

Participant's credentials

Full name: ¹	
Date of birth:	
Nationality:	
Address:	
Postal code and place of residence:	
Country:	
Email address:	
Passport document number:	
Passport expiration date:	
PEP declaration: ² <i>Are you a PEP?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description of source(s) of wealth: <i>Please describe where the funds that might be spend on the execution of this Agreement come from</i>	

- ☐ I will add the following documents: 1) a proof of residency (for example in the form of a copy of your address registration or a copy of a formal letter sent to your address, not older than 1 month), 2) a copy of my passport and 3) a passport selfie (being a picture showing my face and my passport, so that SocialBlox can assess that nobody else is using my passport).

- ☐ I hereby warrant and agree to the fact that: 1) the aforementioned information is accurate, correct and up to date at the time of filing, 2) I have provided an accurate, correct and up to date proof of my residency, copy of my passport and a photograph with my own face and my passport, and 3) I have provided an accurate, correct and up to date description of my source(s) of wealth.

¹ As stated on passport.

² Politically Exposed Person, a person that holds one ore more of the following public functions:

- a. head of state, head of government, minister, deputy minister or state secretary;
- b. Member of Parliament or member of a similar legislative body;
- c. member of the board of a political party;
- d. a member of a Supreme Court, Constitutional Court or other high-level court that gives rulings against which, except in exceptional circumstances, no appeal is possible;
- e. member of a court of audit or a board of directors of a central bank;
- f. ambassador, agent or senior officer of the armed forces;
- g. member of the management, supervisory or administrative bodies of a state-owned company;
- h. director, deputy director, member of the board of directors or person holding an equivalent position at an international organization.

- ☐ By signing this document I give PCNP permission for the processing (including sharing with service providers) of the personal data I have provided, including the copy of my passport and the passport selfie.

SIGNATURE:

Name:
Date: