

The necessity to fill in this form and the obligation to provide information to the Bank is stated in the Law on the Prevention of Laundering the Proceeds from Criminal Activity and of Terrorist Financing 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 style="width: 100%;" type="text"/>	Customer's name, surname	<input style="width: 100%;" type="text"/>
Customer's registration No.	<input style="width: 100%;" type="text"/>	Customer's ID Code* / birth date	<input style="width: 100%;" type="text"/>
Type of control over Customer (% of shares or stock capital)	<input style="width: 100%;" type="text"/>	Type of control over Customer	<input style="width: 100%;" type="text"/>
Status towards Customer	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

* Only applicable to RL residents

True Beneficiary's Details

Name, surname	<input style="width: 100%;" type="text"/>		
ID code */ birth date	<input style="width: 100%;" type="text"/>		
Passport/Other identity document:	Series	<input style="width: 100%;" type="text"/>	Numbe
Authority that issued identity document	<input style="width: 100%;" type="text"/>		
Date of issue of identity document	<input style="width: 100%;" type="text"/>		
Country of issue of identity document	<input style="width: 100%;" type="text"/>		
Validity term of identity document	<input style="width: 100%;" type="text"/>		
Type of activities	<input style="width: 100%;" type="text"/>		
Are you a top-level official (head of government, politician, judicial authority, serviceman, head of a state company or institution) or a family member of such official?			
<input type="checkbox"/> No	<input type="checkbox"/> Yes	Please state relationship <input style="width: 100%;" type="text"/>	

* Only applicable to RL residents

True Beneficiary's Contact Details

Living address	<input style="width: 100%;" type="text"/>
Telephones, Fax	<input style="width: 100%;" type="text"/>
E-mail	<input style="width: 100%;" type="text"/>

List of the enclosed documents certifying information about the True Beneficiary

1.	<input style="width: 100%;" type="text"/>
2.	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" 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.

I hereby 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
Name, surname	<input type="text"/>	Name, surname	<input type="text"/>
Filling in date:	<input type="text"/>	Seal:	Signature:
Filling in place:	<input type="text"/>	<input type="text"/>	
Signature:	<input type="text"/>		

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

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