Abela & Abela
Notaries Public & Commissioners for Oaths

Customer Form (Natural Persons)

Internal file reference

Are you acting on your own behalf or on behalf of the Customer?

☐ On my own behalf ☐ On behalf of the Customer

If you are acting on your own behalf fill in Section 1 and proceed to Section 3.

If you are acting on behalf of the Customer fill in all the sections.

Section 1
Customer Information

Official full name

Permanent residential address (a PO box or a c/o address is not acceptable)

Date of birth (DD/MM/YYYY)

Place of birth

Identity reference number (ID Card, Passport, Driving license, Residence card)

Nationality

Profession/ trade/ occupation

Company name of employment

Employment Industry

Type of employment

☐ Employed ☐ Self-Employed ☐ Retired/Pensioner ☐ Homemaker

☐ Student ☐ Unemployed ☐ Part-time/Reduced

Telephone number (country, area code and number)

Mobile number (country, area code and number)

Email address

Section 2
Representative or Agent

If acting on behalf of the Customer, kindly fill in the following section below with your details and provide a valid power of attorney.

Relationship with Natural Person

Official full name of representative

Permanent residential address of the Representative (a PO box or a c/o address is not acceptable)

Date of birth (DD/MM/YYYY)

Place of birth

Identity reference number (ID Card, Passport, Driving license, Residence card)

Nationality

Profession/ trade/ occupation

Company name of employment

Employment Industry

Type of employment

☐ Employed ☐ Self-Employed ☐ Retired/Pensioner ☐ Homemaker

☐ Student ☐ Unemployed ☐ Part-time/Reduced

Section 3
Service

- ☐ Purchase of property
- ☐ Sale of property
- ☐ Assignment of property
- ☐ Donation
- ☐ Incorportaion of Company, Private Foundations or Trusts
- ☐ Other (Please specify) _____

Please indicate the currency and value of the transaction _____

Is the property located in a Special Designated Area: ☐ Yes ☐ No

If Yes, please indicate the location of the property _____

Section 4
Source of Wealth

Please indicate the sources from which you, or in the case of a POA the Customer, obtained the total net worth.
Note that you may be requested to provide supporting documented:

- ☐ Saved Earnings
- ☐ Asset management
- ☐ Gift/Donation
- ☐ Trade/Profession
- ☐ Inheritance
- ☐ Pension Scheme/Retirement Fund
- ☐ Other (Please specify) _____

Please indicate the gross annual income from all sources:

- ☐ Up to €10,000
- ☐ €10,001 to €25,000
- ☐ €25,001 to €50,000
- ☐ €50,001 to €100,000
- ☐ €100,001 and over

Section 5
Source of Funds

Please indicate the source(s) through which you obtain your funds.
Note that you may be called upon to provide supporting documented proof:

- ☐ Saved earnings
- ☐ Company profits/ dividends
- ☐ Return on investments
- ☐ Maturity of insurance policy
- ☐ Gift or donation from Family
- ☐ Employment
- ☐ Trade / Profession
- ☐ Any other (Please specify) _____
- ☐ Sale of immovable property
- ☐ Sale of movable property (e.g. a car, boat, etc.)
- ☐ Inheritance
- ☐ Virtual Financial Assets
- ☐ Government Scheme
- ☐ Pension

Please indicate payment method utilised for the deposit of this transaction:

- ☐ Cash
- ☐ Personal Cheque
- ☐ Bank Transfer EU/EEA
- ☐ Others (Please specify) _____
- ☐ Bank Transfer Non EU/EEA

Please indicate payment method utilised for the remaining payment of this transaction:

- ☐ Cash
- ☐ Personal Cheque
- ☐ Bank Loan €_____
- ☐ Private Loan €_____
- ☐ Bank Transfer EU/EEA
- ☐ Bank Transfer Non EU/EEA
- ☐ Donation €_____
- ☐ Others (Please specify) _____
- ☐ Bank Draft EU/EEA
- ☐ Bank Draft Non EU/EEA
- ☐ Virtual Financial Assets

Section 6
Politically Exposed Person

Politically exposed persons (PEPs) are individuals who are or have been entrusted with prominent public functions, for example Heads of State, Heads of Government, Ministers, Deputy & Assistant Ministers, Parliamentary Secretaries, Members of Parliament or similar legislative bodies, Members of Governing bodies of Political Parties, Members of the Superior, Supreme and Constitutions Courts, or of other High-level bodies whose decision is not subject to further appeal, Members of the courts of auditors, or the boards of central banks, Ambassadors, charge d'affaires, High ranking officers in the armed forces, Members of the administration, management or boards of state-owned corporations, Anyone exercising a function equivalent to above within the EU or other Institution of an International Body .

Family members and close associates of such persons are also considered as PEPs.

Are you and/or the person you are representing a politically exposed person?

☐ Yes ☐ No

If yes, please specify

Name of PEP

Relationship with PEP

Position held by the PEP

If resigned , please note date of resignation

Section 7
Other Information

Please reply to all of the questions below.

Have you benefitted from the citizenship or residency by investment schemes or are a prospective applicant for such a scheme? ☐ Yes ☐ No

Do you have connections with any other country apart from your country of residence? ☐ Yes ☐ No

If yes, please specify which country

Please specify the type of connection

☐ Location of financial assets
☐ Location of business
☐ Location of real estate
☐ Family connection
☐ Accumulation of source of wealth

Section 8
Declaration and Data Protection

I, the undersigned hereby:

- Confirm that all the information provided by me is correct and up-to-date;
- Undertake to immediately inform you, as the service provider, of any material changes in writing;
- Agree to provide any required documentation in relation to myself, the person I am representing (if applicable) and any relevant transactions upon your request as a service provider;
- Understand and consent to having the information I have provided in this form and the relative supporting documentation, disclosed to third parties engaged by yourself to carry out due diligence, in satisfaction of the applicable legal and regulatory obligations.
- Understand and consent to having the information I have provided in this form and the relative supporting documentation, disclosed to judicial, law enforcement and regulatory authorities, where such disclosure is mandated by the law.

Signed
(on my own behalf and on behalf of any person I am representing)

Date (DD/MM/YYYY)

Notary Use Only

Please indicate the service required:

Business Relationship ☐ **OR** Occasional Transaction ☐