

CLIENT NO.:
 (Filled in by the Bank)

**Questionnaire for a domestic legal entity or legal formation
Annex No. 1**

FILL IN CAPITAL LETTERS!

BENEFICIAL OWNER QUESTIONNAIRE

1. Client information

1.1. Company Name _____ 1.2. Registration No. _____

2. Declaration of the Client's beneficial owners (BO)

2.1. Surname, name			
2.2. Personal number			
2.3. Date of birth			
2.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
2.5. Relation to the Client:			
- directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %
- type of control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee <i>otherwise (please specify)</i>	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee <i>otherwise (please specify)</i>	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee <i>otherwise (please specify)</i>
2.6. Citizenship (nationality)			
2.7. Tax residence country (if not the Republic of Latvia)			
2.8. Tax payer number (if not the Republic of Latvia)			
2.9. Permanent residence address (street, building, apartment, city, postal code, country)			
2.10. Mobile phone No.			
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
2.12. Is the BO a politically exposed person (PEP)?	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP

6. Client's representative¹

6.1. Surname, name _____	
6.2. Signature _____	6.3. Digipass key (S) _____
6.4. Place of signature _____ (country, city)	Date _____ dd/mm/yyyy
6.5. Surname, name _____	
6.6. Signature _____	6.7. Digipass key (S) _____
6.8. Place of signature _____ (country, city)	Date _____ dd/mm/yyyy

¹ **Ignore** this section if the document has been drafted in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) indicate consent, and is considered as an *electronic signature* in accordance with the General Terms of Business.
If the document has been signed electronically using the "**Digipass key (S)**", please **fill out** the following fields only: "Surname, name", "Digipass key (S)", "Date".

FILLED IN BY THE BANK

7. Representative of the Bank¹

7.1. Surname, name _____	7.2. Signature _____	Date _____ dd/mm/yyyy
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¹ The section shall not be filled in if the document is prepared in accordance with the laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) indicate consent, and is considered as an electronic signature in accordance with the General Terms of Business.