

**Safe Deposit Box Use Agreement
Annex No. 1**

FILL IN USING BLOCK CAPITALS!

Rīga,

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
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Client information

Client (name, surname) _____

Client No. Personal identification No./Registration No. (Country) _____

VAT registration No. (if applicable) _____

Account No. LVCBBR

Users of the Safe Deposit Box (authorized users of the Safe Deposit Box): _____

User No. 2 (Client/legal representative of the Client):

Name, surname _____ Personal identification No. and date of birth _____

Place of birth (country, city) _____

Citizenship _____ Phone _____

Signatures of Parties

CLIENT

BANK

(Signature of the Client/Client's representative)

(Signature of the Bank's representative)

/ _____ /
(Name, Surname of the Client/Client's representative)

/ _____ /
(Name, Surname of the representative of the Bank)

Digipass key (Signature) _____
(Fill in if this document will be signed and delivered to the Bank by using electronic means of communication)