

Dear Client,

According to norms of the law "Law on the Prevention of Laundering the Proceeds from Criminal Activity (Money Laundering) and of Terrorist Financing", Clients of the Bank must submit to the Bank filled in and signed Statement about Actual Beneficiaries. Actual **Beneficiary (AB)** is defined by law as a **physical person: who is owner of capital stock or ownership with voting right** (including participation obtained indirectly) or who controls (directly or indirectly) Client's of the Bank or in whose interests a

transaction is made. Actual Beneficiary is a person who has 25% or more of **capital stock or ownership with voiting right** (including participation obtained indirectly). The Bank asks you to fill in the Statement about Actual Beneficiaries.

The Bank guarantees that the Clients' personal data, data on the Clients' accounts, deposits and deeds will be kept secret. Please **FILL IN** black or blue ink, in block letters where it is necessary.

Thank you for understanding!**Client's ID**

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(To be filled by the Bank!)

1. INFORMATION ABOUT THE CLIENT

1.1. (J) Name / (F) Name, surname: _____

1.1.1. (J) Certificate of registration No.: _____

1.1.2. (F) (R) Identity code:

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 (F)(N) Date of birth: **DD/MM/YYYY****2. INFORMATION ABOUT ACTUAL BENEFICIARY INCLUDING THIRD PERSONS (AB)**2.1. **AB is filling in this Statement**2.1.1. **Name, surname:** _____(R) Identity code:

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 (N) Date of birth: **DD/MM/YYYY**(N) Identity document Nr: _____ (N) Date of issue: **DD/MM/YYYY**

(N) Institution issuing the document: _____

2.2. **AB is another person is pointed here:**2.2.1. **Name, surname:** _____(R) Identity code:

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 (N) Date of birth: **DD/MM/YYYY**

Address (street, house No, city, country): _____

(N) Identity document No: _____ (N) Date of issue: **DD/MM/YYYY**

(N) Institution issuing the document: _____

Source of information (describe): _____

2.2.2. **Name, surname:** _____(R) Identity code:

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 (N) Date of birth: **DD/MM/YYYY**

Address (street, house No, city, country): _____

(N) Identity document No: _____ (N) Date of issue: **DD/MM/YYYY**

(N) Institution issuing the document: _____

Source of information (describe): _____

2.2.3. **Name, surname:** _____(R) Identity code:

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 (N) Date of birth: **DD/MM/YYYY**

Address (street, house' No, city, country): _____

(N) Identity document No: _____ (N) Date of issue: **DD/MM/YYYY**

(N) Institution issuing the document: _____

Source of information (describe): _____

2.2.4. **Name, surname:** _____(R) Identity code:

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 (N) Date of birth: **DD/MM/YYYY**

Address (street, house No, city, country): _____

(N) Identity document No: _____ (N) Date of issue: **DD/MM/YYYY**

(N) Institution issuing the document: _____

Source of information (describe): _____

Signature: _____

2.3. (J) **There is no AB** (because nobody has more than 25%), **but I agree** to state owners known to me:

2.3.1. **I do not agree**

2.3.2. **I agree** (state): _____

2.3.2.1. Source of information (describe): _____

2.4. **AB is not known** (explain): _____

2.5. (J) **I renounce to provide written information about AB** (state reason):

3. INFORMATION ABOUT PERSON WHO FILLS IN THIS STATEMENT

I confirm by my signature that all information rendered is true and full and I undertake to notify the Bank in writing immediately about any changes in the mentioned information.

In accordance with article 195.¹ of the Criminal Code of the Republic of Latvia the person who intentionally renders untrue information to the Bank, which is authorized by the law to request information about a real owner or actual beneficiary of transaction and funds involved or other property, **can be brought to criminal responsibility.**

Note: you do not have to fill in the next point 3.1. if AB fills in this Statement and point 2.1. is filled in!

3.1. **Name, surname:** _____

3.1.1. (R) Identity code: -

3.1.2. (N) **Date of birth:** DD/MM/YYYY

(N) Identity document No: _____ (N) Date of issue: DD/MM/YYYY

(N) Institution issuing the document: _____

3.2. **Relations with Clients:** 3.2.1. (F) Client 3.2.2. Client's authorized person 3.2.3. AB of Client

Date: DD/MM/YYYY **Signature:** _____

3.3. Fill in if the Questionnaire will be send to the Bank by fax:
 (Only for the Bank's clients)

Account No:	_____
Digipass No:	_____
Key 1: K	--
Key 2:	-----

I, _____,
 /Name, Surname/

The Bank's employee (Bank's authorized person) has accepted the Statement.

Date: DD/MM/YYYY **Signature, stamp:** _____