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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **KYC QUESTIONNAIRE FOR A CUSTOMER LEGAL ENTITY** | | | | | | | | | Customer’s code | | |
| Dear Customer! In accordance with the international standards and the laws and regulations of the European Union (hereinafter referred to as the EU) and the Republic of Latvia, the insolvent AS “PNB Banka” (hereinafter referred to as the Bank) must obtain from you the information requested in this form. The Bank ensures confidentiality of the received information in accordance with the requirements of the laws and regulations.  We ask you to fill out all the boxes of the form in full and with good faith. The Bank would like to thank you for understanding and cooperation in filling out the form. | | | | | | | | | | | |
| **CUSTOMER'S INFORMATION** | | | | | | | | | | | |
| Name and legal form | | | | | | | | | | | |
|  | | | | | | | | | | | |
| All previous names | | | | | | | | | | | |
|  | | | | | | | | | | | |
| All trading names, if any (designation used by an entity, under which it operates day to day) | | | | | | | | | | | |
| Date of incorporation | | | | | |  | | | | | |
| Registration No | | | | | |  | | | | | |
|  | | | | | |  | | | | | |
| Country of incorporation | | | | | | | | | | | |
| Registered office address | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Current address (head office address, if differs from the registered office address) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Mailing address (if differs from the current address) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Phone number (with country code) | Mobile phone (with country code) | | | | | | | Web address | | | |
|  |  | | | | | | |  | | | |
| E-mail address | | | Skype | | | | | | | | |
|  | | |  | | | | | | | | |
| Select the language of communication with the Bank: | | Russian | | | | | English | | | Latvian | |
| Please indicate all changes of direct shareholders in the last three years, if any | | | | | | | | | | | |
| Please provide a visual scheme of ownership structure up to all natural persons, including holding percentage at each ownership level | | | | | | | | | | | |
| **INFORMATION ABOUT THE CUSTOMER’S LEGAL REPRESENTATIVE** | | | | | | | | | | | |
| Name, surname | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Any other names used (such as maiden name, former surname and alias) | | | | | | | | | | | |
| Place of birth (specify country) | | | | | | | | | | | |
| Personal identity code (for residents of the Republic of Latvia), date of birth | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Residence address (actual) | | | | | | | | | | | |
| Main tax residency country | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Phone number (with country code) | | | Mobile phone (with country code) | | | | | | | | |
|  | | |  | | | | | | | | |
| E-mail address | | | *Skype* | | | | | | | | |
| Customer`s legal representative is acting on the basis of  Statutes  power of attorney  other (specify) | | | | | | | | | | | |
| Please provide document certifying the representative rights | | | | | | | | | | | |
| Is the Customer’s legal representative a politically exposed person?  NO  YES (specify position, institution, country, period during which position was held) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Bank**  (signature) | | | | | **Customer’s legal representative**  (signature) | | | | | | |
| Is the Customer’s legal representative a family member of a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, family ties) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is the Customer’s legal representative a person who is closely connected to a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, nature of the link) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Name, surname | | | | | | | | | | | |
| Any other names used (such as maiden name, former surname and alias) | | | | | | | | | | | |
| Place of birth (specify country) | | | | | | | | | | | |
| Personal identity code (for residents of the Republic of Latvia), date of birth | | | | | | | | | | | |
| Residence address (actual) | | | | | | | | | | | |
| Main tax residency country | | | | | | | | | | | |
| Phone number (with country code) | | | Mobile phone (with country code) | | | | | | | | |
|  | | |  | | | | | | | | |
| E-mail address: | | | *Skype* | | | | | | | | |
|  | | |  | | | | | | | | |
| Customer`s legal representative is acting on the basis of  Statutes  power of attorney  other (specify) | | | | | | | | | | | |
| Please provide document certifying the representative rights | | | | | | | | | | | |
| Is the Customer’s legal representative a politically exposed person?  NO  YES (specify position, institution, country, period during which position was held) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is the Customer’s legal representative a family member of a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, family ties) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is the Customer’s legal representative a person who is closely connected to a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, nature of the link) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Name, surname | | | | | | | | | | | |
| Any other names used (such as maiden name, former surname and alias) | | | | | | | | | | | |
| Place of birth (specify country) | | | | | | | | | | | |
| Personal identity code (for residents of the Republic of Latvia), date of birth | | | | | | | | | | | |
| Residence address (actual) | | | | | | | | | | | |
| Main tax residency country | | | | | | | | | | | |
| Phone number (with country code) | | | Mobile phone (with country code) | | | | | | | | |
|  | | |  | | | | | | | | |
| E-mail address | | | *Skype* | | | | | | | | |
|  | | |  | | | | | | | | |
| Customer`s legal representative is acting on the basis of  Statutes  power of attorney  other (specify) | | | | | | | | | | | |
| Please provide document certifying the representative rights | | | | | | | | | | | |
| Is the Customer’s legal representative a politically exposed person?  NO  YES (specify position, institution, country, period during which position was held) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is the Customer’s legal representative a family member of a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, family ties) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Is the Customer’s legal representative a person who is closely connected to a politically exposed person?  NO  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, nature of the link) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **INFORMATION ABOUT THE CONTACT PERSON OF THE CUSTOMER** (provided information will be used if the Customer could not be reached) | | | | | | | | | | | |
| Name, surname | | | | | | | | | | | |
| Phone number (with country code) | | | | | Mobile phone (with country code) | | | | | | |
| E-mail address | | | | | *Skype* | | | | | | |
| **Bank**  (signature) | | | | | **Customer’s legal representative**  (signature) | | | | | | |
| **INFORMATION ABOUT BUSINESS ACTIVITY OF THE CUSTOMER** | | | | | | | | | | |
| **Business profile of the Customer’s business activity:** | | | | | | | | | | |
| Wholesale trade | | | | Transport services, storage | | | | | | |
| Retail trade | | | | Information technologies and telecommunication | | | | | | |
| Manufacturing, processing industry | | | | Agriculture, forestry and fishing | | | | | | |
| Financial and investment activities(specify): | | | | Real estate operations | | | | | | |
| Transactions with securities | | | | Construction | | | | | | |
| FOREX transactions | | | | Extractive industry | | | | | | |
| Investments into shares of other companies | | | | Tourism, hotel industry | | | | | | |
| Organization of gambling | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |
| **Regions of the Company’s business activity** (countries, where the commercial activity is carried out) | | | | | | | | | | |
| Latvia | | | | | | | | | | |
| ЕU (specify) | | | | | | | | | | |
| CIS (Commonwealth of Independent States) (specify) | | | | | | | | | | |
| Other countries, regions (specify) | | | | | | | | | | |
| The Customer is a company, political party, cooperative society, municipality or municipal company | | | | | | | | | | |
| **Detailed description of the Company’s main activity:** | | | | | | | | | | |
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| **Does the percentage of passive gross income of your Company in total gross yield constitute at least 50%? (passive income may be, for example, interest income, dividends, rental income as well as royalty fee)**  NO  YES | |
| **Is any license or special permit required for the specified types of activity and operations at the main place of business?**  NO  YES (please provide to the Bank copies of license / permit) | |
| **Does the Company have an obligation to submit financial statements to the state authorities?**  NO  YES (please provide to the Bank financial statements for the last reporting period) | |
| **Actual period of the Company‘s business activity** \_\_\_\_\_\_( years) \_\_\_\_\_\_( months) | |
| **Type of the business activity** | |
| permanent  seasonal (please specify period type) | |
| **Number of employed persons** | |
| less than 10 10-50  50-250  more than 250 | |
| **Annual net turnover of the Company (EUR)** | |
| 0-500 k 500 k-1 m 1-10 m  more than 10 m | |
| **Are the Financial Statements of the company submitted to the official institution** | |
| Are the Financial Statements of the company submitted to the official institution?  NO  YES | |
| Are the Financial Statements of the company audited?  NO  YES | |
| Was the Financial Statement for the last accounting period submitted to the official institution?  NO  YES | |
| **Source of funds for the intended acquisition of the asset** (please specify the information outlined in the brackets)**:** | |
| income from business activity (nature of income, amount and date when the income has been received) | |
| borrowed funds (name of the person who provided the funds and reasons for providing it, amount and date) | |
| other (type of income, nature of income, amount and date when the income has been received) | |
| Please provide details outlined above for each indicated source of funds, brief description of all sources of funds and any other relevant details.  **Please note that you are required to provide supporting documentation for all identified sources of funds, e.g. copy of the contact, transaction/receipt confirmation and other supporting information/documents depending on the indicated source of funds.**  **List all supporting information/documents provided/to be provided to the Bank.** | |
| **Bank**  (signature) | **Customer’s legal representative**  (signature) |

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| --- | --- | --- |
| **ACCOUNTS IN OTHER BANKS** | | |
| NO  YES (please specify) | | |
| **Other bank** | | **Country** |
| 1. | | 1. |
| 2. | | 2. |
| 3. | | 3. |
|  | | | |
| By signing it, I hereby confirm that the submitted information is true and accurate and I undertake to notify the Bank immediately in writing about all the changes in the submitted information. I am informed and agree that in accordance with Article 195.1 of the Criminal Code of the Republic of Latvia the provision of false information to the Bank is a criminal infraction and is punishable under the criminal law. I am informed and agree that the Bank is entitled to verify the information and obtain additional information on the Customer (as well as on authorized representative of the Customer) and on Customer's beneficial owner in the extent and according to procedures specified in regulations that related to money laundering and terrorist financing prevention area. I undertake to submit the required documents at the first request of the Bank and within the time limit set by the Bank. | | | |
| **SIGNATURE OF THE CUSTOMER’S LEGAL REPRESENTATIVE/S** | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | | Position, signature, name, surname of the Customer’s legal representative | |
|  | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | | Position, signature, name, surname of the Customer’s legal representative | |
|  | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | | Position, signature, name, surname of the Customer’s legal representative  **L.S.** | |
|  | |
| **SIGNATURE OF THE BANK EMPLOYEE** | | | |
| Face to face identification of the Customer or Customer’s legal representative has been performed. Authorization of the Customer’s legal representative has been checked. The document has been signed in my presence. | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | | Position, signature, name, surname of the employee of the Bank | |
|  | |
| **NOTES OF THE BANK** | | | |
|  | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | | Position, signature, name, surname of the representative of the Bank  **L.S.** | |
|  | |