

AS "PNB Banka", reg. No. 40003072918 15-2 Elizabetes street, Riga, Latvia, LV-1010 Phone: (+371) 67041100, fax: (+371) 67041111 e-mail: info@pnbbanka.eu, www.pnbbanka.eu

APPLICATI

APPLICATION FOR "PNB SMS-Banka" SERVICE		Client CIF code	
🗌 Riga 🔹 📄			20
Client (natural/legal entity)			-
Name, Surname / Name	birth date (mber (for resident of Republic of Latvia) or for non-residents resident of Republic of egistration Number	Resident
Personal identity document series and number, issuing authority/Regi country, name of register	istration	Identity document issue date / Registrati	on date
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 o Articles of Association Power of Attorney	
Personal identity document series and number, issuing authority		Identity document issue date	
hereby asks AS "PNB Banka" (unified registration No. 4000307291 Bank account remote management System "PNB SMS-Banka", to			ents access to the
(1) Receiving information on all incoming and outgoing transac		onowing services.	
For all of Client's card accounts			
For the following card accounts of the Client: (indicate the nu	umber of the c	ard ACCOUNT or the payment card associa	ted with the card
ACCOUNT)	ce**	_; transaction type: incoming outgo	ing 🔲 all;
		lay between 9 a.m. and 10 p.m.	
to the Client's mobile phone:	-		
(indicate the telephone number and code		(indicate the e-	mail address)
LLLLLLLLLLL limit*; minimum balanc	Ce**	_; transaction type: 🔲 incoming 🗌 outgoin	ng 🗌 all;
	-	lay between 9 a.m. and 10 p.m.	
to the Client's mobile phone:	-	· <u> </u>	
(indicate the telephone number and code)		(indicate the e-mail address)	
For all Client's settlement accounts			
For the following settlement accounts of the Client: (indicate the client)	the settlemen	t ACCOUNT number)	
LVLLLATBLLLLLLLLL limit*; transaction to the Client's mobile phone:			
(indicate the telephone number and code		(indicate the e-	mail address)
24 hours a day or between 9 a.m. and 10 p.m.			
at 9 a.m. (Latvian time) on each banking day - account balance at	t the end of th	ne previous banking day:	
at 9 a.m. (Latvian time) on the first banking day of each week - ac			evious week:
at 9 a.m. (Latvian time) of the first banking day of each month - ad			
			evious month,
at the time specified, the current balance of the account (please s	· · -		
LVLLLATBLLLLLLLLLL limit*; transa to the Client's mobile phone:		ient's e-mail address:all;	
(indicate the telephone number and code		(indicate the e-	mail address)
24 hours a day or between 9 a.m. and 10 p.m.	-,	(,
at 9 a.m. (Latvian time) on each banking day - account balance at	t the end of th	ne previous banking day:	
at 9 a.m. (Latvian time) on the first banking day of each week - ac			evious week:
at 9 a.m. (Latvian time) of the first banking day of each week - ac		-	
at the time specified, the current balance of the account (please s		,	
* if a limit has been set, the Bank will notify you of any transaction exc	Leeding the lif		

** if a minimum balance has been set, the Bank will notify you when the balance of a card account has reached the limit specified by you

Client's signature

(2) Receiving information on selected transactions/events in the Clier	t's accounts and receiving other selected information:		
end of the term of deposit (three days before the end of the term of dep	posit);		
expiry of the Client's agreement on safe rental (3 days before expiry);			
each successful execution of the Client's payment orders;			
if a Client's payment order has been declined;			
currency exchange transactions completed;			
each successful execution of an regular payment;			
each regular payment not executed;			
if a SWIFT confirmation has been dispatched ;			
if an identification device (means) of the Client has been blocked ;			
preparing Client's payment card; expiry of Client's payment card.			
24 hours a day or every day, between 9 a.m. and 10 p.m. (please select one)			
	o the Client's e-mail address:		
(indicate the phone number and code)			
(indicate the phone number and code)	(indicate the e-mail address)		
Client's confirmation	(indicate the e-mail address)		
	(indicate the e-mail address)		
Client's confirmation			
Client's confirmation By signing this Application, the Client confirms the following: — it has become acquainted with the Bank's General Provisions for T			
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(position, signature, name, surname)

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(position, signature, name, surname)

Date_

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