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| --- | --- |
| **CUSTOMER’S TAX RESIDENCY DECLARATION***(for Customer – natural person)* | Customer’s code |
| **CUSTOMER'S INFORMATION** |
| Name, surname |
|  |
| Date of birth |
|  |
| **INFORMATION ABOUT THE CUSTOMER'S TAX RESIDENCY ACCORDING TO FATCA AND OECD CRS** |
| *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.* |
| **Please specify Tax Residency country and tax identification number** (if several, indicate all): |
| **Country** | **Tax identification number** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| Are you a U.S. citizen or do you have a U.S. taxpayer status?[ ]  NO [ ]  YES (it is necessary to fill W-9 form provided by the representative of the insolvent AS “PNB Banka” |
|  |
| *By signing it, I hereby confirm that the submitted information is true and accurate and I undertake to notify the insolvent AS “PNB Banka” (hereinafter referred to as 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 criminal law. I am informed and agree that the Bank reserves the right of validity check of the information, as well as the right to obtain information about the Customer. 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 CUSTOMER OR CUSTOMER’S LEGAL REPRESENTATIVE** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Signature, name, surname of the Customer or Customer’s legal representative  |
|  |  |
| **SIGNATURE OF THE INSOLVENT AS “PNB Banka” 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, if applicable. The document has been signed in my presence. |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the employee of the insolvent AS “PNB Banka” |
|  |  |
| **NOTES OF THE INSOLVENT AS “PNB Banka”** |  |
|  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the representative of the insolvent AS “PNB Banka”***L.S.*** |
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