



# 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:			
OIB:	Sex*: Female Male  (*not obligatory)		
Postal address, for delivery of the card and the PIN, if different from the addr (street and number, post code, place):	ess on the personal ID card/passport		
Home phone number:  Mobile 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	n equal to marriage		
Number of dependent persons (incl. yourself):			
Housing:			
owned rented with parents			
other			
Residency period at the current address:  less 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	university post-graduate degree		
Profession:			
Total occupational record: years and months			
Occupational record with the current employer*: years and (*not obligatory)	months		
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:			
OIB of employer:			
Job/function*: (*not obligatory)			
Average net salary/pension in the last th	ree months:	HRK	
<b>Connected persons:</b> I, hereby, state that:			
the adults in my immediate family* are a	s follows:		
Name and Last Name	Date of Birth	Address	Relation to the person providing this statement
the underage members of my immediate far	mily*, other perso	ns without legal capacity under	
Name and Last Name	Date of Birth	Address	Relation to the person providing this statement
and that I	ave ownership ri	ght in the following legal ent	ities:
Name of Legal Entity		PIN/OIB	Percentage of Ownership

- 1) spouse or a person who, according to a special law, has a position equal to the position in a married union or a person with whom they entered into a life partnership in accordance with the law governing same-sex life partnerships
- 2) parents, children or adopted children of the person providing this statement or children or adopted children of persons from the previous point,
- 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.

<sup>\*</sup>immediate family members in the sense of the Credit Institutions Act are as follows:



## FlexiPLUS packages:

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	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 <b>300%</b> of regular income, max. HRK 40,000	Up to <b>200%</b> of regular income, max. HRK 20.000	Up to <b>300%</b> 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 Death Due to Illness Insurance	UNIQA Accidental Death Insurance 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.  Select a package:  FlexiFIT FlexiSTART FlexiSENIOR FlexiSTUDENT No package				
Select one of the services offered with FlexiFIT:  UNIQA Additional Health Insurance  ORYX Assistance				
RBA Direkt services:  FlexiPLUS packages include on-line internet and mobile banking free of monthly and entry fees.  Select the authentication tool for service access:  mToken to access internet and mobile banking				
	o 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  (*obligatory for the agreed service execution)				
Delivery of account statements/Statements of Fees (SOF):  Preserve nature and the environment by opting for on-line receipt of account statements through internet banking or e-mail  by e-mail				
	anch/by on-line internet	banking		
by post (street and house no., post code, place)				
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### **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 for contracting Accidental Death Insurance Policy for the FlexiPLUS package user (valid only if you selected the FlexiSENIOR package), or Accidental Death or Death Due to Illness Insurance Policy (valid only if you selected the FlexiSTART package) By signing this Application, I herewith explicitly agree that Raiffeisenbank Austria d.d. (hereinafter: 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 Users with Current Accounts OUNTR 1/2022, 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 insured amount. I am aware that RBA will forward any and all my personal information required for the execution of the above insurance package, or of the corresponding tariff, to UNIQA to the effect of the Insurance Policy Agreement execution. I accept the possibility to be contacted by UNIQA with regard to the insurance policy. Further, I confirm that RBA 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 for 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 Raiffeisenbank Austria d.d. (hereinafter: 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 1/2022, 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 RBA will forward any and all my personal information required for the execution of the above insurance package, or of the corresponding tariff, to UNIQA to the effect of the Insurance Policy Agreement execution. I accept the possibility to be contacted by UNIQA with regard to the insurance policy. Further, I confirm that RBA 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 for 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 FlexiFIT 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

Date:	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	<ul> <li>Payment System Act,</li> <li>Act on Money Laundering and Terrorist Financing Prevention,</li> <li>Civil Obligations Act,</li> <li>Act on Enforcement of Execution of Monetary Funds,</li> <li>Consumer Credit Act,</li> <li>Execution Act,</li> <li>Act on Administrative Cooperation in the Field of Taxation</li> </ul>	
Birth Name	Standard BASEL*	
PIN/OIB	<ul> <li>Act on Money Laundering and Terrorist Financing Prevention,</li> <li>Act on Enforcement of Execution of Monetary Funds,</li> <li>PIN Act,</li> <li>Act on Administrative Cooperation in the Field of Taxation</li> </ul>	
Address of residence	<ul> <li>Payment System Act,</li> <li>Act on Money Laundering and Terrorist Financing Prevention,</li> <li>Civil Obligations Act,</li> <li>Act on Enforcement of Execution of Monetary Funds,</li> <li>Consumer Credit Act,</li> <li>Execution Act,</li> <li>Act on Administrative Cooperation in the Field of Taxation</li> </ul>	
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	<ul> <li>Act on Money Laundering and Terrorist Financing Prevention,</li> <li>Act on Administrative Cooperation in the Field of Taxation</li> </ul>	
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	<ul><li>Payment System Act,</li><li>Consumer Credit Act</li></ul>	
Contact information (Telephone number, Mobile phone number E-mail address)	<ul><li>Payment System Act,</li><li>Consumer Credit Act</li></ul>	
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	<ul> <li>Act on Money Laundering and Terrorist Financing Prevention,</li> <li>Standard BASEL*</li> </ul>	
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	

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