

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

CLIENT'S TAX RESIDENCY DECLARATION (for natural persons non-residents of the Republic of Latvia)		Client's code
CLIENT'S INFORMATION		
Name, surname		
Date of birth		
INFORMATION ABOUT THE CLIENT'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 AS "PNB Banka"		
By signing it, I hereby confirm that the submitted information is true and accurate and I undertake to notify 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 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		
Signature, name, surname of the Client/Client's legal representative		
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.		
Position, sig	gnature, name, surname of the employee/interme	diary of AS "PNB Banka"
Date: 20		
NOTES OF AS "PNB Banka"		
Position, si	gnature, name, surname of the representative of	
Date: 20		L.S.