

## CLIENT'S BENEFICIAL OWNER CARD

(for legal entities non-residents of the Republic of Latvia)

Client's code

### CLIENT'S INFORMATION

Name

Registration number

### INFORMATION ABOUT THE CLIENT'S OWNER BENEFICIARY\*

\*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 AS "PNB Banka" (hereinafter referred to as the Bank).

Name, Surname

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)

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):

Type of influence:

- ☐ owns shares / stocks of the Client's equity (specify %) \_\_\_\_\_
- ☐ other type of influence on the Client (specify) \_\_\_\_\_

### INFORMATION ABOUT TAX RESIDENCY OF THE CLIENT'S TRUE BENEFICIARY, ACCORDING TO FATCA (THE FOREIGN ACCOUNT TAX COMPLIANCE ACT) AND OECD CRS (ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT COMMON REPORTING STANDARD)

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.

Specify Tax Residency country and tax identification number of the true beneficiary (if several, indicate all):

Country	Tax identification number
1.	1.
2.	2.
3.	3.

Is the true beneficiary a U.S. citizen or he has a U.S. taxpayer status?

- ☐ NO ☐ YES (necessary to fill in a W-9 form provided by the Bank representative)

Bank

(signature)

Client

(signature)

## INFORMATION REGARDING OWNER BENEFICIARY'S STATUS OF POLITICALLY EXPOSED PERSON

**Politically exposed person** - a person, who is entrusted or was entrusted with prominent public position in the Republic of Latvia, the country of a member state of the European Union or the European Economic Area, or in a third country other than the Republic of Latvia, the country of a member state to the European Union or the European Economic Area, including a prominent public official, the head of state administrative unit (local government), the head of the government, a minister (a deputy minister or a deputy minister assistant, if such a position exists in the state), a state secretary or another high rank officials in the government or in the state administrative unit (local government), a member of the parliament or a member of a similar legislative structure, a member of a governing body (board) of a political party, a judge of the constitutional court, supreme court or a judge of another court (member of a judicial institution), a member of the council or of the board of a high-ranking audit (review) commission, a member of the council or of the board of a central bank, an ambassador, a chargé d'affaires, a high-ranking military officer, a member of the council or of the board of a state-owned enterprise, head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization.

**Member of the family of politically exposed person** - a spouse or a person equivalent to a spouse. A person shall be treated as equivalent to a spouse provided that the laws of the respective country contain a provision for such status; a child or a child of a spouse of a politically exposed person, or of a person equivalent to a spouse, his/her spouse or a person equivalent to a spouse, parents, grandparents, grandchildren, brothers and sisters.

**Person closely connected to a politically exposed person** - a natural person, about whom it is known to have business or other close relationship with any politically exposed person, or who is a shareholder or participant of the business society with any politically exposed person, as well as a natural person that is a sole owner of a legal arrangement that is known to be established for the benefit de facto of any politically exposed person.

**Is the owner beneficiary a politically exposed person, family member of a politically exposed person, or person closely connected to a politically exposed person?**

☐ YES (please fill in the following information): ☐ NO

1. ☐ is a politically exposed person
2. ☐ is a family member of a politically exposed person
3. ☐ is a person who is closely connected to a politically exposed person

Country where politically exposed person holds/held prominent public position \_\_\_\_\_

Name, surname of politically exposed person (only paragraphs 2, 3) \_\_\_\_\_

Occupied position (only paragraphs 1,2,3):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Head of State  | <input type="checkbox"/> Other high level official in government or state administrative unit (municipality, including deputy at municipal level) | <input type="checkbox"/> Ambassador or chargés d'affaires  |
| <input type="checkbox"/> Head of state administrative unit(municipality)          | <input type="checkbox"/> Member of parliament or member of other similar legislative bodies   | <input type="checkbox"/> Member of Central bank's council or board   |
| <input type="checkbox"/> Head of government                                       | <input type="checkbox"/> Member of governing bodies (board) of a political party  | <input type="checkbox"/> High-ranking military officer   |
| <input type="checkbox"/> Minister, deputy minister or a deputy minister assistant | <input type="checkbox"/> Judge of constitutional court, supreme court or a judge of another court (member of a judicial institution)              | <input type="checkbox"/> Member of the council or of the board of a state-owned enterprise   |
| <input type="checkbox"/> State secretary  | <input type="checkbox"/> Member of the council or of the board of a high-ranking audit (review) commission  | <input type="checkbox"/> Head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization |

By signing it, I hereby confirm that the submitted information 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 is entitled to verify the information and obtain additional information on the Client (as well as on Authorised representative of the Client) and on Client's owner beneficiary in the extent and according to procedures specified in regulations that related to money laundering and terrorist financing prevention area. 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 THE CLIENT'S LEGAL REPRESENTATIVE/S

Position, signature, name, surname of the Client's legal representative

Date: \_\_\_\_\_ 20\_\_\_\_

Position, signature, name, surname of the Client's legal representative

Date: \_\_\_\_\_ 20\_\_\_\_

Position, signature, name, surname of the Client's legal representative

L.S.

Date: \_\_\_\_\_ 20\_\_\_\_

### SIGNATURE OF THE BANK 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.

Position, signature, name, surname of the employee/intermediary of the Bank

Date: \_\_\_\_\_ 20\_\_\_\_

### NOTES OF THE BANK

Position, signature, name, surname of the representative of the Bank

Date: \_\_\_\_\_ 20\_\_\_\_

L.S.