

## QUESTIONNAIRE FOR A CLIENT – NATURAL PERSON RESIDENT OF THE REPUBLIC OF LATVIA

Client code

Dear Client! In accordance with the international standards and the laws and regulations of the European Union and the Republic of Latvia, AS "PNB Banka" (hereinafter referred to as the Bank) must obtain from you the information requested in this form. The Bank ensures confidentiality of the received information in accordance with the requirements of the laws and regulations.

We ask you to fill out all the boxes of the form in full and with good faith. The received information will allow the Bank to offer you attractive banking services. The Bank would like to thank you for understanding and cooperation in filling out the form.

### CLIENT'S INFORMATION

Name, surname

Personal identity code	Date of birth (dd.mm.yyyy)	Place of birth
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Declared place of residence

Actual residence address (if differs from the declared one)

Mailing address (if differs from the declared one):

Phone number (please indicate country code):	E-mail address:
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Select the language of communication between the Bank and the Client: ☐ Latvian ☐ Russian ☐ English

The Client's legal representative, if any (name, surname, personal identity code (for residents of the Republic of Latvia), date of birth)	The Client's legal representative acts by virtue of: <input type="checkbox"/> POA <input type="checkbox"/> other _____
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True beneficiary of planned transactions:

☐ the Client himself ☐ other person (please fill out true beneficiary's card)

### INFORMATION ABOUT THE CONTACT PERSON (provided information will be used if Client could not be reached)

Name, surname

Phone number (please indicate country code):	E-mail address:
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### INFORMATION ABOUT TAX RESIDENCY OF THE CLIENT, ACCORDING TO FATCA (Foreign Account Tax Compliance Act) AND OECD CRS (Common Reporting Standard)

If you are a Tax resident in the Republic of Latvia, that is a person whose income is taxed in accordance with laws of the Republic of Latvia, please indicate your personal identity code as tax identification number. If you are also a taxpayer in another country or countries, please indicate your tax identification number in these countries.

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

Are you a U.S. citizen or do you have a U.S. taxpayer status?

☐ NO ☐ YES (it is necessary to fill in a W-9 form available by AS "PNB Banka" representative)

### INFORMATION REGARDING STATUS OF A POLITICALLY EXPOSED PERSON

1. Is the Client a politically exposed person?

☐ NO ☐ YES (specify) \_\_\_\_\_

Politically exposed person - a person, who is entrusted or was entrusted with prominent public position in the Republic of Latvia, in another member state or a third country, including a prominent public official, the head of state administrative unit (local government), the head of the government a minister (a deputy minister or a deputy minister assistant, if such a position exists in the state), a state secretary or another high rank officials in the government or in the state administrative unit (local government), a member of the parliament or a member of a similar legislative structure, a member of a governing body (board) of a political party, a judge of the constitutional court, supreme court or a judge of another court (member of a judicial institution), a member of the council or of the board of a high-ranking audit (review) commission, a member of the council or of the board of a central bank, an ambassador, a chargé d'affaires, a high-ranking military officer, a member of the council or of the board of a state-owned enterprise, head of an international organization (director, deputy director) or member of the board or a person who holds an equivalent position in the organization.

Bank (signature)	Client (signature)
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2. Is the Client a family member of a politically exposed person?

☐ NO ☐ YES (specify) \_\_\_\_\_

*Member of the family of politically exposed person - a spouse or a person equivalent to a spouse. A person shall be treated as equivalent to a spouse provided that the laws of the respective country contain a provision for such status; a child or a child of a spouse of a politically exposed person, or of a person equivalent to a spouse, his/her spouse or a person equivalent to a spouse, parents, grandparents, grandchildren, brothers and sisters.*

3. Is the Client a person who is closely connected to a politically exposed person?

☐ NO ☐ YES (specify) \_\_\_\_\_

*Person closely connected to a politically exposed person - a natural person, about whom it is known to have business or other close relationship with any politically exposed person, or who is a shareholder or participant of the business society with any politically exposed person, as well as a natural person that is a sole owner of a legal arrangement that is known to be established for the benefit de facto of any politically exposed person.*

#### INFORMATION ABOUT THE CLIENT'S STATUS AND SOURCE OF INCOME

☐ wage earner ☐ student ☐ entrepreneur ☐ government employee

Name of employer / educational institution	Country of employer / educational institution	Sphere of activities	Position

☐ holder of pension ☐ unemployed person ☐ other (specify): \_\_\_\_\_

Are you registered as a private entrepreneur? (if positive and if you plan to perform business-related financial transactions on your Bank account, please fill out the Client form for legal entities)

☐ NO ☐ YES (specify type of commercial activity) \_\_\_\_\_

Are you an own account worker (self-employed person)?

☐ NO ☐ YES (specify type of commercial activity) \_\_\_\_\_

Do you plan to allocate funds on your bank accounts, that belong to third persons as well as to perform transactions on behalf of/by order of third persons?

☐ NO ☐ YES (please specify and fill out true beneficiary's card) \_\_\_\_\_

Please specify source of income:

- |  |   |
|--|---|
| <input type="checkbox"/> salary/royalties                          | <input type="checkbox"/> self-employed person (specify type of activity):           |
| <input type="checkbox"/> inheritance                               | <input type="checkbox"/> lease of personal property (specify the type of property)  |
| <input type="checkbox"/> deed of gift                              | <input type="checkbox"/> sale of personal property (specify the type of property)   |
| <input type="checkbox"/> scholarship                               | <input type="checkbox"/> real estate transactions (specify the type of real estate) |
| <input type="checkbox"/> pension                                   | <input type="checkbox"/> dividends/interest (specify the payer)                     |
| <input type="checkbox"/> proceeds from capital share (stocks) sale | <input type="checkbox"/> other (specify)  |

#### INFORMATION ON PLANNED MONTHLY TRANSACTIONS ON ACCOUNTS

Please specify your regular planned monthly credit turnover in EUR: \_\_\_\_\_

Type of transaction	Quantity	Average turnover (EUR)
Incoming payments		
Outgoing payments		
Cash deposit		
Cash withdrawal, including using a payment card		

#### INFORMATION ON A PLANNED ONE-TIME TRANSACTION OF THE MAXIMUM AMOUNT

Please specify information on a one-time transaction of the maximum amount, if you plan any. This section is to be filled in if you are to perform financial transactions which will not be a part of your regular monthly turnover (e.g., sale of property, placing a deposit, etc.)

Transaction type	Transaction purpose	Amount (EUR)
Cashless transaction, incl.. settlements performed using a payment card, transfer made from an account		
Cash transaction, incl. cash withdrawal using a payment card from an ATM or POS, or cash pay-out at the Bank's customer service centre		

*By signing it, I hereby confirm that the information given is accurate and I undertake to notify AS "PNB Banka" 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 deliberate provision of the false information to the Bank is a criminal infraction and is punishable under 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. I undertake to submit the documents required for performing the operations at the first request of the Bank and on a date settled by the Bank.*

#### SIGNATURE OF THE CLIENT OR OF THE LEGAL REPRESENTATIVE OF THE CLIENT:

\_\_\_\_\_, 20\_\_\_\_ Name, surname and signature of the Client or the Client's legal representative:

#### BANK'S NOTES

Identity and authorization of the Client or the Client's legal representative: ☐ YES ☐ NO

Signed in my presence: ☐ YES ☐ NO

Received in the Bank on: \_\_\_\_\_, 20\_\_\_\_

Bank's employee: \_\_\_\_\_  
(position, signature, name, surname)