

QUESTIONNAIRE FOR A CLIENT

(for natural persons non-residents of the Republic of Latvia)

Phone: (+371) 67041100, fax: (+371) 67041111 e-mail: info@pnbbanka.eu, www.pnbbanka.eu Client's code

AS "PNB Banka", reg. No. 40003072918 15-2 Elizabetes street, Riga, Latvia, LV-1010

Dear Client! In accordance with the international standards and the laws and regulations of the European Union and the Republic of Latvia, AS "PNB Banka" (hereinafter referred to as the Bank) must obtain from you the information requested in this form. The Bank ensures confidentiality of the received information in accordance with the requirements of the laws and regulations.

We ask you to fill out all the boxes of the form in full and with good faith. The received information will allow the Bank to offer you attractive Banking services. The Bank would like to thank you for understanding and cooperation in filling out the form

CLIENT'S INFORMATION						
Name, surname						
Date of birth			Place of birth (specify country)			
Declared place of residence						
Actual residence address (if differs from the declared one)						
Mailing address (if differs from the declared one)						
Phone number (with country code)			Mobile phone number (with country code)			
E-mail address			Skype	_		
Select the language of commun the Bank:		ussian	English [Latvian		
INFORMATION ABOUT TH	IE CONTACT PERSON OF	THE CLIE	ENT (provided information will be used if the	Client could not be reached)		
Name, surname						
Phone number (with country code)			Mobile phone number (with country code)			
E-mail address			Skype			
INFORMATION ABOUT TH	E CLIENT'S LEGAL REPR	ESENTAT	IVE (if any)			
Name, surname						
Personal identity number and date of birth (for residents of the Republic of Latvia) or date of birth (for non-residents of the Republic of Latvia)						
Declared place of residence (actual)						
Client's legal representative acts on the basis of						
POA other (specify)						
INFORMATION ABOUT THE CLIENT'S STATUS AND SOURCE OF INCOME						
wage earner	student	entre	preneur gove	rnment employee		
Name of employer/ educational institution	Country of employer/ educational institution		Type of activities	Position		
holder of pension	unemployed person	othe	r (specify)			
Is the above-mentioned type of activity connected to the Republic of Latvia?						
□ NO □	YES					
Bank			Client			
	16	signature)		(signature)		

Source of income:							
salary/royalties	inhe	eritance	scholarship				
revenue from sale of capital shares (stocks)		ed of gift	pension				
self-employment person (specify type of activity)							
lease of personal property (specify the type of property)							
sale of personal property (specify the type of property)							
real estate transactions (specify the type of real estate)							
dividends / interest (specify the payer)							
other (specify)							
Client's average monthly income in EUR (please specify the	he amount)					
REASONS FOR OPENING OF ACCOUNT IN LATVIA							
possibility of providing services to foreign clients	resid	lence permit in Latvia	competitive rates				
partners have accounts opened in the banks in Latvia	indiv	vidual service	property in Latvia				
accessibility (business hours, online bank, etc.)		le financial system	stable political environment				
other (specify)							
ACCOUNTS IN OTHER BANKS							
NO YES (p	lease spec		Country				
Dank			ountry				
1.		1.					
2.		2.					
3. THE BANK'S SERVICES PLANNED TO BE USED		3.					
settlement accounts		gn exchange transactions	loans / lease				
payment cards		sactions with financial instruments	trust transactions				
remote account management		ngs accounts	deposits				
payments: USD EUR other currencie	s (specify)						
other (specify)							
INFORMATION ON BUANNED INCOMING DAYMENT	-	"DND Davida"					
INFORMATION ON PLANNED INCOMING PAYMENT Please specify purpose of payments:	S IN AS	"PNB Banka"					
salary/ royalties	inhe	ritance	loan (credit)				
income from personal property	gift		scholarship				
interest receivable/ dividends	pension		Solicialsinp				
other (specify)	□ реп	51011					
Please specify countries from where payments will arrive:							
Bank		Client					
(s	ignature)		(signatur	re)			

INFORMATION ON PLANNED OUTGOING PAYMENTS	S IN AS "PNB Banka"					
Please specify purpose of payments:						
household expenses	repayment of credits	issue of loan				
other (specify)						
Please specify countries to which the payments will be ma	ade:					
PLANNED MONTHLY TRANSACTIONS ON ACCOUNT	rs (EUR)	T				
Type of transaction	Number of transactions	Maximum turnover per month				
Incoming non-cash payments						
Outgoing non-cash payments						
Cash deposit						
Cash withdrawal, including using a payment card						
PLANNED MAXIMUM AMOUNT OF ONE TRANSACTION	ON (EUR)					
Type of transact	Amount					
Non-cash transaction, incl. with a payment card						
Cash transaction, incl. with a payment card						
If financial transactions that do not form a regular monthly turnover are planned, please specify the purpose and the amount in EUR (e.g. sale of property, deposit etc.).						
(c.g. sale of property, aspest stee.).						
PLANNED AVERAGE AMOUNT OF BALANCE OF ACCOUNTS (IN EUR)						
(specify the amount)						
WILL THE TRANSACTIONS ON THE ACCOUNTS BE LINKED TO THE BUSINESS ACTIVITY OF THE CLIENT?						
WILL THE TRANSACTIONS ON THE ACCOUNTS BE LINKED TO THE BUSINESS ACTIVITY OF THE CLIENT?						
NO YES (please fill out the form "Notification of client - natural person non-resident of the LR about business activity")						
ARE YOU A BENEFICIARY, I.E. A TRUE BENEFICIARY AND PARTY CONCERNED, IN TRANSACTIONS WITH THE BANK?						
YES NO (please fill out the form "True beneficiary's card for client - natural person non-resident of the LR")						
By signing it, I hereby confirm that the information given 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 reserves the right of validity check of the information, as well as the right to obtain information about the Client. 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 CLIENT/CLIENT'S LEGAL REPRESENTATIVE						
Signatu	re, name, surname of the Client/Client's legal rep	resentative				
Date: 20						
SIGNATURE OF AS "PNB Banka" EMPLOYEE/INTERMEDIARY						
Identification of the Client/Client's legal representative has been performed. Authorization of the Client's legal representative has been checked. The document has been signed in my presence.						
3 , ,	n, signature, name, surname of the employee/intern	nediary of AS "PNB Banka"				
Date: 20						
NOTES OF AS "PNB Banka"						
Position	n, signature, name, surname of the representative	of AS "PNB Banka"				
Date: 20		L.S.				