



AS LPB Bank  
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# Application for Payment card account opening (for individuals)

Client CIF A

Date

Venue

Client  (name, surname)

Personal code / date of birth

**Please open the Payment card account and issue the Payment card:**

MasterCard Standard    MasterCard Gold    MasterCard Platinum    Virtual

Payment card account's base currency **EUR**. Additional currencies:    USD    RUB    GBP    CHF

The reason for the Payment card account opening

Name, surname on the Payment card

Voice password (at least 4 symbols)  (combination of letters or numbers which will be used for Client identification via phone)

**Allow to make online purchases**

**Is the 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")    No

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

**Receipt type of Payment card / Additional payment card / s and PIN code / s:**

Central office in Riga, Brīvības str. 54

Send to the following address: Street, house, apartment

City  Country  Postal code  Country code

Phone +  (courier information)

**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.**

## Additional payment card issuing

Please issue Additional payment card:

### 1. 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

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**

### 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 cardholder separately)  No

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

**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.**

### 2. 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

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**

### 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

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