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| **KYC QUESTIONNAIRE FOR A CUSTOMER NATURAL PERSON** | Customer’s code |
| *Dear Customer! In accordance with the international standards and the laws and regulations of the European Union and the Republic of Latvia, the insolvent 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 Bank would like to thank you for understanding and cooperation in filling out the form.*  |
| **CUSTOMER'S INFORMATION** |
| Name, surname |
| Any other names used (such as maiden name, former surname and alias) |
| Date of birth | Place of birth (specify country) |
| Declared place of residence |
| Actual residence address (if differs from the declared one) |
| Mailing address (if differs from the declared one) |
| Personal identity document number and series  |
| Issuing authority of the identity document, country, date of issue and expiration date |
| Phone number (with country code) | Mobile phone number (with country code) |
| E-mail address | Skype |
| Select the language of communication with the Bank: | [ ]  Russian  | [ ]  English | [ ]  Latvian |
| Is the Customer a politically exposed person, member of family of a politically exposed person, or person closely connected to a politically exposed person?[ ]  NO [ ]  YES (please fill out the form “Notification about the status of a politically exposed person”)  |
|  **INFORMATION ABOUT THE CONTACT PERSON OF THE CUSTOMER** (provided information will be used if the Customer could not be reached) |
| Name, surname |
| Phone number (with country code) | Mobile phone number (with country code) |
| E-mail address | Skype |
| **INFORMATION ABOUT THE CUSTOMER’S LEGAL REPRESENTATIVE (if any)** |
| Name, surname |
| Any other names used (such as maiden name, former surname and alias) |
| Personal identity number and date of birth (for residents of the Republic of Latvia) or date of birth (for non-residents of the Republic of Latvia) |
| Place of birth |
| Declared place of residence (actual) |
| Customer`s legal representative acts on the basis of [ ]  POA [ ]  other (specify)  |
| Is the Customer’s legal representative a politically exposed person?**[ ]**  NO **[ ]**  YES (specify position, institution, country, period during which position was held) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Is the Customer’s legal representative a family member of a politically exposed person?**[ ]**  NO **[ ]**  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, family ties) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Is the Customer’s legal representative a person who is closely connected to a politically exposed person?**[ ]**  NO **[ ]**  YES (specify the following information on the politically exposed person: name, surname, position, institution, country, period during which position was held, nature of the link) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Bank**(signature) | **Customer or** **Customer’s legal representative**(signature) |
| **INFORMATION ABOUT THE CUSTOMER’S STATUS AND SOURCE OF FUNDS FOR THE INTENDED ACQUISITION OF THE ASSET** |
| [ ]  wage earner | [ ]  student  |  [ ]  entrepreneur (please fill out the form “Notification of Customer about business activity”) | [ ]  government employee  |
| Name of employer/ legal entity | Country of employer/educational institution/ legal entity | Type of activities | Position |
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| [ ]  holder of pension [ ]  unemployed person [ ]  other (specify)  |
| **Is the above-mentioned type of activity connected to the Republic of Latvia?** |
| [ ]  NO [ ]  YES  |

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| **Source of funds intended to be used to acquire the asset** (please specify the information outlined in the brackets) |
| [ ]  salary/earnings/royalties (full name of the employer/ full names of legal entities providing earnings and the amount of salary/earningsfor the last six (6) months and the statements on annual salary for last year including bonuses) |
| [ ]  savings/deposits (assets and sources of the assets forming savings/deposits) |
| [ ]  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 of the gift) |
| [ ]  maturity/surrender of life insurance policy (full name of the policy provider and the received amount) |
| [ ]  property sale (type of the property (movable or immovable) and sale price) |
| [ ]  sale or profit from stocks or other investments (full name of the legal entity and type of investment) |
| [ ]  dividends/interest (full name of the legal entity/payer of interest) |
| [ ]  loan (Full name of the lender, amount, term of the loan and interest rate) |
| [ ]  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 transactional amount received) |
| Please provide details outlined above for each indicated source of funds, brief description of all sources of funds and any other relevant details**Please note that you are required to provide supporting documentation for all identified sources of funds, e.g. copy of the contact, transaction/receipt confirmation and other supporting information/documents depending on the indicated source of funds. In addition to the supporting documentation please provide a CV of the Customer outlining education and previous professional experience.****List all supporting information/documents provided/to be provided to the Bank.**  |
| **Customer’s average monthly income in EUR (please specify the amount)** |  |
| **Source of wealth of the Customer** (please specify the information outlined in the brackets) |
| [ ]  salary/earnings/royalties (full name of the employer/ full names of legal entities providing earnings and the amount of salary/earningsfor the last six (6) months and the statements on annual salary for last year including bonuses) |
| [ ]  savings/deposits (assets and sources of the assets forming savings/deposits) |
| [ ]  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 of the gift) |
| [ ]  maturity/surrender of life insurance policy (full name of the policy provider and the received amount) |
| [ ]  property/property sale (type of the property (movable or immovable) and sale price, if applicable) |
| [ ]  sale or profit from stocks or other investments (full name of the legal entity 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 transactional amount received) |
| Please provide details outlined above for each indicated source of wealth, brief description of all sources of wealth and any other relevant details**Please note that you are required to provide supporting documentation for all identified sources of wealth, e.g. copy of the contact, transaction/receipt confirmation and other supporting information/documents depending on the indicated source of funds.****List all supporting information/documents provided/to be provided to the Bank.**  |
| **ACCOUNTS IN OTHER BANKS** |
| [ ]  NO [ ]  YES (please specify)  |
| **Bank** | **Country** |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| **WILL THE ASSET ACQUISITION BE LINKED TO THE BUSINESS ACTIVITY OF THE CUSTOMER?** |
| [ ]  NO [ ]  YES (please fill out the form “Notification of Customer about business activity”) |
| **ARE YOU A BENEFICIARY, I.E. A TRUE BENEFICIARY AND PARTY CONCERNED, IN TRANSACTIONS WITH THE BANK?** |
| [ ]  YES [ ]  NO (please supply the form “Customer Beneficial owner confirmation”) |
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| *By signing it, I hereby confirm that the information given 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 reserves the right of validity check of the information, as well as the right to obtain information about the Customer. 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 CUSTOMER OR CUSTOMER’S LEGAL REPRESENTATIVE** |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Signature, name, surname of the Customer or Customer’s legal representative  |

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| **SIGNATURE OF THE BANK EMPLOYEE** |
| Face-to-face identification of the Customer or Customer’s legal representative has been performed. Authorization of the Customer’s legal representative has been checked. The document has been signed in my presence. |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the employee of the Bank |
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| **NOTES OF THE BANK** |
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| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_ | Position, signature, name, surname of the representative of the Bank***L.S.*** |
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