

Personal information form

Name

Identity number or if there is none, date of birth)

It is possible to supplement the information asked in the form by enclosures. Please state the number of enclosures here.

Attachments _____ pages

1. Family relations

1.1 Spouse or cohabiting partner

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Former names

Nationalities

Former nationalities

Title/profession

E-mail address

Phone number

Business phone

Street address (if not the same as yours)

Postal code

City

Country



1.2 Children

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Nationalities

Former nationalities

Title/profession

E-mail address

Phone number

Business phone

Street address (if not the same as yours)

Postal code

City

Country

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Nationalities

Former nationalities

Title/profession

E-mail address

Phone number

Business phone

Street address (if not the same as yours)

Postal code

City

Country



Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Nationalities

Former nationalities

Title/profession

E-mail address

Phone number

Business phone

Street address (if not the same as yours)

Postal code

City

Country

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Nationalities

Former nationalities

Title/profession

E-mail address

Phone number

Business phone

Street address (if not the same as yours)

Postal code

City

Country



1.3 Other persons of the same household

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Former names

Nationalities

Former nationalities

Title/profession

E-mail address

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Former names

Nationalities

Former nationalities

Title/profession

E-mail address



1.4 Parents

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Former names

Nationalities

Deceased Day of death

Surname

Forename

Identity number or if there is none, date of birth)

Place and country of birth

Former names

Nationalities

Deceased Day of death



2. Financial conditions

2.1 General

How would you describe your financial situation?	Good	Satisfactory	Difficult
Have you been in a situation in which you had to petition for debt adjustment due to over-indebtedness?		yes	no
Have you ever had payment defaults on your credit report?		yes	no

If you answered that your financial situation is difficult, please describe the circumstances having led to it. In case of debt adjustments or payment defaults, please describe shortly the reasons which led to it.



2.2 Income data

Amount of income before tax per month	Income type (earnings, capital income, benefits, other income)	Payer

2.3 Assets

Real estates, dwellings, shares in housing companies, land and forest ownership

Type of asset (e.g. real estate)	Street address	Postal code and post office	Purchase date / date of receipt	Market value / estimate of price

Does anybody else have right of possession of this asset? Please state the names here.



2.4 Bank account details

Bank or financial institution	Income per month (deposits, transfers etc.)	Estimate of expenditure (withdrawals, transfers, payments) per month	Balance of account on the date of registration

2.5 Unit-linked insurance contracts

Type of the insurance contract (capital redemption contract, endowment life insurance, pension insurance)	Orders related to the contract, euros/month (withdrawals, payments, changes in investment objects)	Financial institution and country	Value



2.6 Investments

e.g. deposit, share, fund, bond, investment basket, structured investment, alternative investment

Type of asset	Acquisition value	Market value	Cost structure	Financial institution and Country

2.7 Rights of possession of someone else's assets

e.g. rented flats, holiday homes, estates of deceased persons

Description	Location	Expenses per month	Additional information



2.8 Other assets

e.g. cars, other vehicles, virtual currencies

Description of the asset	Value	Identification details (e.g. registration number of car)

2.9 Debts

(bank loan, consumer credit, other debt)

Type of debt	Date of grant	Amount of debt	Maturity date	Debt service costs (euros per month)	Grantor of debt and place of grant	Security / guarantee of loan



2.10 Securities

Guarantees, pledgings and liens

Purpose of securities	Amount of securities	Duration of securities	Debtor	Creditor

2.11 Credit cards

Card type	Card issuer	Credit limit	Credit used (on the date of filling in this form)

2.12 Other financial interests

Do you have other financial interests which were not yet declared in this form? Please give a description of other financial interest, its value and other individuals involved.



3. Business activities

3.1 General

Have you conducted business activities in the last ten years?	yes	no
Have you conducted business activities abroad?	yes	no
Have you acted as partner in a business activity?	yes	no
Have you been imposed a business ban in the last ten years?	yes	no
Have you had tax debts related to your business activities in the last ten years?	yes	no

If you answered "yes" to at least one of the questions above, please provide further details. (please give also the business identity code or other similar identification, your position in the enterprise, time, credit report, your country of residence during the business activity, country/countries in which the business activity was conducted, and other necessary information. You may describe the circumstances having led to tax debts or business ban shortly.

