

INFORMATION ABOUT MAIN BUSINESS PARTNERS OF BUYER

(A main business partner is a business partner, transactions with whom form a significant part (more than 30%) of the monthly debit or credit turnover)

BUYER'S INFORMATION

Name

Registration number

MAIN BUSINESS PARTNER FOR INCOMING PAYMENTS, INCL. WHEN RELEVANT FOR SOURCE OF FUNDS (IF APPLICABLE)

| | 1 Business partner | 2 Business partner | 3 Business partner |
|--|--------------------|--------------------|--------------------|
| Name of the business partner | | | |
| Country of the business partner registration/ Country of residence | | | |
| Registration No. of the business partner/ date of birth and personal identification code, if applicable | | | |
| 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 | | | |

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 residence | | | |
| Registration No. of the business partner/ date of birth and personal identification code, if applicable | | | |
| Country of the business partner business activity/ country to where products/ services are bought | | | |

| | |
|-------------|-------------------------------------|
| Bank | Buyer's legal representative |
| (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 | | | |

By signing it, I hereby confirm that the submitted information is true and accurate and I undertake to notify the insolvent 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 Buyer (as well as on authorized representative of the Buyer) and on Buyer'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 BUYER'S LEGAL REPRESENTATIVE/S

Position, signature, name, surname of the Buyer's legal representative

Date: _____ 20____

Position, signature, name, surname of the Buyer's legal representative

Date: _____ 20____

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

Date: _____ 20____ **L.S.**