

## CLIENT'S TAX RESIDENCY DECLARATION

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

Client's code

Tax Residency country is a country where the Client is a tax resident under the law of the respective country, based on the place of registration of the company, location of company management or other criteria that according to the law of the concerned country is the basis for determining tax residency of the company.

### CLIENT'S INFORMATION

Name

Registration number

### TAX RESIDENCY COUNTRY AND TAX IDENTIFICATION NUMBER (if several, indicate all)

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

#### Does the company have a U.S. taxpayer status?

☐ NO ☐ YES (it is necessary to fill in a W-9 form provided by the representative of AS "PNB Banka" (hereinafter referred to as the Bank))

#### Does the percentage of passive gross income of your Company in the total gross yield during the previous calendar year constitute at least 50% (passive income may be, for example, interest income, dividends, rental income as well as royalty fee)?

☐ NO ☐ YES

#### Whether at least 50% of Your Company's assets are used for generating passive income (passive income may be, for example, interest income, dividends, rental income as well as royalty fee)?

☐ NO ☐ YES

#### Does the Client provide any of the following services as part of its economic activity?

1. Receipt of deposits as part of banking business or within the other similar spheres;
2. Transactions with money market instruments, derivative transactions, transactions with conversion instruments, with transferable securities, performed by the Client on behalf of/in favor of its customers;
3. Individual and/or collective portfolio management on behalf of/in favor of its customers;
4. Other investment activities and money management on behalf of third parties;
5. Provision of accumulative insurance or insurance services, which provide for a guaranteed regular payment of savings to customer;
6. Storage of financial assets of third parties (if customer's gross yield as the result of storage of such assets and provision of financial services related therewith is not less than 20% of the gross yield of the customer)

☐ NO ☐ YES (please fill in W-8BEN-E form available at the representative of the Bank, and the Client's GIIN (Global Intermediary Identification Number) confirming Client's compliance with FATCA (the Foreign Account Tax Compliance Act) requirements)

#### Does the Company have an obligation to submit financial statements to the state authorities?

☐ NO ☐ YES (please provide to the Bank financial statements for the last reporting period)

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 reserves the right of validity check of the information, as well as the right to obtain information about the Client (as well as on Authorised representative of the Client) and on Client's owner beneficiary in the extent and volume specified in regulations of protection of state taxation. 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

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

L.S.

### 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.