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| **CUSTOMER’S NOTIFICATION ABOUT BUSINESS ACTIVITY**(for Customer – natural person, including entrepreneurs who own a legal entity) | Customer’s code |
| **CUSTOMER'S INFORMATION** |
| Name, surname |
| Date of birth |
| **INFORMATION ABOUT THE CUSTOMER’S BUSINESS ACTIVITY**  |
| [ ]  transport services | [ ]  construction  |
| [ ]  consultancy and agent services | [ ]  tourism |
| [ ]  real estate operations (specify) |  |
| [ ]  trading (specify) |  |
| [ ]  manufacturing (specify) |  |
| [ ]  Information technologies and telecommunication (specify) |  |
| [ ]  other (specify) |  |
|  |  |
| **Regions of the business activity (**countries, where the commercial activity is carried out) |
| [ ]  Latvia  |
| [ ]  ЕU (European Union) (specify) |  |
| [ ]  CIS (Commonwealth of Independent States) (specify) |  |
| [ ]  Other countries, regions (specify) |  |
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| **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 a license/permit)  |
| **MAIN BUSINESS PARTNER** **FOR INCOMING PAYMENTS, INCL. WHEN RELEVANT FOR SOURCE OF FUNDS (IF APPLICABLE)** |
| (A main business partner is a partner, transactions with whom form a significant part (more than 30%) of the annual debit or credit turnover)  |
|  | 1 Business partner | 2 Business partner | 3 Business partner |
| Name of the business partner |  |  |  |
| Registration No. of the business partner/ date of birth and personal identification code, if applicable |  |  |  |
| Country of the business partner registration/ Country of residence |  |  |  |
| Country of the business partner business activity/ Country to where products/ services are supplied |  |  |  |
| Type of the business partner main business activity/ product, service name, type of transactions  |  |  |  |
| Specify the source of public information about the business partner (web address) or, in the absence thereof additional information: |  |  |  |
| 1. If the business partner is included in the holding, please specify the name of the holding
 |  |  |  |
| **Bank** (signature) | **Customer or Customer’s legal representative** (signature) |
| 1. Key business partners and sources of public information about them
 |  |  |  |
| 1. Name, surname, date of birth of the beneficial owner of the business partner
 |  |  |  |
| **MAIN BUSINESS PARTNER** **FOR OUTGOING PAYMENTS (IF APPLICABLE)** |
| (A business partner, transactions with whom form a significant part (more than 30%) of the annual debit or credit turnover)  |
|  | 1 Business partner | 2 Business partner | 3 Business partner |
| Name of the business partner  |  |  |  |
| Registration No. of the business partner/ date of birth and personal identification code, if applicable |  |  |  |
| Country of the business partner registration/ Country of residence |  |  |  |
| Country of the business partner business activity/ Country to where products/ services are bought |  |  |  |
| Type of the business partner main business activity/ product, service name, type of transactions  |  |  |  |
| Specify the source of public information about the business partner (web address) or, in the absence thereof additional information: |  |  |  |
| 1. If the business partner is included in the holding, please specify the name of the holding
 |  |  |  |
| 1. Key business partners and sources of public information about them
 |  |  |  |
| 1. Name, surname, date of birth of the beneficial owner of the business partner
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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 owner beneficiary 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 OR CUSTOMER’S LEGAL REPRESENTATIVE** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Signature, name, surname of the Customer or Customer’s legal representative  |
|  |  |
| **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 AS THE BANK** |  |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the representative of the Bank**L.S.** |