



Flexi Current Account and FlexiPLUS Packages Application

Filled by Bank

| Application received by: | | |
|---------------------------|------------|--|
| Account Manager code no.: | OU: | |
| Date: | Signature: | |



Application

| Name: |
|--|
| Last Name: |
| Birth Name: |
| PIN/OIB: Sex*: Female Male (*not obligatory) |
| Postal address, for delivery of the card and the PIN, if different from the address on the personal ID card/passport (street and number, post code, place): |
| |
| Home phone Mobile number: phone number: |
| E-mail: |
| Note : Telephone numbers (home and mobile phone) and e-mail address are collected by the Bank to the effect of compliance with the statutory obligation to notify clients. Providing at least one phone number is required for the purpose of communication with and informing of clients, and e-mail address is mandatory if it is used as the contracted channel for notifications. |
| Marital status: |
| single married divorced widow/er cohabitation equal to marriage |
| Number of dependent persons (incl. yourself): |
| Housing: |
| owned rented with parents |
| other |
| Residency period at the current address: eless than 1 yrs. 1 to 5 yrs. 5 to 10 yrs. over 10 yrs. |
| Monthly household expenses (e.g. monthly public utility charges, insurance policies, etc.): |
| Qualifications: |
| primary education craft secondary education FE college our universit post-graduate degree |
| Profession: |
| Total occupational record: years and months |
| Occupational record with the current employer*: years and months (*not obligatory) |
| Purpose of opening the account: |
| Salary Pension Other |
| As regards disposal of funds, the Bank can issue you a debit card for the Current Account. |
| Have you been offered a credit card? Yes No |
| |



Employment:

| Name of employer: | |
|--------------------------------------|------------------------------------|
| PIN/OIB of employer: | |
| Job/ function*: (*not obligatory) | |
| Average net salary/pens | sion in the last three months: HRK |

Connected persons*:

I, hereby, state that:

the adult family members are as follows:

| Name and Last Name | Date of Birth | Address | Relation to the person providing this statement |
|--------------------|---------------|---------|--|
| | | | |
| | | | |
| | | | |

the minors in my immediate family, and persons in my custody not having full legal capacity are as follows:

| Name and Last Name | Date of Birth | Address | Relation to the person providing this statement |
|--------------------|---------------|---------|--|
| | | | |
| | | | |
| | | | |

and that I do not have do have ownership right in the following legal entities:

| Name of Legal Entity | PIN/OIB | Percentage of Ownership |
|----------------------|---------|-------------------------|
| | | |
| | | |
| | | |

* members immediate family in the sense of the Credit Institutions Act are as follows:

- 1) spouse or any person residing in the joint household, who, in accordance with the special law, has the position equal to the position in marriage,
- 2) children or adopted children, or children or adopted children of persons from the above item who do not have full legal capacity, and
- 3) other persons who do not have full legal capacity and who are placed in the custody of the person providing this statement.

Pursuant to the above stated data, the Bank can provide you a tacit overdraft in the current account, in keeping with the General Terms and Conditions for PI Payment Accounts and the internal acts of the Bank, of which you will be informed in the agreed manner.



FlexiPLUS packages:

| | FlexiFIT | FlexiSTART | FlexiSENIOR | FlexiSTUDENT |
|---|---|--|---|-----------------|
| Offer for | All clients | All clients | Retired persons only | Students only |
| National HRK credit transfer through on-line internet and mobile banking | NO FEE | 50% off the fee | 50% off the fee | 50% off the fee |
| Overdraft | Up to 300% of regular income, max. HRK 40,000 | Up to 200% of regular income, max. HRK 20.000 | Up to 300% of regular income, max. HRK 20.000 | Not included |
| Credit card issue (entry and membership fee) | Included | Not included | Included | Included |
| Payment accounts | FCY Account Giro Account FCY Giro Account | FCY Account Giro Account FCY Giro Account | Not included | Giro Account |
| Additional benefits | UNIQA Additional Health Insurance or ORYX Home Assistance and Road Assistance | UNIQA Accidental Death or Illness Insurance | UNIQA Accidental Death and ORYX Home Assistance | Not included |

For more information on all package benefits, please contact our personnel. Please read the General Terms and conditions for RBA FlexiPLUS and Premium Packages.

| FlexiFIT FlexiSTART FlexiSENIOR FlexiS | TUDENT No package |
|--|---|
| Select one of the services offered with FlexiFIT: | |
| UNIQA Additional Health Insuran ORYX Assist | ance |
| RBA Direkt services: | |
| FlexiPLUS packages include on-line internet and mobile banking free of monthl Select the authentication tool for service access: | ly and entry fees. |
| mToken to access internet and mobile banking | |
| CAP reader to access internet banking | |
| Would you like also the eBroker service free of monthly and entry fees: Yes | No |
| Zero monthly fee only with FlexiFIT: | |
| RBA mDIREKT Account Balance Mobile Phone No.*: | +385 |
| Delivery of account statements: Preserve nature and the environment by opting for on-line receipt of account stat | (*obligatory for the agreed service execution) tements through internet banking or e-mail. |
| by on-line internet banking | |
| by e-mail | |
| at an RBA branch | |
| by post (stree | et and house no., post code, place) |



Representations and Warranties

Under material and criminal liability, I represent and warrant that any and all information stated in the Application herein are true and that I sign them herein in my own hand as such.

Statement of Accepting the General and Terms of RBA FlexiPLUS and Premium Packages

By signing this Application, I herewith confirm to have received the General Terms and Conditions of RBA FlexiPLUS and Premium Packages that have the character of an agreement for an indefinite period of time and that I accept the contents thereof in entirety.

Statement of contracting Accidental Death Insurance Policy for the FlexiPLUS package user (valid only if you selected the FlexiSENIOR package), or Accidental Death or Illness Insurance Policy (valid only if you selected the FlexiSTART package)

By signing this Application, I herewith explicitly agree that RBA and UNIQA osiguranje d.d. Zagreb (hereinafter: UNIQA), for me as the insured person, if I fulfil the conditions in accordance with the pertaining General Terms and Conditions of Insurance, make the Insurance Policy Agreement for the FlexiPLUS and Premium Package User. By signing this Application, I herewith confirm to have received the Information Document on the Insurance Product and the Insurance Mediator's General Information, and the General Terms and Conditions of Accident Insurance for the RBA FlexiPLUS and Premium Package User. By signing this Application, and the General Terms and Conditions of Accident Insurance for the RBA FlexiPLUS and Premium Package Users with Current Accounts OUNTR 1/2019, and to accept the provisions thereof in entirety and I state that the selected insurance product corresponds to my needs and requirements. I agree that the rights as under the insurance policy are transferred to RBA (vinculation) and I authorise RBA to collect any and all overdue and outstanding claims as under the Agreement on Account Opening and Management from the insurance package, or of the corresponding tariff, to the Insurance policy. Further, I confirm that Raiffeisenbank Austria d.d. informed me of the fact that in the respective insurance policy agreement it acted both in the capacity of the insurance contractor and the insurance mediator and that it therefore has the right to a commission therefrom, to which I, hereby, explicitly agree by signing this Statement.

Statement of contracting Additional Health Insurance (valid only if you selected the FlexiFIT package with Additional Health Insurance (DZO)). By signing this Application, I herewith explicitly agree that RBA and UNIQA osiguranje d.d. Zagreb (hereinafter: UNIQA), for me as the insured person, if I fulfil the conditions in accordance with the pertaining General Terms and Conditions of Insurance, make the Agreement on Additional Health Insurance for the FlexiPLUS and Premium Package User. By signing this Application, I herewith confirm to have received the Information Document on the Insurance Product and the Insurance Mediator's General Information, and the General Terms and Conditions of Additional Health Insurance for the FlexiPLUS and Premium Package User with Current Accounts OUDZOTR 1/2019, and to accept the provisions thereof in entirety and I state that the selected insurance product corresponds to my needs and requirements. I am aware that the Bank will forward any and all my personal information required for the execution of the above insurance package, or of the corresponding tariff, to the Insurance policy. Further, I confirm that Raiffeisenbank Austria d.d. informed me of the fact that in the respective insurance policy agreement it acted both in the capacity of the insurance contractor and the insurance mediator and that it therefore has the right to a commission thereform, to which I, hereby, explicitly agree by signing this Statement.

Statement of contracting ORYX Assistance (valid only if you selected the FlexiSENIOR package or FlexiFIT package

with ORYX Assistance)

By signing this Application, I herewith explicitly agree that on my behalf, RBA delivers to ORYX the request for ORYX Assistance membership activation, whereby I obtain the rights to the ORYX Assistance benefits. By signing this Application, I herewith confirm to have received the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, or the General Rules and Conditions of ORYX Assistance Benefits with RBA FlexiSENIOR Package, and to accept the provisions thereof in entirety. I am aware that the Bank will forward my personal information to ORYX Grupa d.o.o. in the extent required for the realization of the rights and benefits that arise for me from the ORYX Assistance membership.

Statement of accepting the General Terms and Conditions for PI RBA DIREKT Services Use

By signing this Application, I herewith confirm to have received the General Terms and Conditions for PI RBA DIREKT Services Use that have the character of an agreement for an indefinite period of time and that I accept the contents thereof in entirety.

I am aware that the Rules of Personal Data Treatment of Raiffeisenbank Austria d.d. are available in the RBA branches and on the Bank's website www.rba.hr

Signature of the Applicant:



LAWFUL BASES FOR PROCESSING OF PERSONAL INFORMATION

The Bank processes the personal information in the Application pursuant to laws or by-laws or binding international treaties.

In addition to the information in the Application, the Bank collects and processes the personal information contained in your personal document, on the basis of which, pursuant to the Act on Money Laundering and Terrorist Financing Prevention, we establish your identity and the photocopy of which document we are obligated to keep.

The table below provides the most relevant regulations representing the lawful bases for processing of your personal information.

| Name and Last Name | Payment System Act, Act on Money Laundering and Terrorist Financing Prevention, Civil Obligations Act, Act on Enforcement of Execution of Monetary Funds, Consumer Credit Act, Execution Act, Act on Administrative Cooperation in the Field of Taxation |
|--|--|
| Birth Name | Standard BASEL* |
| PIN/OIB | Act on Money Laundering and Terrorist Financing Prevention, Act on Enforcement of Execution of Monetary Funds, PIN Act, Act on Administrative Cooperation in the Field of Taxation |
| Address of residence | Payment System Act, Act on Money Laundering and Terrorist Financing Prevention, Civil Obligations Act, Act on Enforcement of Execution of Monetary Funds, Consumer Credit Act, Execution Act, Act on Administrative Cooperation in the Field of Taxation |
| Sex | Information is not mandatory, it is processed if it is contained on the personal document or if you provide it voluntarily |
| Day, month and year of birth | Act on Money Laundering and Terrorist Financing Prevention, Act on Administrative Cooperation in the Field of Taxation |
| Citizenship | Act on Money Laundering and Terrorist Financing Prevention |
| Number and issuer of identification doc. | Act on Money Laundering and Terrorist Financing Prevention |
| Postal delivery address | Payment System Act,Consumer Credit Act |
| Contact information (Telephone number, Mobile phone number E-mail address) | Payment System Act,Consumer Credit Act |
| Marital status | Standard BASEL* |
| Number of dependent persons | Standard BASEL* |
| Housing | Standard BASEL* |
| Residency period at the current address | Standard BASEL* |
| Monthly household expenses | Standard BASEL* |
| Qualifications | Standard BASEL* |
| Profession | Act on Money Laundering and Terrorist Financing Prevention, Standard BASEL* |
| Total occupational record | Standard BASEL* |
| Occupational record with the current employer | Information is not mandatory, it is used to create offers if you agreed to enhanced contacts and/or individualized offers |
| Purpose of opening the account | Consumer Credit Act |
| Name and PIN/OIB of the employer | Consumer Credit Act |
| Job /function | Information is not mandatory, it is used to create offers if you agreed to enhanced contacts and/or individualized offers |
| Average net salary/pension in the last three months | Decision on Management System Consumer Credit Act |
| Information on connected persons | Credit Institutions Act |

*Standard BASEL – Implies the regulations based on the Basel standards that aim at aligning risks and own funds of credit institutions