

APPLICATION FOR ISSUE OR CHANGE OF MEANS OF IDENTIFICATION AND LIMIT SETTING

Client CIF code _____

Riga _____

_____ 201__

The Client (private/legal person)

Name, surname / Name	Identity number (Date of birth, if there is no identity number) / Registration number	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
Passport series and number, issuing authority / Registration country, name of register (for private person, if there is no identity number)	Passport issue date / Registration date (for private person, if there is no identity number)	
Residence address / Legal address (street, building number, apartment number, city, postal code, country)		
Client's representative (name, surname)	Client's representative is acting on the basis of <input type="checkbox"/> statutes <input type="checkbox"/> power of attorney <input type="checkbox"/> _____	

asks JSC "NORVIK BANKA" (unified registration No. 40003072918), hereinafter referred to as - the Bank:

<input type="checkbox"/> to issue new DigiPass device in the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ in the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Means of identification issued to Client: Series No. _____
<input type="checkbox"/> to issue new DigiPass device In the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Series No. _____
<input type="checkbox"/> to issue new DigiPass device In the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Series No. _____
<input type="checkbox"/> to change DigiPass device, series No. _____, issuing a new DigiPass device In the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Series No. _____
<input type="checkbox"/> to change DigiPass device, series No. _____, issuing a new DigiPass device In the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Series No. _____
<input type="checkbox"/> to change DigiPass device, series No. _____, issuing a new DigiPass device In the System "e-NORVIK" (for work with DigiPass device): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	Series No. _____
<input type="checkbox"/> to issue new identification table in the "e-NORVIK"/"NORVIK T-Banka" system <input type="checkbox"/> With an opportunity to receive information only <input type="checkbox"/> With an opportunity to receive information and to manage with funds on accounts.....	In a sealed envelope: Table No. _____ Table No. _____
<input type="checkbox"/> to change limits and to set: In the System "e-NORVIK" (for work with identification table): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	
<input type="checkbox"/> to change identification table No. _____, issuing a new one for work in the "e-NORVIK"/"NORVIK T-Banka" system <input type="checkbox"/> With an opportunity to receive information only <input type="checkbox"/> With an opportunity to receive information and to manage with funds on accounts.....	In a sealed envelope: Table No. _____ Table No. _____
<input type="checkbox"/> to change limits and to set: In the System "e-NORVIK" (for work with identification table): Day limit: _____ Month limit: _____ In the System "NORVIK T-Banka": Day limit: _____ Month limit: _____	
<input type="checkbox"/> to issue new "NORVIK T-Banka" voice password.....	Envelope No. _____
<input type="checkbox"/> to issue DigiPass device unblocking code (PUK code)	
<input type="checkbox"/> to issue new user identification code, access code, password and installation diskette(s) of "NORVIK Vision" system..... <input type="checkbox"/> DigiPass device <input type="checkbox"/> DigiPass device <input type="checkbox"/> DigiPass device	Envelope No. _____ Series No. _____ Series No. _____ Series No. _____

Client's signature

I have received the means of identification selected in this application. I have become acquainted with Bank's General Provisions for Transactions, agree with them and recognize their binding effect on myself (representative).

(signature, name, surname)

S.s.

Filled in by the Bank

Powers of Client's representative (if any) are verified. Received by the Bank on:
 Date: _____ 201__

(signature, name, surname)