

QUESTIONNAIRE FOR CLIENT LEGAL ENTITY RESIDENT OF THE REPUBLIC OF LATVIA

AS "PNB Banka", reg. No. 40003072918 15-2 Elizabetes street, Riga, Latvia, LV-1010 Phone: (+371) 67041100, fax: (+371) 67041111 e-mail: info@pnbbanka.eu, www.pnbbanka.eu

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.

Name					
Registration number					
Registered office address					
Central office address (if differs from registered office address)					
Mailing address (if differs from registered office address)					
Phone number (specify country code) Email address :		Web addre	ess:		
Select the language of communication with the Bank:	Russian		English		
INFORMATION ABOUT THE CONTACT PERSON (PROVIDED INFORMAT	ION WILL BE USED	IF CLIENT C	OULD NOT BE REACHED)		
Name, surname Position	occupied in the comp	pany			
Phone number (specify country code) Email ad	ldress:				
INFORMATION ABOUT THE CLIENT'S TAX RESIDENCY ACCORDING TO (Common Reporting Standard)	FATCA (Foreign Ac	count Tax Co	ompliance Act) AND OECD CRS		
Please specify Tax Residency country and your tax identification number (if several, specify all). Indicate this information also if you are a payer of taxes established by legislative and regulatory acts of the Republic of Latvia. *If the Client has the U.S. taxpayer status, it is necessary to fill out W-9 form provided by AS "PNB Banka"s representative.					
Country	·	identification			
1.					
2.					
3.	3.				
CLIENT'S REPRESENTATIVE (S) INFORMATION					
	Personal identity code (for residents of the Republic of Latvia), date of birth				
Actual address					
Name, surname Persona	Personal identity code (for residents of the Republic of Latvia), date of birth				
Actual address					
Name, surname Persona	Personal identity code (for residents of the Republic of Latvia), date of birth				
Actual address					
Bank Client's representative	Client's representat	tive	Client's representative		
(signature) (signature)		(signature)	(signature)		

INFORMATION ABOUT BUSINES	S ACTIVITY OF THE C	LIFNT				
INFORMATION ABOUT BUSINESS ACTIVITY OF THE CLIENT Business profile of the Client's business activity, within which the Banking services will be used:						
1.			3.			
2.			4.			
Datailed description of the business	activity within which th	o Clior	at will use the	Panking convices:		
Detailed description of the business	activity within which the	ie Clier	nt will use the	e banking services.		
Does the percentage of passive groexample, interest income, dividend				yield constitute at least 50	%? (passive income may be, for
□ NO □ YES	s, rental income as well	as ioy	alty icc)			
Is your Company registered approp	riately and does it have	any lic	ense if it is re	equired for performance o	f the	business activity?
☐ not required ☐ YES	(please submit copy of I	license	e)			
Do you perform any type of activity						
	, ,,		, ,	the box next to the appro	· —	**
	eal property business	∐ tr	ade in precio	ous metals and stones	Ш	investment services and ancillary investment services
provision of CVI	Γservices	☐ tr	rade in arms	and munitions		organization of gambling
reinsurance busi				oney services (for ex.		lawyer services or services for
deliverer of servi appropriate licer	ces has the se and is supervised,			ters, currency exchange s for money transfer or		establishment and maintenance of activity of a legal formation, where it
or international r given an estimat	ating agencies have		leliverers of o	ther services associated		opens in its name a bank account in
category	o in invosanione	•••	nar money are	2113101)		order to perform financial transactions on behalf of a client
☐ intermediary ser trading	vices in currency			ountant services, when it ame a bank account in		
trading		0	rder to perfo	m financial transactions		
Regions of the Client's business ac	tivity (countries where the		n behalf of a			
Latvia	ivity (countries, where the	ne con	illierciai activ	nty is periorified).		
☐ EU (specify country)						
☐ CIS (specify country)						
☐ Other countries, regions (specify	')					
☐ The client is a company, politica	party, cooperative soci	ety, m	unicipality or	municipal company		
Number of employees: 1-10	□ 10-50	□ 5	50-250	more than 250		
How long the company has been w in the industry?	orking	1 year		1-3 years		more than 3 years
Annual turnover of the company, El	JR: 0-500 K			☐ 500 K – 1m		more than 1m
Origin of funds for conduct of busine	ess:					
income from business activity	□ borrowed f			other (specify)		
Does the Client have accounts in or	_		YES (speci	<u>· · </u>		
INFORMATION ABOUT PLANNED MONTHLY TRANSACTIONS ON ACCOUNTS						
Type of trans	action			Quantity		Average turnover (EUR)
Outgoing payments						
Cash deposit						
Cash withdrawal, including using a	payment card					
Bank	Client's representative	e		Client's representative		Client's representative
(aignatura)			(eignoturo)	(aia-	natu:	(aignoture)
(signature)			(signature)	(Sigi	natur	e) (signature)

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

Please specify	information or	n a one-time	transaction of	of the n	naximum	amount, i	f you pl	an any. 1	This section	is to be	filled in if	you are to	perform
financial transac	ctions which w	ill not be a pa	art of vour red	gular m	onthly tur	nover (e.a	ı sale o	of property	/. placina a	deposit.	etc.)		

milanolar danodolorio milon viii not so a part or your rogalar monany tamovor (o.g., oaro or property, plaonig a dopoole, ote.)						
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						

MAIN BUSINESS PARTNERS, WITH WHOM IT IS PLANNED TO SETTLE TRANSACTIONS

Incoming payments			
Name of partner	Country of registration	Country of business activity/ country to where products / services are supplied	Type of main business activity / product, service name , type of transactions

Outgoing payments

Name of partner	Country of registration	Country of business activity/ country where products and services are obtained	Type of main business activity / product, service name , type of transactions

THE CLIENT'S CONFIRMATION ON THE TYPE OF BUSINESS ACTIVITY

Does the	Client provide any of the	e following servi	ces as part of	its business act	vity?			
	Reception of deposits (as main activity	of the Client)	as part of bankir	ng business or v	vithin the other	similar sp	ohere

- Transactions with money market instruments (notes, bills of credit, derivatives, investment certificates), interest rate and index instruments, derivative transactions, transactions with conversion instruments, with transferable securities, performed by the Client on behalf of/in favor of its customers
- ☐ Individual and/or collective portfolio management on behalf of/in favor of its customers
- ☐ Other investment activities and money management on behalf of third parties
- Accumulative insurance services, which provide life-insurance operations with creation of savings, including investment on behalf of its customers and obligations of payout of the accrued capital

VES (it is required to submit W-8REN-E form or CIIN (Clobal Intermediary Identification Number) that confirms the Client's

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)

Is any of the aforementioned services marked?

BANKING SE	RVICES THAT THE CLIENT IS PLANNING TO USE				
	compliance with FATCA requirements)				
□ ''`	L 120 (it is required to submit W obet 2 form of	Citiv (Ciobai interinediary	identification (variber) triat	COMMITTED THE	Olici it 3

☐ transfers: ☐ EUR ☐ USD ☐ other	loans	settlement cards				
investment in financial instrument	currency conversion	deposits				
ARE THE FINANCIAL STATEMENTS OF THE COMPANY SUBMITTED TO THE OFFICIAL INSTITUTION						
Are the Financial Statements of the company submitted to the official ins	stitution? NO	☐ YES				
Was the Financial Statement for the last accounting period submitted to	the official institution?	□YES				

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.

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CLIENT REPRESENTAT	TIVE'S S	IGNATURE				
Date	_ 20	Client legal representative's position, name, surname and signature				

___ 20____ Client legal representative's position, name, surname and signature

20 Client legal representative's position, name, surname and signature

BANK'S NOTES						
Identity and authorization of the Client's representative are che	Identity and authorization of the Client's representative are checked: ☐ YES ☐ NO					
Signed in my presence: ☐ YES ☐ NO						
Received in the Bank on:	Bank's employee:					
20						

(position, signature, name, surname)

S.s.