

**APPLICATION FOR DESIGNATION OF ELECTRONIC SIGNATURE
 AUTHORITY FOR MEANS OF IDENTIFICATION IN THE SYSTEM
 PNB INTERNETBANKA/PNB SMS-BANKA**

Client CIF-code

Riga _____ 20____

The Client (natural/legal entity)

Name, Surname / Name	Identity Number (for resident of Republic of Latvia) or birth date (for non-residents resident of Republic of Latvia) / Registration Number	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Personal identity document series and number, issuing authority / Registration country, name of register	Identity document issue date / Registration date (for natural person, if there is no identity number)	
Name of the Client representative (name, surname, identity number for resident of Republic of Latvia or birth date for non-residents of Republic of Latvia)	The Client representative (if applicable) is acting on the basis of <input type="checkbox"/> Articles of Association <input type="checkbox"/> Power of Attorney <input type="checkbox"/> _____	
Personal identity document series and number, issuing authority	Identity document issue date	

asks AS "PNB Banka" (unified registration No. 40003072918), hereinafter referred to as the Bank:

In the system PNB Internetbanka / PNB SMS-Banka:

To grant the right to regulate the scope of authority for the chosen means of identification (DigiPass or Identification Table), by sending the Bank the standardized notice in the system PNB Internetbanka / PNB SMS-Banka

Means of identification with Serial No.	Have the right to regulate the scope of authority for the means of identification with Serial No.
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To designate electronic signature authority for the chosen *DigiPass* devices

<i>DigiPass</i> device, Serial No.	authority to sign payment orders and other documents addressed to the Bank individually.
<i>DigiPass</i> device, Serial No.	authority to sign payment orders and other documents addressed to the Bank individually.
<i>DigiPass</i> device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with <i>DigiPass</i> device, Serial No. and Serial No.
<i>DigiPass</i> device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with <i>DigiPass</i> device, Serial No. and Serial No.
<i>DigiPass</i> device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with <i>DigiPass</i> device, Serial No. and Serial No.

Client's / Client representative's signature

(position, signature, name, surname)	S.s.
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Filled in by the Bank

Powers of Client's representative (if any) are verified. Client's (Client's representative) identity is verified. The Application is signed in my presence. Received by the Bank on:	
Date _____ 20____	(position, signature, name, surname)