

PLEASE, FILL IN CAPITAL LETTERS AND MARK THE RELEVANT FIELDS
No editing, crossing over, erasing and painting

BANK:

AS „PrivatBank“, Reg. No. 50003086271, Address – Terbatas iela 4, Rīga, Latvija, LV-1134

CUSTOMER

Name, surname			
Data of birth	Document	Passport <input type="checkbox"/>	Personal ID <input type="checkbox"/>
Country of issuance			
Number of document	Date of issuance	Date of expiration	
Living address			
Mail address (if different)			
Telephone (mob.)	Fax	E-Mail	
Telephone password/Online Chat			

EMPLOYMENT DATA

Employed Self-employed

Name of enterprise _____

Activity _____

Position _____

Address of enterprise _____

WEB address _____

External service accountant, attorney or person providing external services on establishing a legal entity or business support services, opening an account on its behalf for executing financial transactions on customer's behalf (officer of justice)

Student Retired Unemployed

Purpose of using account:

Private banker services Trust services in the amount exceeding LVL 200,000 (equiv) More than 10 payment cards

Loans secured by financial instruments, except for cases when REPO transactions are executed

Purpose of using account: business¹⁾

Is your business related to Latvia? No Yes

Any documental confirmation of the above? Yes No

The source of funds incoming on the card account _____

Are you a high official (the head of the government, politician, court representative, military person, chief of a state enterprise or institution) or a family member of a high official?
 Please, state the relation _____

CARD²⁾

VISA DEBIT VISA CLASSIC³⁾ VISA GOLD³⁾ VISA PLATINUM³⁾

Please, send the Card account number, Card and corresponding PIN code to the address:

Address: _____

CARD ACCOUNT EXPENSE LIMIT

Non-cash transfers from the Card account: Daily Monthly

CARD EXPENSE LIMIT

Cash withdraw Daily Monthly

Payment by card Without limitations

INTERNET BANK

Please, send LOGIN and/or means of authorization for Internet bank to the following address:

Address _____

RECEIVING STATEMENTS FROM ACCOUNT

No 2 times a year by mail⁴⁾ To the following address

Address _____

¹⁾ Please, attach to the documents a copy of the certificate of a self-employed person (registration certificate, extract from the enterprise register, etc.).
²⁾ Upon Card expiration, a new Card is prepared automatically and is sent to the Customer if there is enough money on the Card Account for paying the Bank's commission and the Bank has not received from the Customer an application for closing the Card Account.
³⁾ Upon requesting this card, the Customer shall conclude with the Bank an insurance agreement deposit and place the respective money on the insurance deposit account.
⁴⁾ Bank 2 (two) times a year sends to the Customer the Card Account statement if the Customer is not willing to use the Internet Bank.

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I request opening a Card account, making and issuing a Card (with expense limits) and LOGIN (means of authorization) and serving them according to this Application, the General Regulations for Transactions and AS "PrivatBank" Tariffs. By this signature, I confirm that 1) I am acquainted with the General Regulations for Transactions, AS "PrivatBank" tariffs, accept them and admit them as bounding for myself; 2) the information I have submitted to the Bank is complete, correct and true; 3) I am the owner of funds on the Card Account and the only true beneficiary (if other is not stated); 4) I do not finance terrorism, do not launder proceeds derived from criminal activities and will not use services provided by the Bank for illegal purposes, including laundering proceeds derived from criminal activities and terrorist financing; 5) I shall inform the Bank immediately on all changes in the information and in the documents I have submitted to the Bank and present the respective documents; 6) the Bank has a right to process and transfer my personal data at its disposal to third persons, which provide services to the Bank, represent the Bank's interest and/or with which the Bank otherwise cooperates in the sphere of business support, providing services and carrying out functions.

I am informed that it has been coordinated with me and I agree that 1) the Bank may accept or decline this Application for opening a Card Account; 2) the Bank, on the basis of the data at its disposal, to refrain from concluding an agreement on opening and servicing a Card Account, not explaining the reason of a refusal; 3) as the date of opening and activating the Card Account (Card Account replenishment by the Customer), the date when the agreement (consisting of this Application, insurance deposit agreement (if needed), the General Regulations for Transactions, and AS "PrivatBank") comes into force is deemed, and the Customer from this moment has a right to use the Card Account and the Card; 4) the Bank has a right to use the information stated in the Application for offering services. I am aware that I can decline receiving offers via electronic means correspondingly notifying the Bank (in person, via mail, e-mail: info@privatbank.lv or using the Internet Bank).

OTHER CONDITIONS:

Date and place of signing

Customer's name, surname and signature

Bank representative's name, surname and signature, seal

I request considering this signature a pattern, which upon a necessity shall be used to identify me

APPLICATION OF THE BANK'S AUTHORIZED PERSON (HIS REPRESENTATIVE)

I _____
Name, surname

hereby certify that

Name, surname

Whose identity I have checked personally on the basis of comparing it with the data of the identification passport (passport __ personal ID ____)
No. _____ has signed this Application by his/her own hand at my presence and his/her signature is authentic.

Place, date

Signature of the authorized person (representative)

BANK'S NOTES:

Date of signing the Agreement on cooperation with the authorized person (representative)

Number: _____

Name, surname and signature of the Bank's employee

Application for opening a Card Account and additionally presented documents were checked:

Customer's NAME, SURNAME _____

Card Account Number _____

Date of activation of the Card Account and date of entering the agreement into force: _____

Card activation date _____

Limit of expenses is set as in Application _____

Other limit _____

Place

Day/month/year

Name, surname, signature of the Bank employee

Declining the Application on opening and servicing the Card Account (closing the present Card Account). Date and motivation:

Place

Day/month/year

Bank's employee's name, surname, signature