

APPLICATION FOR DESIGNATION OF ELECTRONIC SIGNATURE AUTHORITY FOR MEANS OF IDENTIFICATION IN THE SYSTEM E-NORVIK/NORVIK T-BANKA

Client CIF code

Rīga _____ 200__

The Client (natural/legal entity)

Name, surname / Name	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 natural entity, if there is no identity number)	Passport issue date / Registration date (for natural entity, if there is no identity number)	
Residence address / Legal address (street, house number, apartment number, city, postal code, country)		
Client representative (name, surname)	Client representative is acting on the basis of <input type="checkbox"/> Articles of Association <input type="checkbox"/> authorization <input type="checkbox"/> _____	

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

In the system e-NORVIK / T-Banka:

To grant the right to regulate the scope of authority for the chosen means of identification (DigiPass or Identification Table), by sending the Bank the standardized notice in the system e-NORVIK / T-Banka

Means of identification with Serial No.	Have the right to regulate the scope of authority for the means of identification with Serial No.
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To designate electronic signature authority for the chosen DigiPass devices

DigiPass device, Serial No.	authority to sign payment orders and other documents addressed to the Bank individually.
DigiPass device, Serial No.	authority to sign payment orders and other documents addressed to the Bank individually.
DigiPass device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with DigiPass device, Serial No. and Serial No.
DigiPass device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with DigiPass device, Serial No. and Serial No.
DigiPass device, Serial No.	authority to sign payment orders and other documents addressed to the Bank only jointly with DigiPass device, Serial No. and Serial No.

Client's signature

<p>Client I have become acquainted with Bank's General Provisions for Transactions, agree with them and recognize their binding effect on myself (representative).</p> <p>(signature, name, surname)</p> <p style="text-align: right; font-size: 2em;">S.s.</p>

Filled in by the Bank

Powers of Client representative (if any) are verified.
Received by the Bank on: Date _____ 200__
(signature, name, surname)