



# Application for Additional payment card issue

Client CIF A

Date  Venue

Client   
(name, surname / company name)

Personal code (date of birth) / Registration number

**Please issue the Additional payment card and attach to Payment card account:**

**Additional payment card holder data:**

Name, surname

Personal code / date of birth  Place of birth

Passport / ID card No.  Date of issue

Expiry date  Issuing country

Issuing authority

Address: Street, house, apartment

City  Country  Postal code  Country code

Phone +

Name, surname on the Additional payment card

Company name on the Additional payment card

**Voice password** (at least 4 symbols)   
(combination of letters or numbers which will be used for Additional payment card holder identification via phone)

**Allow to make online purchases**

Client (legal entity) legal relationship with Additional payment card holder

**Is the Additional payment card holder related with the US?**

Person, who is related with the US, is a person, who meets one of the specified conditions: 1) Person has US citizenship or permanent residence status (green card); 2) Person is a tax resident of the US; 3) Person's place of birth is the US; 4) Person has a phone number with a US country code; 5) Personal residence address or correspondence address is in the US (including US P.O. box); 6) Power of attorney has been issued by a person who is related with the US.

Yes (fill the form "Information for determining US tax payer status" for each Additional payment card holder separately)  No

**I hereby request express Additional payment card making and withhold additional commission in accordance with the Bank's tariffs.**

**Receipt type of the Additional payment card and PIN code:**

Central office in Riga, Brīvības str. 54

Send to the following address: Street, house, apartment

City  Country  Postal code  Country code

Phone +  (courier information)

## Informative SMS

Please connect Informative SMS and provide information to mobile phone No. +

for operations carried out under the following conditions:

Language of communication: Latvian English Russian

Outgoing payments: Without limit ..... (Amount from which the SMS will be sent)

Incoming payments: Without limit ..... (Amount from which the SMS will be sent)

I waive to receive Informative SMS about transactions in Accounts. I understand and fully accept all risks, associated with the failure to receive timely information on transactions in the Accounts.

I waive to receive currency mark-up SMS about transactions in payment card Accounts.

### Special conditions (separate attachment)

No Yes (attachment No....., date

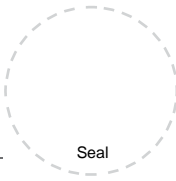
) Filled form "Special conditions", if the parties agree on amendments in the General terms of service, tariffs or other conditions..

## Confirmations of the Client

I Certify that the information in this document is complete and true.

I confirm that I have read the Bank's General Terms of Service, the Bank's Tariffs and Personal Data Processing Policy, which are available on the [www.lpb.lv](http://www.lpb.lv) website and at the Bank's customer service points, I understand them and am aware that they will apply to the legal relationship between me and the Bank.

I undertake to immediately inform the Bank in writing on any changes in the above information. I am informed that in accordance with General terms of service, this Application is an integral part of the Agreement and the signing of this Application means the signing of the Agreement, except the Bank Services, which can be received only by signing of Special agreement.

The Client / Client's representative .....	.....	.....	
(position)	(name, surname)	(signature)	
Client's representative .....	.....	.....	
(position)	(name, surname)	(signature)	

### To be completed by a representative of the Bank, who identifies the Client.

The document has been signed in my presence. I confirm the identity and signature / -s of the Client / Client's representative / -s.

..... (The Bank representative position, name, surname) ..... (signature) ..... (date)

## Bank notes

### Department of payment cards

For the Client issued Additional payment card

Possibility to make online purchases:  Yes  No

..... (remarks) ..... (The Bank representative position, name, surname) ..... (signature) ..... (date)