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| Prepare | Approve |
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(For Individual Customer)

REGISTRATION FOR RELEVANT PARTY'S INFORMATION-INDIVIDUAL

Customer's name: CIF No.:

I. INFORMATION OF JOINT-ACCOUNT HOLDER/ LEGAL GUARDIAN/LEGAL REPRESENTATIVE/ AUTHORIZED PERSON/ BENEFICIAL OWNER

| | | | | | | | |
|---|---|------------------------------------|---|------------------------------------|---|------------------------------------|--|
| Relationship with Account holder | <input type="checkbox"/> Joint-account holder <input type="checkbox"/> Legal guardian/ Legal representative <input type="checkbox"/> Authorized person <input type="checkbox"/> Beneficial owner | | <input type="checkbox"/> Joint-account holder <input type="checkbox"/> Legal guardian/ Legal representative <input type="checkbox"/> Authorized person <input type="checkbox"/> Beneficial owner | | <input type="checkbox"/> Joint-account holder <input type="checkbox"/> Legal guardian/ Legal representative <input type="checkbox"/> Authorized person <input type="checkbox"/> Beneficial owner | | |
| Full name | | | | | | | |
| Date of birth | | | | | | | |
| Occupation | | | | | | | |
| Position | | | | | | | |
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Nationality (*) | | | | | | | |
| Residence status | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | | |
| ID Card/ Citizen ID Card/ Passport/ Personal Identification | Number | | | | | | |
| | Issue date | | | | | | |
| | Expiry date | | | | | | |
| | Issued by | | | | | | |
| Visa/Resident Card/ Visa exemption Document/ Identification number of foreigner | Number | | | | | | |
| | Issue date | | | | | | |
| | Expiry date | | | | | | |
| | Issuance authority | | | | | | |
| Phone No. | | | | | | | |
| Residential address/ Registered addresses in foreign countries | | | | | | | |
| Current address (If different from the residential address) | | | | | | | |
| Specimen Signature of Joint- account Holder/ Authorized person | 1 st specimen signature | 2 nd specimen signature | 1 st specimen signature | 2 nd specimen signature | 1 st specimen signature | 2 nd specimen signature | |
| | | | | | | | |

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|--|--|--|--|--|--|--|

(*): In case Joint account holder, legal guardian/ legal representative/ authorized person/ Beneficial owner has more than two nationalities, please declare more information on ADDITIONAL DECLARATION OF OTHER NATIONALITIES OF INDIVIDUAL CUSTOMER

Authorization scopes (if applicable)

1. Authorization scopes (if any)

Have full authority to use the account(s) (withdraw, transfer, request for statement...)

Other instructions (please specify):

2. Confirmation of Account holder

I hereby authorize the above-mentioned person to conduct the transactions under the authorization scopes on my behalf. The authorization takes effect from signing date until Woori Bank Vietnam receives a written notice from the Account holder. I commit to take full responsibilities for this authorization.

II. THE INDIVIDUAL CUSTOMER IS THE TRUSTEE IN THE LEGAL ARRANGEMENT AND THE ASSETS IN THE LEGAL ARRANGEMENT IS USED TO TRANSACT AT THE BANK

Information of beneficial owners of the legal arrangement

| Party(ies) in the legal arrangement | | Trustor | Beneficiary | Natural person exercising ultimate control over the legal arrangement | Other party (if any) |
|--|--------------------|--|--|--|--|
| Full name | | | | | |
| Date of birth | | | | | |
| Occupation | | | | | |
| Position | | | | | |
| Gender | | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Nationality(ies) (**) | | | | | |
| Residential status | | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident | <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident |
| ID Card/ Citizen ID Card/ Passport/ Personal Identification | No. | | | | |
| | Issue date | | | | |
| | Expiry date | | | | |
| | Issued by | | | | |
| Visa/Resident Card/ Visa exemption Document | No. | | | | |
| | Issue date | | | | |
| | Expiry date | | | | |
| | Issuance authority | | | | |

| | | | | |
|--|--|--|--|--|
| Phone No. | | | | |
| Residential address/ Registered address(es) in foreign country | | | | |
| Current address (If different from the residential address) | | | | |

(**): In case any beneficial owner of the legal arrangement has more than two nationalities, please declare more information on
ADDITIONAL DECLARATION OF OTHER NATIONALITIES OF INDIVIDUAL CUSTOMER

III. COMMITMENT

The Bank shall collect information, documents, and data from customers. If the information, documents and data related to the Bank are not provided or cannot be verified, financial transactions will be rejected or terminated in accordance with the relevant regulations. The information you provide is used for customer verification purposes only and is not used for any other purpose.

I (We) hereby confirm that the above declared information is true and correct and will take full responsibility under the laws for the provided information. In case of any changes, I (we) will notify the Bank immediately from the date of occurrence.

This registration shall be an integral part of Application cum Agreement on opening and using payment account and term deposit, application on specific product and service.

I (We) hereby confirm that I have been fully noticed about submitting this Form.

Date (DD/MM/YYYY):/...../.....

Account holder(s)/ Legal representative of the Account holder
(Sign and full name)