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| **CUSTOMER’S BENEFICIAL OWNER** **CONFIRMATION**  *(for Customer - legal entity)* | Customer’s code |
| **CUSTOMER'S INFORMATION** | |
| Name | |
| Registration number | |
| **CONFIRMATION OF BEING THE CUSTOMER’S BENEFICIAL OWNER\*** | |
| Name, Surname | |
| Any other names used (such as maiden name, former surname and 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) | |
| Nationality | |
| Country of permanent residence | |
| Type of the exercised control over the Customer and percentage of the controlled capital shares or stock (specify the type of the executed control) | |
| Personal identity document number and series (for non-residents of the Republic of Latvia) | |
| Issuing authority of the identity document, country, date of issue (for non-residents of the Republic of Latvia) | |
| \* 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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| By signing below, I hereby confirm the veracity of the presented information and undertake to notify the Bank immediately in writing about all the changes in the specified information. | |
| **SIGNATURE OF CUSTOMER’S BENEFICIAL OWNER** | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Signature, name, surname of the Customer’s beneficial owner |
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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.** |