, custodian banks, registrars or governmental authorities, where required by law, administrative regulations or agreements of the country of the issuer/custodian.

I/we understand and acknowledge that according to various laws or operational practice in different jurisdictions, including but not limited to Norway, nominee registration of securities is not permitted or require specific reporting/disclosure obligations. Hence, I/we herewith authorise the Bank, where required by legal or operational requirements, to open in my/our name a segregated account (sub-account) with its custodian bank, where respective securities, including but not limited to Norwegian shares and investment fund units, held on my/our behalf will be deposited in my/our name.

Reduced withholding tax rates. *(please check one of the boxes to indicate your choice)*

- ☐ No, I/we would not like to benefit from reduced withholding tax rates.
- ☐ I/we hereby notify the Bank that I/we would like to benefit from reduced withholding tax rates on dividends/income from securities, provided that an applicable double taxation treaty is in force between the country of the issuer of a security and my/our country of tax residence. Hence, I/we instruct the Bank to apply for reduced withholding tax on my/our respective holdings.

I/we hereby declare that I am/we are entitled to benefit from the tax treaties entered into force and signed by my/our country of tax residence, and confirm that I am/we are the sole beneficial owner(s) of the funds/holdings to be deposited, now and in the future, into the custody account to be opened in my/our name.

I/we acknowledge that in order to benefit from a reduced withholding tax rate **it is mandatory to provide a certificate of fiscal residence (Tax Residence Certificate)**. I/we acknowledge that failure to provide/renew required documents will make it impossible to apply reduced withholding tax rates.

I/we acknowledge that the reduced withholding tax rate service is not available in all markets and is subject to licenses and/or agreements the Bank has entered into and other technical arrangements and will be provided on a best-effort basis. I/we also acknowledge that this service only applies to cross-border holdings.

Note: Norwegian clients (tax residency in Norway) are not required to provide a certificate of fiscal residence.

The above mandates are given in order to allow the Account Holder to invest in particular securities in conformity with the relevant local laws, regulations and applicable double taxation treaties which require such disclosure, and to obtain reduced withholding tax rates. These specific mandates waive the Bank from its professional secrecy duty when disclosing the above-mentioned information. The Account Holder fully understands and acknowledges that providing the Bank with such a mandate and communicating the information to the relevant authorities or its sub-custodians might result in this information also being provided to certain third parties under the laws of the countries invested in. The Account Holder hereby acknowledges having been duly informed by the Bank about this and will not hold the Bank liable for any consequence deriving directly or indirectly from its performance of this specific mandate.

EU Savings Directive

EU Savings Directive – Exchange of information (Individuals who are tax residents in the EU, Luxembourg excepted).

I/we hereby acknowledge that the Bank, when acting in its capacity as paying agent within the terms of the Luxembourg law dated 21st June 2005 transposing EU directive 2003/48 on taxation savings income in the form of interest payments, will provide the Ministry of Finance of the Grand Duchy of Luxembourg or its authorised representative the following information:

- My/our name and permanent resident address;
- My/our account details;
- All amounts of interest-related income paid/credited to the account over the preceding year.

I/we acknowledge that the Ministry of Finance of the Grand Duchy of Luxembourg or its authorised representative will automatically pass that information on to the competent authority of my/our country of residence at least once a year, no later than the 30th of June of the year following the year of declaration.

Unless written notice is given to the contrary, the Bank is authorised to act on all instructions received from me/us in writing, by fax or phone with regard to my/our account. Written or faxed instructions must be duly signed. This authorisation also includes those who act on my/our behalf and have been notified in writing to the Bank as authorised by me/us.

The Bank automatically records all incoming and outgoing telephone calls.

The Bank will normally communicate with you through the means indicated above. The Bank does not consider e-mail communication a secure way of communicating. However, if you wish to communicate by e-mail you hereby authorise the Bank to send you at your entire risk, information which may be of a confidential nature to an e-mail address provided by you, including but not limited to account statements. If doing so, you also understand and acknowledge that such requests may include communication of data related to the account, personal data or any data within the scope of provisions on professional secrecy. The Bank recommends that you use your e-mail in your secured webmail function, which is provided for in the e-banking services.

☐ No, I/we do not wish to communicate with the Bank by e-mail (indicate by checking the box or not).

By signing the account opening application the Bank provides you with access to banking services via its internet site.

The Bank shall provide the Account Holder with all items required to access the e-banking services, as defined hereinafter.

Services: The Account Holder will initially be entitled to access the following services (hereinafter referred to as the “e-banking services”):

- Access to account statements
- Money orders / money transfers
- Webmail services.

The Bank may update the list of e-banking services offered at any time. The Account Holder will be informed by a webmail message.

Key codes for e-banking services

After accepting your application, the Bank will provide you with a User ID and an initial password. In addition, the Bank will provide you with a personal card with a specific code by separate mail.

Please confirm agreement with the statements below by dating and signing your application and checking all the boxes.

- ☐ I/we hereby acknowledge having received, read and understood a copy of and agree with the Bank's "[General Terms and Conditions of Business](#)" (GTC), the Bank's "[E-banking services - Terms and Conditions](#)" and applicable [Pricelist](#) which shall govern all my/our relations with the Bank, unless otherwise specified by specific instructions. Joint account holders specifically confirm having read and understood clause 3 of those GTCs. I/we acknowledge having, at any given time, access to the GTCs, the "E-banking services – Terms and Conditions" and the "[Framework to payment services](#)" on the Bank's website: www.dnb.no/lu.
- ☐ I/we acknowledge that the information to be provided in relation to holdings in cross-border securities, reduced withholding tax and/or exchange of information subject to the EU savings directive generally consists of some or all of the following elements: the securities owner's name, address, country of tax residence, date of birth and tax identification number (alternatively social security number in some countries or company identification number), name of the securities (issuer) invested in, holding/participation, income amount and tax withheld.
- ☐ I/we undertake to immediately notify the Bank of any changes to the information I/we have provided, including but not limited to my/our personal details of the beneficial ownership, confirm that the address stated in the account opening form is my/our residence for tax purposes, and that I/we are not resident for tax purposes in any other country. I/we undertake to provide the Bank with an updated certificate of fiscal residence as applicable.
- ☐ I/we moreover acknowledge that it is my/our responsibility to assess and fulfil any reporting obligations I/we may have towards the (tax) authorities of my/our country of (tax) residence regarding the assets deposited with the Bank and the income derived thereof.

Date

Place

1st Account Holder

Name (please print)

Signature

2nd Account Holder

Name (please print)

Signature

In case of a joint account, the right to operate the account shall be as follows:

- ☐ Each Account Holder may instruct/sign alone.
- ☐ All Account Holders must instruct/sign jointly.
- ☐ Other instruction/signing rules.

Please specify

Please enclose or attach the relevant documents with this application.

Mandatory:

A certified* copy of the passport for each Account Holder, beneficial owner(s) (if different from Account Holders) and holders of power of attorney if any ([Power of attorney](#)).

A certified copy or original proof of residency (tax residency certificate) less than 6 months old for Account Holders who wish to benefit from reduced withholding tax rates and for EU citizens residing outside the EU.

*Documents can be certified by your account manager if he/she has seen the originals, by an authorised DNB Group employee, a competent authority (notary, police, embassy etc.) or financial institution subject to equivalent regulations to combat money laundering and terrorist financing.

Should you have any questions regarding the completion of this form or required attachments, please do not hesitate to contact the Bank.