

## DECLARATION ON HOLDING A POLITICALLY EXPOSED POSITION

### APPLICANT'S INFORMATION

Full name		Type and number of the identification document	
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I declare that:

- I am a politically exposed person\* within the meaning of the Act of 16 November 2000 on Counteracting Money Laundering Practices and Financing of Terrorism.
- I am not a politically exposed person\* within the meaning of the Act of 16 November 2000 on Counteracting Money Laundering Practices and Financing of Terrorism.

**I submit the above-mentioned declaration being aware of the criminal liability for providing factually incorrect data arising from Article 233 § 1 of the Criminal Code.**

\* within the meaning of the Act of 16 November 2000 on Counteracting Money Laundering Practices and Financing of Terrorism (Polish Journal of Laws of 2003, No. 153, item 1505, as amended), **the term "politically exposed person" refers to:**

heads of State, heads of government, ministers and deputy or assistant ministers, members of parliament, judges of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions are not subject to appeal, except in exceptional circumstances, with the exception of extraordinary procedures, members of courts of auditors or of the boards of central banks, ambassadors, chargés d'affaires and high-ranking officers in the armed forces, members of the management or supervisory bodies of State-owned enterprises – who exercise or exercised their functions during a period of one year from the date they no longer satisfy the conditions mentioned in these provisions,

spouses of persons mentioned in letter a) or cohabitants, parents and children of persons mentioned in letter a), spouses of these parents and children or their cohabitants,

persons who were closely cooperating on the professional or economic level with persons mentioned in letter a), or persons who co-own bodies governed by law, as well as persons who are the only persons eligible to take possession of the assets of the legal entities, if they were established for the benefit of these persons

- having places of residence beyond the territory of the Republic of Poland;

Date and location	Stamp and legible signature of the Applicant/Representative/Attorney

### PKOL employee's signature

*Identity confirmed based on the identification document specified in the application.*

*I declare that all copies of documents attached to the application are in compliance with the original documents presented before me.*