

The necessity to fill in this forms and the obligation to provide information to the Bank is stated in the „Law on Prevention of Legalisation of Criminal Proceeds“ of the Republic of Latvia (hereinafter – the RL) and international banking standards for controlling sources of Customers' funds.

Thank you for cooperation!

Relation of True Beneficiary to Bank Customer

Customer – legal entity		Customer – individual	
Customer's title	<input type="text"/>	Customer's name, surname	<input type="text"/>
Customer's registration No.	<input type="text"/>	Customer's ID Code* / birth date	<input type="text"/>
Type of control over Customer (% of shares or stock capital)	<input type="text"/>	Type of control over Customer	<input type="text"/>
Status towards Customer	<input type="text"/>		

*Only applicable to RL residents

True Beneficiary's Details

Name, surname	<input type="text"/>		
ID Code* / birth date	<input type="text"/>		
Passport/Other identity document:	Series	<input type="text"/>	Number
Authority that issued identity document	<input type="text"/>		
Date of issue of identity document	<input type="text"/>		
Country of issue of identity document	<input type="text"/>		
Validity term of identity document	<input type="text"/>		
Type of activities	<input type="text"/>		

*Only applicable to RL residents

True Beneficiary's Contact Details

Living address	<input type="text"/>
Telephones, Fax	<input type="text"/>
E-mail	<input type="text"/>

List of the enclosed document certifying information about the True Beneficiary

1.	<input type="text"/>
2.	<input type="text"/>
3.	<input type="text"/>
4.	<input type="text"/>

According to Article 195.¹ of the Criminal Law of the Republic of Latvia the person who deliberately provided untrue data to the Bank that is authorised by the law to request information about the true beneficiary is subject to criminal liability with application of a criminal punishment.

Hereby I certify that the information I have stated in the form is complete and true. I undertake to inform the Bank of any changes to the information within 3 business days.

Signatures

	True Beneficiary		Bank Representative	
Customer's title	<input type="text"/>	Name, surname	<input type="text"/>	
Filling in date	<input type="text"/>	Seal:	Signature:	
Filling in location:	<input type="text"/>	<input type="text"/>		
Signature:	<input type="text"/>			

Notes about verification of provided information and documents (filled in by the Bank):

<input type="text"/>
<input type="text"/>
<input type="text"/>