

## BENEFICIAL OWNER'S CARD FOR NATURAL PERSON NON-RESIDENT CLIENT

CIF code
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Date \_\_\_\_\_

### Client's information

Name, surname
Date of birth

Hereby I confirm that my beneficial owner is the person specified

### Beneficial owner's information

Name, Surname	
Identity code (or date of birth for non-residents)	Passport series and No.
Passport issuer	
Date of issue of Passport	Passport valid until
Address	
Telephone No	e-mail
Relations with the Client (specify) <input type="checkbox"/> trust deal <input type="checkbox"/> other type of relations (specify) _____ <input type="checkbox"/> family relationship	
If a beneficial owner is a non-resident of Latvia Whether the beneficial owner is a politically exposed person* <input type="checkbox"/> yes <input type="checkbox"/> no	
* Politically exposed person - the head of a state, as well as the deputy of parliament, member of the government, the state secretary, the judge of the Supreme and constitutional court, the member of the administrative board of the state control or the central bank, an ambassador, a high-ranking officer of the armed forces, a member of the council or of the board of the state capital society and the persons who have left these posts within year, and also the persons consisting in business relations with specified persons, and also parents, spouses, children of the specified persons and their spouses.	

### Client's signature

My signature certifies credibility of provided information and I pledge to inform the Bank in written form about any changes in the information specified immediately.	
Date _____ 20____	Client's name, surname, signature

### Fills out a beneficial owner

I confirm that I am the beneficial owner of the Client specified in the present document and information specified in the present document is accurate. I agree that the Bank performs processing of the information contained in the present notice for establishment of legal relations between the Client and the Bank, including request of the information from any third persons according to the order provided by the legislation.	
Date _____ 20____	Beneficial owner's name, surname, signature

### Bank's marks

Client's identity is checked <input type="checkbox"/> yes <input type="checkbox"/> no	Client's beneficial owner's identity is checked <input type="checkbox"/> yes <input type="checkbox"/> no	Signed in my presence <input type="checkbox"/> yes <input type="checkbox"/> no
Received by the Bank	Signature and print name of the Bank's representative	