

Please complete in block letters and mark (X) where appropriate

True Beneficiary is a natural person: - who owns or directly or indirectly controls at least 25 percent of the share capital or voting rights of a merchant or exercises other control over the merchant's operation; - who, directly or indirectly, is entitled to the property or exercises a direct or an indirect control over at least 25 percent of a legal arrangement other than a merchant; - for whose benefit or in whose interest a business relationship is established; - for whose benefit or in whose interest a separate transaction is made without establishing a business relationship; who, directly or indirectly, controls a customer or in whose interest a transaction is made.

Base number (to be completed by the Bank) \_\_\_\_\_

## CUSTOMER

Company name/Name, surname \_\_\_\_\_  
 Registration number/personal ID number/date of birth \_\_\_\_\_

## CUSTOMER'S REPRESENTATIVE

Name, surname \_\_\_\_\_  
 Personal ID number/date of birth \_\_\_\_\_

I hereby certify that I myself am the True Beneficiary: Share (%) \_\_\_\_\_

Source of initial capital: \_\_\_\_\_  
 \_\_\_\_\_

Occupation: \_\_\_\_\_

### Tax residence countries<sup>1</sup>:

Tax residence country	_____	taxpayer identification number	_____
Tax residence country	_____	taxpayer identification number	_____
Tax residence country	_____	taxpayer identification number	_____

I confirm that I have listed all tax residence countries where I am registered as a taxpayer, as well as all taxpayer identification numbers assigned to me.

I hereby certify that the True Beneficiary is:

<b>Name, surname</b>	_____	Share (%)	_____
Personal ID number/date of birth	_____	Country of residence	_____
Identification document:	Passport <input type="checkbox"/>	Other (name)	_____
Series, number	_____	Date of issue	_____
Issuing authority	_____	Expiry date	_____
		Issuing country	_____

<b>Name, surname</b>	_____	Share (%)	_____
Personal ID number/date of birth	_____	Country of residence	_____
Identification document:	Passport <input type="checkbox"/>	Other (name)	_____
Series, number	_____	Date of issue	_____
Issuing authority	_____	Expiry date	_____
		Issuing country	_____

<b>Name, surname</b>	_____	Share (%)	_____
Personal ID number/date of birth	_____	Country of residence	_____
Identification document:	Passport <input type="checkbox"/>	Other (name)	_____
Series, number	_____	Date of issue	_____
Issuing authority	_____	Expiry date	_____
		Issuing country	_____

<b>Name, surname</b>	_____	Share (%)	_____
Personal ID number/date of birth	_____	Country of residence	_____
Identification document:	Passport <input type="checkbox"/>	Other (name)	_____
Series, number	_____	Date of issue	_____
Issuing authority	_____	Expiry date	_____
		Issuing country	_____

Pursuant to Section 195<sup>1</sup> of the Criminal Law of the Republic of Latvia, a person, who deliberately provides false information to a bank, which is authorised by law to request information regarding a true beneficiary, is subject to criminal liability and imposition of criminal punishment.  
 I hereby certify by my signature that the information I have provided in this Form is true and complete, and undertake to notify the Bank of any changes within three (3) business days.

**On behalf of Customer:**  
 \_\_\_\_\_  
 Customer representative (name, surname)

**On behalf of Bank:**  
 \_\_\_\_\_  
 Bank representative (name, surname)

\_\_\_\_\_  
 Signature, seal

\_\_\_\_\_  
 Signature, seal

Date \_\_\_\_\_

Signed (city, country) \_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> According to the law On Taxes and Duties of the Republic of Latvia, the Bank shall report the State Revenue Service about the foreign taxpayers (non-residents) and accounts, which comply with the provisions of the law On Taxes and Duties.