

Safe Deposit Box Use Agreement Annex No. 2

FILL IN USING BLOCK CAPITALS!

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
dd mm yyyy

Rīga,

Client information

Client (name, surname) _____

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

VAT registration No. (if applicable) _____

Information of the Safe Deposit Box

A new Safe Deposit Box

Extension of the term of an existing Safe Deposit Box

Safe Deposit Box No.

Type and internal dimensions of the Safe Deposit Box (mm) **S** 50×480×310 **M** 75×480×310 **L** 300×480×310

Duration of the Agreement 12 months 24 months

The fee for the use of the Safe Deposit Box shall be charged according to the current price list (for the entire period of use).

The Key of the Client's Safe Deposit Box is kept:

With the Bank With the Client

An invoice required issued by the Bank for the payment of the Service fee:

No

Yes, please send the invoice to the e-mail address: _____

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