

CLIENT NO.:
 (Filled in by the Bank)

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

FILL IN USING BLOCK CAPITALS!

BENEFICIAL OWNER QUESTIONNAIRE

1. Client information

1.1. Company Name _____ 1.2. Registration No. _____

2. Information on the Client's beneficial owners (BO)

2.1. Surname, name			
2.2. Personal identity 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 otherwise (please specify)	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 otherwise (please specify)	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 otherwise (please specify)
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

3. Client's representative¹

3.1. Surname, name _____

3.2. Signature _____ 3.3. Code calculator (Digipass) key or Blue KEY (S) _____

3.4. Place of signature _____ Date _____
(country, city) dd/mm/yyyy

3.5. Surname, name _____

3.6. Signature _____ 3.7. Code calculator (Digipass) key or Blue KEY (S) _____

3.8. Place of signature _____ Date _____
(country, city) dd/mm/yyyy

¹ **Ignore** this section if the document has been prepared in accordance with the applicable laws and regulations on the execution of electronic documents and signed with a secure electronic signature;
or
if the electronic document has been completed interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) signify giving consent, and is considered an *Electronic Signature* in accordance with the General Terms of Business.
If the document is signed with the authentication tool provided by the Bank, please **fill out** the following section fields: "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", "Date".

FILLED IN BY THE BANK

4. Representative of the Bank¹

4.1. Surname, name _____ 4.2. Signature _____

Date _____ L.S.
dd/mm/yyyy

¹ The section **shall not be filled in** if (1) the document is prepared in accordance with the laws and regulations on the execution of electronic documents and signed with a secure electronic signature or (2) 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*) signify giving consent, and is considered an *Electronic Signature* in accordance with the General Terms of Business.