



KIN | | | |

According to the Law of the Republic of Latvia „On the Prevention of Laundering of Proceeds Derived from Criminal Activity and Terrorism Financing„, the Bank is entitled to request from its clients, and clients are obliged to provide to the Bank the true information and documents necessary for investigation of the client, including information and documents on the true beneficiaries, transactions accomplished by clients, the economic, personal activities, financial standing, sources of money or other funds of clients and the true beneficiaries. According to the currently in force law of LR the client shall be held legally responsible for providing false information. All information provided to the Bank is strictly confidential except for the cases provided for by the law of LR.

The true beneficiary is a private person:

- who owns either directly or indirectly controls at least 25 per cent of an entrepreneur's equity or the total number of shares with voting rights or controls the entrepreneur's activities in a different way;
- who directly or indirectly has rights to property or who directly or indirectly controls at least 25 per cent of a legal formation, which is not an entrepreneur. The true beneficiary of a foundation should be considered a person or a group of persons, on whose behalf the foundation was established. The true beneficiary of a political party, a society and a cooperative society shall be considered the respective political party, society or cooperative society;
- on whose behalf or interests business relationship is formed;
- on whose behalf or interests a separate transaction is accomplished without forming a business relationship according to the Law of the Republic of Latvia „On the Prevention of Laundering of Proceeds Derived from Criminal Activity and Terrorism Financing„.

1. The Client

Company name / Name, surname: _____ KIN _____

2. Information on the true beneficiary:

Name, surname: _____ Citizenship: _____
 Personal code: _____ Birth date: _____
 Passport data: _____
 The actual address: _____
 Contact telephone number: _____ E-mail address: _____
 Is the true beneficiary or his/her relatives politically exposed persons? no yes (provide name, surname, kinship, position held): _____

3. The type of influence of the true beneficiary:

- labour relations
- family relations
- owns more than 25% of the Client's enterprises equity /shares
- other relations (describe): _____

4. Type of activities:

- hired worker: _____
(indicate the name of employer, position held)
- self-employed person*: _____
(indicate type of activities and registration number)
- owner or part owner of a company /companies: _____
(indicate name of the company, types of activities of the company, shares in per cents)
- other (specify): _____

* Self-employed person is a private person engaged in economic activities, i.e. any systematic, independent activity for remuneration.

 (name, surname)

 (signature)

 (date, place)

QUESTIONNAIRE

(true beneficiary)

5. Financial state:

5.1. The amount of income during the previous year: up to 10'000 from 10'000 to 100'000 over 100'000
(in LVL equivalent)

5.2. Sources of income:

- salary income from economic activities
 pension and/or other social allowances income from purchase/sale of securities
 inheritance interest income from deposits

dividends:
(provide name and registration country of the company)

other (specify):

5.3. Any property registered with the name of the person: no yes (indicate type of property, location or place of registration):

real estate (type, address):

movable property (specify type):

motor vehicle (make, year):

airplane (number):

ship (name, number):

securities:
(type, quantity, issuer's name; custodian)

other (specify):

5.4. Banks the true beneficiary has accounts in:

no accounts yes (provide name of the bank and country):

The Client

Hereby I confirm that information provided herein is complete and true. I undertake to inform the Bank in writing about any changes to the provided information.

.....
(name, surname) (signature) (date, place)

The true beneficiary:

Hereby I confirm that information provided herein is complete and true. I undertake to inform the Bank in writing about any changes to the provided information.

.....
(name, surname) (signature) (date, place)

CSD employee:

The questionnaire was accepted and verified by me.

.....
(position, name, surname) (signature) (date)