

CLIENT'S NOTIFICATION ABOUT BUSINESS ACTIVITY
 (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 BUSINESS ACTIVITY

- transport services construction
- consultancy and agent services tourism
- a deliverer of lawyer services or services for establishment and maintenance of the legal formation, who opens in his/her name the account in the AS "PNB Banka" (hereinafter referred to as the Bank) in order to perform financial transactions on behalf of the Client
- non-staff accountant services, who opens in his/her name the account in the Bank in order to perform financial transactions on behalf of the Client
- real estate operations (specify) _____
- trading (specify) _____
- manufacturing (specify) _____
- Information technologies and telecommunication (specify) _____
- other (specify) _____

Regions of the Company's business activity (countries, where the commercial activity is carried out)

- Latvia
- EU (European Union) (specify) _____
- CIS (Commonwealth of Independent States) (specify) _____
- Other countries, regions (specify) _____

Is any license or special permit required for the specified types of activity and operations at the main place of business?

- NO YES (please provide to the Bank submit copies of a license/permit)

MAIN BUSINESS PARTNER FOR INCOMING PAYMENTS

	1 Business partner	2 Business partner	3 Business partner
Name of the business partner			
Country of the business partner registration			
Country of the business partner business activity/ Country to where products/ services are supplied			
Type of the business partner main business activity/ product, service name, type of transactions			
Specify the source of public information about the business partner (web address) or, in the absence thereof additional information:			
1.If the business partner is included in the holding, please specify the name of the holding			

Bank

Client

(signature)

(signature)

2. Key business partners and sources of public information about them			
3. Name, surname, date of birth of the beneficial owner of the business partner			
From what countries will funds arrive in the account?			

MAIN BUSINESS PARTNER FOR OUTGOING PAYMENTS

	1 Business partner	2 Business partner	3 Business partner
Name of the business partner			
Country of the business partner registration			
Country of the business partner business activity/ Country to where products/ services are bought			
Type of the business partner main business activity/ product, service name, type of transactions			
Specify the source of public information about the business partner (web address) or, in the absence thereof additional information:			
1. If the business partner is included in the holding, please specify the name of the holding			
2. Key business partners and sources of public information about them			
3. Name, surname, date of birth of the beneficial owner of the business partner			
To what countries payments from the account will be made?			

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 Authorized 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/CLIENT'S LEGAL REPRESENTATIVE

Signature, name, surname of the Client/Client's legal representative

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 AS THE BANK

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

Date: _____ 20 _____

L.S.