



AS LPB Bank  
 Brīvības iela 54, Rīga, LV-1011  
 Reģ. Nr.: 50103189561

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# Application for replacement of Payment card / Additional payment card

Client CIF A

Date  Venue

**Client**   
 (name, surname / company name)

Personal code (date of birth) / Registration number

**Please replace the Payment card:**

The Payment card account:

The reason for replacement of the Payment card:

Damaged  Lost  Other (explain)

**Please replace the Additional payment card:**

The Payment card account:

The reason for replacement of the Additional payment card:

Damaged  Lost  Other (explain)

**Receipt type of Payment card / Additional payment card 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)

**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..

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 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.

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 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.

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

Client's representative     
 (position) (name, surname) (signature)

Seal

**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 Payment card

For the Client issued Additional payment card

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