

## QUESTIONNAIRE ON THE POLITICALLY EXPOSED PERSON STATUS

Fill out in block letters and mark (X) where necessary.

Name, Surname

Personal number / date of birth

Do you hold / have you held any of the following important public positions in the Republic of Latvia and / or in another country:

Yes:

- The highest-level official of the state authority (President of the State)
- Deputy of the highest-level official of the state authority
- Chairperson of a municipality / a council, a Mayor
- Deputy Chairperson of a municipality / a council, a Mayor
- A member of legislative structure of federal level (in a federal state)
- Head of Government (Head of the Cabinet Minister, Prime Minister)
- Vice Prime Minister
- Minister (including Deputy Minister or Deputy Assistant Minister)
- Minister in the sphere of specific tasks
- The State Secretary or another high-level official in a government or in a state administrative unit (in a municipality)
- Deputy of a parliament (Deputy of Saeima)
- Member of the management structure (board) of a political party
- Judge (member of a judicial institution) of the constitution court, the Supreme Court or a court of another level
- Member of the council or the board of an audit institution of the highest level
- Member of the council or the board of the central bank
- Ambassador
- Chargé d'affaires
- The Supreme Commander-in-Chief (superior officer) of the Armed Forces
- Member of the council or the board of the state capital company
- Head (Director, Deputy Director) of an international organization\* and the member of its board, or the person, who holds an equivalent position in this organization.

\* For instance, United Nations, International Maritime Organization, European Council, institutions of the European Union, Organization for Security and Co-operation in Europe, Organization of American States, North Atlantic Treaty Organization etc.

(please indicate the country, where you hold the abovementioned position)

No.

Are you of kin to any person, who holds or held one of the abovementioned important public positions (a Politically Exposed Person):

Yes, I am:

- A spouse or a person equivalent to a spouse\*\*;
- A child of a politically exposed person, or a child of his/her spouse or a person equivalent to his/her spouse;
- A spouse or a person equivalent to the spouse of the child of a politically exposed person;
- A parent, a grandparent or a grandchild;
- A brother / a sister;

\*\* A person is only considered equivalent to a spouse, in case the laws of the corresponding state define such status therefor

(please indicate the country, the name, surname, and position and state of the PEP)

No, I am not.

**Whether you have business or other types of close relations with the person, who holds or held one of the abovementioned important public positions:**

**Yes:**

I have business relations (clarify:) \_\_\_\_\_

I am a shareholder or a participant in one and the same commercial company with the person, who holds or held one of the abovementioned important public positions

I am the sole owner of the legal establishment, which has been created in the interests of the person who holds or held one of the abovementioned important public positions

I have other close relationships (indicate which)\*\*\* \_\_\_\_\_

*\*\*\*Other close relationships – the relations, which are not covered by the PEP family member definition and which do not correspond to business relations; yet, which are trusting and close, namely, the persons outside the family circle (for instance, friends, girlfriends etc.), persons, who are in one and the same political party or non-governmental organization with the PEP, active prominent members of a trade union (for instance, personalities, which are well-known in society), an actual cohabiting partner of a PEP, who is not equivalent to his/her spouse, and who is not formally covered by the family member definition, as the laws of the corresponding state do not define such status therefor.*

\_\_\_\_\_  
(please indicate the country, the name, surname, position and state of the PEP)

\_\_\_\_\_  
(please indicate the name, registration number and state of registration of the enterprise)

**No, I do not.**

**With my signature, I do hereby confirm that:**

- 1) I am authorized to sign this Questionnaire in the name of the True Beneficiary, the indicated information is submitted in agreement with the True Beneficiary and is complete and authentic;
- 2) I undertake to inform the Bank on all changes in the information indicated in this Questionnaire, within 3 days.

Signature

Date and place of signing (city, state)

\_\_\_\_\_  
Note of the Bank employee, who has accepted the Questionnaire,  
date, signature, printed name, seal