

CRS DECLARATION FOR NATURAL PERSONS
(including sole traders, primary producers and heirs of deceased account holders)

PART I Data of Account Holder (Customer)	
1 Name	2 Customer No.
3 Permanent address	
Name of settlement. If there is a postal code, please enter.	Country
4 Postal address (if different from the above)	
Name of settlement. If there is a postal code, please enter.	Country
5 Country of tax residence (multiple entries accepted)	6 Tax ID (if the Participating Jurisdiction issues one)
7 Place and date of birth	
PART II Declaration of the Account Holder (Customer) on foreign connection for the purpose of compliance with the provisions of Act CXC of 2015 (CRS regulation)	
<p>I hereby declare that I have read the content of the document entitled "Customer Information on CRS Declaration" and thus I am aware that if I am not only a tax resident of Hungary, Sberbank Magyarország Zrt., based on Act XXXVII of 2013 on Certain Rules of International Public Administration Cooperation Related to Taxes and Other Public Duties, supplies data to the Hungarian tax authority (NAV), which forwards the data identified in the law to the tax authority of the state concerned if the specific state is a member of the "Multilateral Competent Authority Agreement on Automatic Exchange of Financial Account Information." The information thereby transferred includes data that qualify as banking, security and business secrets, personal identification data as well as foreign tax number and invoice related information.</p> <p>Furthermore, I represent that I am the Account Holder of all accounts, which belong to my customer number marked in my present declaration (or I am authorised to sign as a representative of the Account Holder).</p> <p>By signing this declaration, I acknowledge that the data entered above are the full representation of the truth. I hereby state that I am aware of my obligation to inform the Bank of any change in the data provided above and supply the new personal details within 30 calendar days from the date I become aware of such change. I shall be liable for any and all damages resulting from the failure to comply with this obligation.</p>	
Signature	Date: (MM-DD-YYYY):
