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| **CHIP CARD JSC Belgrade** |
| Bose Milićević 8, Belgrade |
| Tel: +381 (0) 11 30 40 970 |
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| e-mail: [e-services@chipcard.rs](mailto:e-services@chipcard.rs) |

**QUESTIONNAIRE FOR THE CLIENT – ecommerce merchant/merchant**

|  |  |
| --- | --- |
| **Legal entity – the basic data about the Client:** | |
| Business name of the Legal Entity: | Company number of the Legal Entity: |
|  |  |
| Seat and address of the Legal Entity | TIN of the Legal Entity: |
|  |  |
| Legal form of the Legal Entity: | Activity of the Legal Entity (the activity code and description): |
|  |  |
| Type of the goods and services sold through the Internet shop/physical point of sale: | URL address of the Internet shop: |
|  |  |
| Telephone and fax numbers: | Email address: |
|  |  |
| The country in which the Client performs the largest portion of its business operations: | The other countries in which the Client performs significant business operations: |
|  |  |
| Does the Client work in the sector which reaps benefits from public funds, also including the European Union funds? |  |
|  |  |

|  |  |
| --- | --- |
| **Entrepreneur/Natural person – the basic data about the Client:** | |
| Entrepreneur’s business name: | Entrepreneur’s registration number: |
|  |  |
| Seat and address: | TIN: |
|  |  |
| Activity (the activity code and description): | URL address of the Internet shop: |
|  |  |
| Telephone and fax numbers: | Email address: |
|  |  |
| Name and surname: | Personal number registered at birth: |
|  |  |
| Date and place of birth: | Place of residence or place of stay: |
|  |  |
| Type and number of the personal identification document: | Name of the issuer of the personal identification document: |
|  |  |
| Date and place of issuance of the personal identification document: | Does the Client work in the sector which reaps benefits from public funds, also including the European Union funds? |
|  |  |

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| **Data about the person under civil law (associations and other non-profit organizations):** | |
| Name of the person under civil law (and the organizational form): | Identity of the person authorized for representation (name and surname): |
|  |  |
| Company number: | TIN: |
|  |  |
| Activity of the legal entity (the activity code and description): | Type of the goods and services sold through the Internet shop/physical point of sale: |
|  |  |
| URL address of the Internet shop: | Telephone and fax numbers and email address: |
|  |  |
| Does the Client work in the sector which reaps benefits from public funds, also including the European Union funds? | The country in which the Client performs the largest portion of its business operations: |
|  |  |
| The other countries in which the Client performs significant business operations: |  |
|  |  |

**Special Forms of Organization**

|  |  |
| --- | --- |
| **Agricultural holding** | |
| The holder of the family agricultural holding (name and surname): | Number of the registered family agricultural holding: |
|  |  |
| Registration number of the holder of the family agricultural holding: | Address: |
|  |  |
| Type and number of the personal identification document: | Issuer and the date of issuance: |
|  |  |
| Current account of the family agricultural holding: | URL address of the Internet shop: |
|  |  |
| Telephone number: | Email address: |
|  |  |
| Does the Client reap benefits from public funds, including the European Union funds as well? |  |
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| **Agricultural holding**  (legal entity, entrepreneur or another organizational form of the legal entity) | |
| Name of the legal entity, entrepreneur or another organizational form of the legal entity – agricultural holding: | Number of the registered agricultural holding: |
|  |  |
| Registration number: | Address: |
|  |  |
| Current account of the agricultural holding: | URL address of the Internet shop: |
|  |  |
| Name and surname / Type and number of the personal identification document of the person in charge and the issuer: | Personal number registered at birth (JMBG): |
|  |  |
| Address of the person in charge: | Telephone number and email address: |
|  |  |
| Does the Client reap benefits from public funds, including the European Union funds as well? |  |
|  |  |

|  |  |
| --- | --- |
| **Other forms of organization – the basic data about the Client:** | |
| Organizational form (legal form): | Company number/Personal number registered at birth: |
|  |  |
| Registration number: | Address: |
|  |  |
| Type and number of the personal identification document: | Current account: |
|  |  |
| Telephone number: | Email address: |
|  |  |
| Does the Client reap benefits from public funds, including the European Union funds as well? | URL address of the Internet shop: |
|  |  |

**(to be completed by all organizational forms)**

|  |  |  |
| --- | --- | --- |
| **Business data** | | |
| Total turnover in the previous three months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Total turnover of the web shop in the previous three months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The average value of the transactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The expected maximum amount of the transaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The planned/expected annual volume of trade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The expected minimum amount of the transaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The expected number of transactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Business Plan description: | | |
| The basis of the funds inflow into the account:  a) sales;  b) fee;  c) and other. | Legal Entity’s current account: | |
| **The basic data about the representative/holder of a power of attorney/procurator of the legal entity, entrepreneur or special organizational forms:** | | |
| Name and surname: | | Please enclose the certified written authorization (power of attorney), namely for the following persons:  1) the representative  2) the holder of the power of attorney  3) the procurator |
| Date and place of birth: | | Place of residence or place of stay: |
| Personal number registered at birth: | | Name and number of the personal identification document, name of the issuer, and date and place of issuance |

***\* Note****: The personal data collected through this Questionnaire shall only and exclusively be used for the needs of the analysis of the Client in compliance with the provisions of the Law on Anti-Money Laundering and the Financing of Terrorism and the accompanying regulations. The payment institution shall be treating the personal data of the Client, the beneficiary owner and the persons authorized for the representation of the Client in compliance with the provisions of the Law on Personal Data Protection.*

**The signature of the Client or of Client’s representative / holder of power of attorney / procurator**

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***Place and date***