

Questionnaire: Information on the Ultimate Beneficial Owner (UBO)

Client's information	
Client CIF	
Name	
Registration number	
Date	Place
Information about th	e company's UBO
Name, surname	
Personal identity code	
Date of birth	
Declared address	
Country	
Postal code	
Region/Municipality	
Area/Parish	
City/Village	
Street	
House	
Flat	
Actual address	
The actual addre	ss matches the declares
address Country	
Postal code	
Region/Municipality	
Area/Parish	
City/Village	
Street	
House	
Flat	
Identity documents of	the Company's UBO
Document type Pa	ssport ID card Residence permit
Number	
Date of issue	
Valid until	
Indefinite	
Country	
Issuing authority	

Document type	Passport	ID card	Residence permit
Number			
Date of issue			
Valid until			
Indefinite			
Country			
Issuing authority			
Is the UBO resider	nt of the Repub	lic of Latvia?	Yes No
Number of Co	mpany's share:	s owned by the	e UBO (specify %)
UBO is the rep	oresentative of	the Company	
Basis/position of re	epresentative		
Term of representa	ation: L	Intil	Indefinite
State of UBO	residence		
Please indicate all	UBO tax reside	ence countries	
Country of tax resi	dence		
Tax payer number	(if such is assig	gned)	
Jurisdiction UBO ha	as significant b	usiness links w	vith
On what basis is a	person conside	ered an UBO:	
Direct shareh	older of the Co	mpany, owne	r of shares in equity capital
On the basis	of property righ	its	
Member of the	e Company's B	oard/Council o	or other governing body
On the basis	of a manageme	ent/delegation	agreement
Other basis (olease specify)		
Politically ex	posed per	son	
Is UBO a Politically	/ Exposed Pers	son?	
No	Yes (explain)		
position, including the highes deputy of minister's deputy, (local government), member constitutional court, suprem institution, member of the co	at official of a state auth if the respective count of a parliament or me e court or a different le uncil or member of the state capital company organization.	ority, head of state ad ry has such a positior mber of a similar legis vel court (member of board of a central bar , head (director, depu	he past in the Republic of Latvia or other member state or third country, in a publicly significant ministrative division (local government), head of a government, a minister (deputy of minister or), secretary of state or other high level official in a government or state administrative division slative body, member of an authoritative structure (the board) of a political party, a judge of the a judicial institution), member of the council or member of the board in highest revision (audit) his, an ambassador, authorized clerk, highest officer of the armed forces, member of the council try director) of an international organization and member of the board or a person, who has an depreson?
No	Yes (explain)		
politically exposed person, o	r he/she is a sharehold ent, about which it is kn	er or member in the s own, that it has been	n, about who it is known, that the person has business relationship or other close relations with ame capital company with politically exposed persons, as well a natural person, who is the sole established in the interest of a politically exposed person.
No	Yes (explain)		
politically exposed person, o	r he/she is a sharehold	er or member in the s	n, about who it is known, that the person has business relationship or other close relations with ame capital company with politically exposed persons, as well a natural person, who is the sole istablished in the interest of a politically exposed person.
Is the UBO US-rela			
No	Yes (explain)		
Person, who is related with th	ne USA, is a person, wh	o meets one of the sp	ecified conditions: 1) Person has USA citizenship or permanent residence status (Green Card);

2) Person is a tax resident of the USA; 3) Person's place of birth is the USA; 4) Person has a phone number with a USA country code; 5) Personal residence address or correspondence address is in the USA (including USA P.O. box); 6) Power of attorney has been issued by a person who is related with the USA

Questionnaire: Information on the Ultimate Beneficial Owner (UBO) VEI_ANK:58_ENG | Versija: 2 | Apstiprināts: 28.01.2021. | 25-3/04, 2.jautājums

Information to determine USA tax payer status

Is UBO born in the United Stat	es?				
Is UBO a US citizen?					
Is UBO a US taxpayer?					
Does an UBO have a US resid	dence permi	it (Green Ca	ard)?		
Does the UBO have a phone n	umber with	a US count	ry code?		
Does the UBO have a US corr	espondence	e address (ir	ncluding the US F	P.O. Box)?	
(specify address)				<u> </u>	
Other relations of the UBO wit	h the United	l States (spe	ecify)		
In case of one or more of the posi	tive respon	se, necess	ary fill out the fo	orm W-8BEN or W	-9.
		,	,		
UBO source of income an	d financ	ial positi	ion together		
Salary / honorarium / romunaration					
Salary / honorarium / remuneration Name of employer	Yes	No			
Position					
Years of experience	l th		4.2.4.2.2	4.5.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C 10
reare or expension	•		1-3 years 16-20 years	4-5 years more than 20	6-10 years years
Do you have a status of a person co	nducting eco	onomic activ	rity? Yes	No	
Income from economic activity	Yes	No			
Name of employer					
Position					
Years of experience	Less th	an a year	1-3 years	4-5 years	6-10 years
	11-15 years		16-20 years	more than 20 years	
Scholarship / pension / benefit	Yes	No			
Housekeeper	Yes	No			
Inheritance	Yes	No			
Type of inheritance	testamentary		legal	contractual	
Source of borrowed funds	Yes	No			
Borrowed funds					
Interest / dividends	Yes	No			
Company name					
Number of capital shares					
Shares / equity	Yes	No			
Company name					
Company name					

Number of capital shares

Sale of real estate	Yes	No					
Specify the subject of the real es	state sale						
Sale of financial instruments	Yes	No					
Specify the subject of the sale of	financial ins	struments					
Other No Yes(specify)							
Monthly income total (EUR)	up to 120	00 1201-3000	3001-5000				
	If more	than 5001 (specify)					
Financial position together (EUR)							
Customer confirmation							
I Certify that the information in this document is	s complete and to	rue.					
 I undertake to immediately inform the E accordance with General terms of service Application means the signing of the Ag Special agreement. 	ce, this Applica	ation is an integral pa	art of the Agreement and	the signing of this			
— I am informed that in accordance with the normative acts of the Republic of Latvia, the Bank is obligated to acquire information on the Client's tax residence and other related information to it, and that in cases prescribed for in the normative acts of the Republic of Latvia the Bank is obligated to provide information to the State revenue service and that the specified information is intended for the purpose of client research (including in-depth research) specified in the Law on the Prevention of Money Laundering and Terrorism Financing.							
— I am informed that the Bank processes (collects, stores, records, submits, transfers, transmits, etc.) the Client's data and other persons' data submitted by the Client, as well as in accordance with Applicable legal acts requests and receives the above-mentioned data and other information from the third parties and processes it. Bank has the right to transfer the Client's personal data to the third parties, if the Bank considers it necessary for the provision of services or debt recovery from the Client. The Client confirms that, he / she has right to transfer data of other natural persons to the Bank, for that he / she has received all necessary consents.							
— I undertake not to use accounts in the Bank and services of the Bank in transactions that may result in the violation of legislative acts of the Republic of Latvia, the European Union or the United Nations or decisions of international organizations, which determine persons or territories subjected to sanctions / limitations or limitations to the movement of certain goods.							
— I confirm that I have read the Bank's Policy, which are available on the www understand them and am aware that they	w.magnetigba	ank.com website and	at the Bank's custome	er service points, I			
Client's				/			
representative (position)		(name,surname)	(signature)	/			
Client's representative (position)		(name,surname)	(signature)	Seal			
To be completed by a representative the Client / Client's representative	in my prese						
(The Bank representativ	/e position, name, s	surname) (si	gnature)	(date)			
Bank notes							
Legal department							
(remarks) (The Bar	nk representative p	osition, name, surname) (si	gnature)	(date)			