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| **CUSTOMER’S BENEFICIAL OWNER CARD** *(for Customer – legal entity)* | Customer’s code |
| **CUSTOMER'S INFORMATION**  |
| Name  |
| Registration number |
| **INFORMATION ABOUT THE CUSTOMER’S BENEFICIAL OWNER\*** |
| \*Beneficial owner - a natural person: * who owns, in the form of direct or indirect shareholding, more than 25 % (*twenty-five* *per cent*) of the capital shares or voting stock of the legal person or who directly or indirectly controls it;
* who owns or in whose interests a legal arrangement has been established or operates, or who directly or indirectly exercises control over it, including who is the founder, proxy or supervisor (manager) of such legal arrangement;
* on whose behalf, for whose benefit or in whose interests business relationship is being established or an occasional transaction is being executed with the insolvent AS “PNB Banka” (hereinafter referred to as the Bank).
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| ***Information about the beneficial owners (please fill out a separate card for each person).*** ***I, hereby, confirm that the Customer’s beneficial owner is:*** |
| Name, Surname |
| Any other names used (such as maiden name, former surname or alias) |
| Date of birth and personal identity number (for residents of the Republic of Latvia) / date of birth (for non-residents of the Republic of Latvia)  | Place of birth (specify country) |
| Personal identity document number and series |
| Issuing authority of the identity document, country and date of issue |
| Validity period of identity document |
| Nationality |
| Country of permanent residence |
| Declared place of residence |
| Actual residence address (if differs from the declared one) |
| Mailing address (if differs from the declared one) |
| Phone number (with country code): |
| Email address:  |
| Type of exercised control: [ ]  directly or indirectly owns shares / stocks of the Customer’s equity (specify %) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  other type of control over the Customer (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| INFROMATION ABOUT THE SOURCE OF WEALTH AND ITS ORIGIN: |
| Please specify the total net worth of the beneficial owner in euro: |
| **Bank**(signature)  | **Customer’s legal representative** (signature)  |

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| Please specify source(s) of wealth and its origin: |
| **[ ]** salary//earnings/royalties (full name of the employer/ full names of legal entities providing earnings and the amount of salary/earningsfor the last six (6) months and the statements on annual salary for last year including bonuses) |
| [ ]  savings/deposits (assets and sources of the assets forming savings/deposits) |
| [ ]  inheritance (full name of the deceased from whom an inheritance has been received and the received amount/value) |
| [ ]  deed of gift (full name of the grantor of the gift and the amount/value of the gift) |
| [ ]  maturity/surrender of life insurance policy (full name of the policy provider and the received amount) |
| [ ]  property/property sale (type of the property (movable or immovable property) and sale price) |
| [ ]  sale or profit from stocks or other investments (full name of the legal entity and type of investment) |
| [ ]  dividends/interest (full name of the legal entity/payer of interest) |
| [ ]  sale of capital shares of a legal entity (full name of the legal entity and sale price) |
| [ ]  other (provide relevant details on the involved parties and total transactional amount 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 wealth, e.g. copy of the contact, transaction/receipt confirmation and other supporting information/documents depending on the indicated source of funds. In addition to the supporting documentation please provide a CV of the Customer’s beneficial owner outlining education and previous professional experience.****List all supporting information/documents provided/to be provided to the Bank.**  |
| INFORMATION ABOUT TAX RESIDENCY OF THE CUSTOMER’S BENEFICIAL OWNER, ACCORDING TO FATCA (*THE FOREIGN ACCOUNT TAX COMPLIANCE ACT*) AND OECD CRS (*ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT COMMON REPORTING STANDARD*) |
| Tax Resident is a person whose income is taxed in accordance with the legislative and regulatory acts of the country concerned. For example, based on a permanent residence, period of stay (usually not less than 183 days within 12 months), close personal or economic relationship or other criteria that require taxation of income. |
| Specify Tax Residency country and tax identification number of the beneficial owner (if several, indicate all): |
| **Country** | **Tax identification number** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| **Is the beneficial owner a U.S. citizen or he has a U.S. taxpayer status?**[ ]  NO [ ]  YES (necessary to fill in a W-9 form provided by the Bank representative)ин |
| **INFORMATION REGARDING BENEFICIAL OWNER’S STATUS OF POLITICALLY EXPOSED PERSON** |
| **Politically exposed person** - a person, who is entrusted or was entrusted with prominent public position in the Republic of Latvia, the country of a member state of the European Union or the European Economic Area, or in a third country other than the Republic of Latvia, the country of a member state to the European Union or the European Economic Area, including a prominent public official, the head of state administrative unit (local government), the head of the government , a minister ( a deputy minister or a deputy minister assistant , if such a position exists in the state), a state secretary or another high rank officials in the government or in the state administrative unit (local government), a member of the parliament or a member of a similar legislative structure, a member of a governing body (board) of a political party, a judge of the constitutional court , supreme court or a judge of another court (member of a judicial institution), a member of the council or of the board of a high-ranking audit (review) commission, a member of the council or of the board of a central bank, an ambassador, a chargé d’affaires, a high-ranking military officer, a member of the council or of the board of a state-owned enterprise, head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization.**Member of the family of politically exposed person** - a spouse or a person equivalent to a spouse. A person shall be treated as equivalent to a spouse provided that the laws of the respective country contain a provision for such status; a child or a child of a spouse of a politically exposed person, or of a person equivalent to a spouse, his/her spouse or a person equivalent to a spouse parents, grandparents, grandchildren, brothers and sisters.**Person closely connected to a politically exposed person** - a natural person, about whom it is known to have business or other close relationship with any politically exposed person, or who is a shareholder or participant of the business society with any politically exposed person, as well as a natural person that is a sole owner of a legal arrangement that is known to be established for the benefit de facto of any politically exposed person.  |
| **Bank**(signature) | **Customer’s legal representative** (signature) |
| **Is the beneficial owner a politically exposed person, family member of a politically exposed person, or person closely connected to a politically exposed person?** |
| [ ]  YES (please fill in the following information): [ ]  NO  |
| 1. [ ]  is a politically exposed person |
| 2. [ ]  is a family member of a politically exposed person |
| 3. [ ]  is a person who is closely connected to a politically exposed person |
| Country where politically exposed person holds/held prominent public position |  |
| Name, surname of politically exposed person (only paragraphs 2, 3)  |  |
| Occupied position (only paragraphs 1,2,3): |
| [ ]  Head of State | [ ]  Other high level official in government or state administrative unit (municipality, including deputy at municipal level) | [ ]  Ambassador or chargés d’affaires |
| [ ]  Head of state administrativeunit(municipality) | [ ]  Member of parliament or member of other similar legislative bodies | [ ]  Member of Central bank’s council or board |
| [ ]  Head of government | [ ]  Member of governing bodies (board) of a political party | [ ]  High-ranking military officer  |
| [ ]  Minister, deputy ministeror a deputy minister assistant | [ ]  Judge of constitutional court, supreme court or a judge of another court (member of a judicial institution) | [ ]  Member of the council or of the board of a state-owned enterprise  |
| [ ]  State secretary | [ ]  Member of the council or of the board of a high-ranking audit (review) commission  | [ ]  Head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization  |
| Institution where politically exposed person holds/held position (for paragraphs 1,2,3) |  |
| Period during which position is/was held (for paragraphs 1,2,3) |  |
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| 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 |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the Customer’s legal representative |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the Customer’s legal representative **L.S.** |
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| **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 |
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| **NOTES OF THE BANK** |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the representative of the Bank**L.S.**  |
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