

CLIENT NO.:   
 (Filled in by the Bank)

**Questionnaire for a domestic legal entity or legal formation**  
**Annex No. 1**

FILL IN USING BLOCK CAPITALS!

## BENEFICIAL OWNER QUESTIONNAIRE

### 1. Client information

1.1. Company Name \_\_\_\_\_ 1.2. Registration No. \_\_\_\_\_

### 2. Information on the Client's beneficial owners (BO)

<b>2.1. Surname, name</b>			
2.2. Personal identity number			
2.3. Date of birth			
2.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
2.5. Relation to the Client:			
- directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %
- type of control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee  otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee  otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee  otherwise (please specify)
2.6. Citizenship (nationality)			
2.7. Tax residence country (if not the Republic of Latvia)			
2.8. Tax payer number (if not the Republic of Latvia)			
2.9. Permanent residence address (street, building, apartment, city, postal code, country)			
2.10. Mobile phone No.			
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes    No	Yes    No	Yes    No
2.12. Is the BO a politically exposed person (PEP)?	No    PEP family member Yes    Close associate of a PEP	No    PEP family member Yes    Close associate of a PEP	No    PEP family member Yes    Close associate of a PEP

### 3. Client's representative<sup>1</sup>

3.1. Surname, name \_\_\_\_\_

3.2. Signature \_\_\_\_\_ 3.3. Code calculator (Digipass) key or Blue KEY (S) \_\_\_\_\_

3.4. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy

3.5. Surname, name \_\_\_\_\_

3.6. Signature \_\_\_\_\_ 3.7. Code calculator (Digipass) key or Blue KEY (S) \_\_\_\_\_

3.8. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy

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### 4. Representative of the Bank<sup>1</sup>

4.1. Surname, name \_\_\_\_\_ 4.2. Signature \_\_\_\_\_

Date \_\_\_\_\_  
dd/mm/yyyy

L.S.

<sup>1</sup> **Ignore** this section if the document has been prepared in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or the application has been completed interactively in the environment provided by the Bank – in the Client's Cabinet. If the document is signed using the authentication tool provided by the Bank, please **complete** the following fields in the 'Client' section: "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", "Date".