

Dear Customer!

In accordance with recommendations of the Financial and Capital Market Commission of the Republic of Latvia, which are developed in conformity with International Banking Standards, which oblige to receive, confirm, store and update information regarding all customers using banking services, AS "PrivatBank" (the Bank) does hereby request that you fill out the QUESTIONNAIRE. In accordance with Section 61 of the Credit Institution Law of the Republic of Latvia, the bank guarantees the confidentiality of the identity, accounts, deposits and transactions of customers.

Please fill out in block letters, with ink. Please mark with "X" where required. **Thank you for understanding!**

Customer base number (filled out by the bank) _____

1. INFORMATION ABOUT THE CUSTOMER

Name, surname: _____

Date of birth / personal ID number _____

Country of birth _____

Country of residence _____

Personal identification document data:

Name of the document: _____

Series and number: _____

Authority: _____

Country of issue: _____

Date of issue: _____

Date of expiry: _____

Contact information:

Declared address _____

Actual address _____

(in case different from declared address)

Mobile phone _____

Landline _____

E-mail _____

Other (indicate) _____

Tax residence countries:

Tax residence country _____

Taxpayer identification number _____

Tax residence country _____

Taxpayer identification number _____

Tax residence country _____

Taxpayer identification number _____

I do hereby confirm that I have indicated all countries of my tax residency, where I am a taxpayer, as well as all taxpayer identification numbers assigned to me

2. INFORMATION ON EMPLOYMENT AND SOURCES OF INCOME

A salaried employee at (name of organization, country): _____

state institution

commercial institution

public organisation

Position held:

owner of the enterprise

senior manager

other position (indicate) _____

Private business activities:

self-employed person

individual businessman

Sphere of activities (indicate): _____

Are activities related to Latvia? (for non-residents of Latvia)

Yes

No

The origin of funds:

salary

income from economic activities

from sales / rent of private property

benefit / pension

royalty remuneration (or similar remuneration)

other (indicate) _____

The amount of monthly regular income (equivalent in EUR): _____

3. WHAT BANK PRODUCTS DO YOU INTEND TO USE?

internet bank

lease of the safe-deposit box

credit / lease

payment cards (indicate the quantity): _____

operations with financial instruments

trust services for the amount:

up to 300,000 EUR (equivalent)

above 300,000 EUR (equivalent)

4. INFORMATION ON OPERATIONS (equivalent in EUR)

Type of operation	The planned monthly amount of operations	The planned maximum amount of one operation	The planned maximum monthly credit turnover
Non-cash operations, including using payment cards			
Cash operations, including using payment cards			
Indicate the countries, from which payments will be received:			
Indicate the countries, to which payments will be made:			

Will you use the account in the interests of a third party?

Yes* No

* Fill out the Identification card of a Beneficial Owner.

I agree Receive messages and commercial offers of the Bank to the e-mail address indicated in this application.

I do not agree

I agree Receive messages and commercial offers of the Bank by SMS to the mobile phone number indicated in this application.

I do not agree

I agree AS "PrivatBank", registration number: 50003086271, registered address: 1 Muižas Street, LV-1134, Riga, Latvia (the Bank), has the right: 1) to process my personal data, including request, reception and processing of my personal data from any third parties and from databases established in accordance with the procedure established by regulatory enactments, if this is required for commencement and maintenance of the Bank transactions and contractual relations with me; 2) to transfer my personal data and data on my accounts and transactions, which are at the disposal of the Bank, to third parties, which provide services to the Bank, which represent interests of the Bank and / or with which the Bank otherwise cooperates while ensuring own activities, including the Bank subsidiaries.

I do not agree

I confirm that the information given in this inquiry form is true and complete. I undertake within three (3) business days to notify the Bank in writing of any changes regarding the information specified herein.

Customer:

In the name of the Bank:

Name, surname

Representative of the Bank (name, surname)

Signature

Signature and seal

Date: _____

Place of signing (city/town, country) _____

COMMENTS AND NOTES BY THE BANK

