

# Application for preparation of reference

 Client CIF A 

|   |                                |       |                      |
|---|--------------------------------|-------|----------------------|
| Date  | <input type="text"/>           | Venue | <input type="text"/> |
| Client  | <input type="text"/>           |       |                      |
|   | (name, surname / company name) |       |                      |
| Personal code (date of birth) / Registration number | <input type="text"/>           |       |                      |

**Please prepare the reference:**

|   |   |                      |
|---|---|----------------------|
| With confirmation of existence of an account                | With confirmation on a balance in the account | <input type="text"/> |
| Upon a request of the Client (explain) <input type="text"/> |   |                      |

|   |   |
|---|---|
| Providing information on inquiry of audit | With the certification by notary public |
|---|---|

**Account type, for which the information is required:**

|                  |              |                      |
|------------------|--------------|----------------------|
| For all accounts | For account: | <input type="text"/> |
|------------------|--------------|----------------------|

**Language of reference:**      Latvian      English      Russian

 Address the reference to (specify the name of receiving party) 
**Receipt type of reference:**

|  |  |
|--|--|
| Central office in Riga, Brivibas str. 54 | E-mail <input type="text"/>                                    |
| With e-signature                         | Sending by post: Street, house, apartment <input type="text"/> |

|                           |                              |                                  |                                   |
|---------------------------|------------------------------|----------------------------------|-----------------------------------|
| City <input type="text"/> | Country <input type="text"/> | Postal code <input type="text"/> | Country code <input type="text"/> |
|---------------------------|------------------------------|----------------------------------|-----------------------------------|

**Issue the reference to:**      Signatory person      Attorney (specify) \*

 \* Name, surname       Personal code 

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Date of birth <input type="text"/> | Place of birth <input type="text"/> |
|------------------------------------|-------------------------------------|

|  |                                    |
|--|------------------------------------|
| Passport / IDcard No. <input type="text"/> | Date of issue <input type="text"/> |
|--|------------------------------------|

|                                      |  |
|--------------------------------------|--|
| Issuing country <input type="text"/> | Issuing authority <input type="text"/> |
|--------------------------------------|--|

 The commission collect from the account 

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

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 Contract and the signing of this Application means the signing of the Contract, except the Bank Services, which can be received only by signing of Special agreement.

I confirm that I have read the Personal Data Processing Policy, which is available on the www.magnetiqbank.com website and at the Bank's customer service points, I understand it and am aware that it will apply to the legal relationship between me and the Bank.

**With this please prepare the reference in express and withhold additional commission in accordance with the Bank's tariffs.**

|  |   |                                     |   |
|--|---|-------------------------------------|---|
| The Client /<br>Client's representative <input type="text"/><br>(position) | <input type="text"/><br>(name, surname) | <input type="text"/><br>(signature) |  |
| Client's representative <input type="text"/><br>(position)                 | <input type="text"/><br>(name, surname) | <input type="text"/><br>(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.

|   |                      |                      |
|---|----------------------|----------------------|
| <input type="text"/>                              | <input type="text"/> | <input type="text"/> |
| (The Bank representative position, name, surname) | (signature)          | (date)               |

## Bank notes

|                   |   |                      |                      |
|-------------------|---|----------------------|----------------------|
| <b>Department</b> | <input type="text"/>                              | <input type="text"/> | <input type="text"/> |
| (remarks)         | (The Bank representative position, name, surname) | (signature)          | (date)               |