

Policyholder/s, foreign insurance policy



The Swedish Anti Money Laundering Act (2017:630) require Nordnet to obtain information about the ownership structure of the account. If the policyholder/s is a natural person please complete section 1 below. If the policyholder is an entity, please complete section 2a and 2b. We need information about the person/s holding more than 25 % of the shares or voting rights of the company. In case this is not applicable for the policyholder, please state information about who else has a controlling position within the company. If there are any changes regarding the information in part 1, 2a or 2b on policyholder/s or controlling person/s in the future, please note, that Nordnet need to be informed about these changes by completing this form.

- If privately-owned policy, please append approved, current identification document for each policyholders.
- If company-owned policy outside Sweden, please append an approved company registration certificate.

Account number (leave blank)	
Policy reference no.	
Company reg. no.	
Legal Owner	Insurance company name

1 The above mentioned policy reference is connected to a privately-owned policy, if yes, please complete the information below.	
Sole or first policyholder (full name/s)	Personal ID no.
Residential Address	
Postcode	Place
Joint policyholder, if applicable (full name/s)	Personal ID no.
Residential Address	
Postcode	Place

2a The above mentioned policy reference is connected to a company-owned policy, is yes please complete the information below.	
Policyholder (company name)	Company reg. no.
Registered office address	
Postcode	Place

2b Controlling persons - please complete the following section for each controlling person holding more than 25% of the shares or voting rights, directly or indirectly of the company. If the company is owned indirectly, completely or partially, please provide an organization map and attach the details with this form. If there are more than two controlling persons, please copy this page and attach the details with this form.	
<input type="checkbox"/> There is no natural or legal person who directly or indirectly owns more then 25 %, or has a controlling position within the company: please complete information about the company's Chairman of the Board, President or corresponding decision maker below.	
Controlling person 1 (natural person)	
Full name/s	Personal ID no.
Country of tax residence	
Controlling person 2 (natural person)	
Full name/s	Personal ID no.
Country of tax residence	

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Does any of the policyholders, or any other party connected to the mentioned policy reference either now or in the past/future have, or have had a politically exposed position?

No Yes. If Yes, please provide information below:

We hereby declare that the statements and answers given by us in this form are true and complete.

Signatures, legal owner	Authorised signature, Insurance company	
	Place and date	Printed name/s
	Authorised signature, Insurance company	
	Place and date	Printed name/s