

AML Questionnaire - individuals

All financial institutions, including Betri Banki P/F, must comply with the Anti-Money Laundering Act. This includes customer recognition. Knowing our customers and the nature of their business with us will enable us to protect our customers from illegal use of their identity and accounts. This also enables us to prevent and combat financial crime.

Before we can establish a customer relationship with you, you need to fill out this questionnaire and provide us with the required information.

- Please remember to bring valid identification when submitting this questionnaire. You will see a list of accepted ID papers under section "2. Identification".
- In regard to children, the child and at least one parent must bring an ID to prove their identity. In case the child does not hold a passport, you may bring the civic registration number of the child and the birth certificate.
- If you have recently moved to the Faroe Islands and have not lived here before, we need a copy of your social security certificate and a proof from your employer if you are employed.

1. General information

Full name	Social Security Number
Address	Postal code, town/city
Country	Employment or profession
Private telephone number	Business telephone number
E-mail	
Marital status - are you single? married? in a live-in relationship?	
Full name and birth date of spouse/partner	

2. Identification

Passport	Driving license	Name certificate	Social Security Number Certificate/preliminary SSN certificate
Other valid identification			
If passport, please state passport number			Expiration date
If driving license, please state number			Expiration date
If preliminary SSN certificate, please state number			Expiration date



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3. Nationality and tax residency

Nationality	Place of birth. City and Country
Are you a tax resident of other countries than the Faroe Islands?	Yes No
If yes, please state country	
TIN-number (Taxpayer Identification Number - verify with copy of passport).	
Are you a tax resident of the United States of America?	
Yes	I hereby verify that I am a tax resident of the USA, and that I have listed USA above as one of the countries of which I am a tax resident.
No	I hereby declare that I am neither an American citizen nor a tax resident of the USA.

3.1 Politically exposed person*

*A politically exposed person is an individual who has been entrusted with a prominent public function, e.g. member of parliament, member of public office, ambassador or a senior executive of a government owned commercial enterprise.

Are you a politically exposed person?	Yes No
If yes, please explain how.	

3.2 Relatives and close associates of politically exposed persons

Those considered to be relatives of politically exposed persons are:

- spouse/partner
- children and children's spouses/partners
- parents

Those considered to be close associates are people who maintain a close business or personal relationship with a politically exposed person.

Are you a relative or close associate of any politically exposed person?	Yes No
If yes, please state who the politically exposed person is and the nature of your relationship.	



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4. Purpose of the customer relationship

What is the intended purpose of the customer relationship?		
1. Daily financing	2. Loan/credit	3. Restricted savings
4. Savings	5. Deposit	6. Third party relations
7. I have power of attorney		
Other purpose, please specify:		

5. Business extent

Expected annual transactions to and from your account.

Please state below expected annual deposits and expected annual withdrawals. Please note that you need to specify whether the deposits are:

- Bank transfers and NetBank transfers
- Cash transactions

You are also required to state expected international transactions.

5.1 Expected annual deposits and transfers

Please fill out the spaces that are relevant to your financial affairs in the course of an average year.

Transfers to your account	Total annual income
Salary - after taxes	
Savings	
Rent income	
Other* (student grant, profit etc.)	
*Please specify:	

Cash deposits

Expected annual cash deposits (amount)	
Highest single cash deposit (single amount)	

Please specify the above listed cash deposits

Cash deposits	Total amount
Gifts	
Sales	
Savings	
Foreign currency	
Other*	
*Please specify:	



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5.2 Expected annual withdrawals

Below, you will find examples of purpose of cash withdrawals. Please fill in the spaces that are relevant to your financial affairs in the course of an average year.

Cash withdrawals

Expected annual cash withdrawals (amount)	
Largest single cash withdrawal (single amount)	

Please specify the cash withdrawals:

Cash withdrawals	Total amount
Gifts	
Purchase	
Foreign currency	
Other*	
*Please specify:	

5.3 Expected annual international transactions

Do you intend to make international transactions? Yes No

If yes, please state the transactions that will be made to and from your account. Fill out the spaces below that are relevant to your financial affairs in the course of an average year.

Expected transfers **TO** other countries

To country	Number of transfers	Highest single amount (DKK)	Purpose of transfer (family, gift, travel, purchase, investment, holiday estate etc.)

Expected transfers **FROM** other countries

From country	Number of transfers	Highest single amount (DKK)	Purpose of transfer (salary, family, gift, travel, sale, gaming, investment, holiday estate etc.)



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6. Third party information

Are you the sole owner of the transactions that will be made on your account?	Yes	No
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If no, then please state who is the beneficial owner of the funds

Full name	Soc. sec. no./birth date or passport number
Full address	Postal code and town/city
Country	Telephone/mobile phone
Please state your reason for acting on behalf of a third party owner	

The beneficial owner is required to prove his/her identity and fill out the AML Questionnaire for individuals.

7. Attestation

I hereby solemnly declare that the information provided by me to Betri Banki is accurate and complete.
I also confirm that I accept the General Terms and Conditions of Betri Banki P/F.

Place

Date

Customer signature



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