

INFORMATION ABOUT MAIN BUSINESS PARTNERS OF CLIENT

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

Client's code

CLIENT'S INFORMATION

Name
Registration number

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			
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			

BANK	Client
(signature)	(signature)

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 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 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

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.