

Insolvent AS "PNB Banka", reg. No. 40003079218 15-2 Elizabetes street, Riga, Latvia, LV-1010 Phone: (+371) 67041100, fax: (+371) 67041111 e-mail: info@pnbbanka.eu, www.pnbbanka.eu

## BUYER'S BENEFICIAL OWNER CARD (for Buyer – legal entity) **BUYER'S INFORMATION** Name Registration number **INFORMATION ABOUT THE BUYER'S BENEFICIAL OWNER\*** \*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 the insolvent AS "PNB Banka" (hereinafter referred to as the Bank). Information about the beneficial owners (please fill out a separate card for each person). I, hereby, confirm that the Buyer's beneficial owner is: Name, Surname Any other names used (such as maiden name, former surname or alias) Date of birth and personal identity number (for residents of the Republic of Latvia) / date of Place of birth (specify country) birth (for non-residents of the Republic of Latvia) Personal identity document number and series Issuing authority of the identity document, country and date of issue Validity period of identity document Nationality Country of permanent residence 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): Email address: Type of exercised control: directly or indirectly owns shares / stocks of the Buyer's equity (specify %) \_ other type of control over the Buyer (specify)\_ Bank Buyer's legal representative (signature) (signature) INFROMATION ABOUT THE SOURCE OF WEALTH AND ITS ORIGIN: Please specify the total net worth wealth of the beneficial owner in euro:

Please specify source(s) of wealth and its origin:	
salary//earnings/royalties (full name of the employer/ full names of legator the last six (6) months and the statements on annual salary for last year	
savings/deposits (assets and sources of the assets forming savings/de	eposits)
inheritance (full name of the deceased from whom an inheritance has	been received and the received amount/value)
deed of gift (full name of the grantor of the gift and the amount/value or	f the gift)
maturity/surrender of life insurance policy (full name of the policy provi	der and the received amount)
property/property sale (type of the property (movable or immovable pro	operty) and sale price)
sale or profit from stocks or other investments (full name of the legal en	ntity and type of investment)
dividends/interest (full name of the legal entity/payer of interest)	
sale of capital shares of a legal entity (full name of the legal entity and	sale price)
other (provide relevant details on the involved parties and total transace. Please provide details outlined above for each indicated source of funds, bi	
Please note that you are required to provide supporting documentatio transaction/receipt confirmation and other supporting information/docsupporting documentation please provide a CV of the Buyer's benefic List all supporting information/documents provided/to be provided to	cuments depending on the indicated source of funds. In addition to the ial owner outlining education and previous professional experience.
ACCOUNT TAX COMPLIANCE ACT) AND OECD CRS (ORGAN COMMON REPORTING STANDARD)  Tax Resident is a person whose income is taxed in accordance with the le	BENEFICIAL OWNER, ACCORDING TO FATCA (THE FOREIGN ISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMEN egislative and regulatory acts of the country concerned. For example, based within 12 months), close personal or economic relationship or other criteria
Specify Tax Residency country and tax identification number of the be	eneficial owner (if several, indicate all):
Country	Tax identification number
	1.
).	2.
	3.
3.	3.
s the beneficial owner a U.S. citizen or he has a U.S. taxpayer status?	<u>. I</u>
NO YES (necessary to fill in a W-9 form provided by	y the Bank representative)
NFORMATION REGARDING BENEFICIAL OWNER'S STATUS	OF POLITICALLY EXPOSED PERSON
member state of the European Union or the European Economic Area, or i state to the European Union or the European Economic Area, including government), the head of the government, a minister (a deputy minister secretary or another high rank officials in the government or in the statemember of a similar legislative structure, a member of a governing body (lor a judge of another court (member of a judicial institution), a member of member of the council or of the board of a central bank, an ambassador, a	ed with prominent public position in the Republic of Latvia, the country of a n a third country other than the Republic of Latvia, the country of a member of a prominent public official, the head of state administrative unit (local or a deputy minister assistant, if such a position exists in the state), a state administrative unit (local government), a member of the parliament or a board) of a political party, a judge of the constitutional court, supreme court of the council or of the board of a high-ranking audit (review) commission, a chargé d'affaires, a high-ranking military officer, a member of the council or tion (director, deputy director) or member of the board or a person who holds
spouse provided that the laws of the respective country contain a provis person, or of a person equivalent to a spouse, his/her spouse or a person sisters.	erson equivalent to a spouse. A person shall be treated as equivalent to a sion for such status; a child or a child of a spouse of a politically exposed equivalent to a spouse parents, grandparents, grandchildren, brothers and
	person, about whom it is known to have business or other close relationship tof the business society with any politically exposed person, as well as a be established for the benefit de facto of any politically exposed person.
Bank	Buyer's legal representative
(signature)	(signature)
politically exposed person?	er of a politically exposed person, or person closely connected to a
YES (please fill in the following information):	

1. is a politically exposed person	1. is a politically exposed person			
2. is a family member of 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 personablic position				
Name, surname of politically exposed pers	son (only paragraphs 2, 3)			
Occupied position (only paragraphs 1,2,3)	:			
Head of State	Other high level official in government or state administrative unit (municipality, including deputy at municipal level)	Ambassador or chargés d'affaires		
Head of state administrative unit(municipality)	Member of parliament or member of other similar legislative bodies	Member of Central bank's council or board		
Head of government	Member of governing bodies (board) of a political party	High-ranking military officer		
Minister, deputy minister or a deputy minister assistant	Judge of constitutional court, supreme court or a judge of another court (member of a judicial institution)	Member of the council or of the board of a state owned enterprise		
State secretary	Member of the council or of the board of a high-ranking audit (review) commission	Head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization		
Institution where politically exposed person holds/held position (for paragraphs 1,2,3)				
Period during which position is/was held (for paragraphs 1,2,3)				
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 Buyer (as well as on authorized representative of the Buyer) and on Buyer's beneficial owner 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 BUYER'S LEGAL REPRESENTATIVE/S				
	Position, signature, name, surname of the E	Buyer's legal representative		
Date:	20			
	Position, signature, name, surname of the E	Buyer's legal representative		
Date:	Position, signature, name, surname of the E	Ruver's legal representative		
Date:	20	L.S.		
SIGNATURE OF THE BANK EMPLOYEE				
Face to face identification of the Buyer or Buyer's legal representative has been performed. Authorization of the Buyer's legal representative has been checked. The document has been signed in my presence.  Position, signature, name, surname of the employee of the Bank				
Date:	20			
NOTES OF THE BANK				
	Position, signature, name, surname of the r	•		
Date:	20	L.S.		