

📋 AS LPB Bank

≡ Re . Nr.: 50103189561

🖂 info@lpb.lv

🕼 Br v bas iela 54, R ga, LV-1011 🛛 🌐 www.lpb.lv

# Customer Questionnaire (for private person)

# **Basic information**

Client CIF

Date

Place

Name

Surname

Middle name

Date of birth

Personal identity code

Country of birth

City of birth

# **Client address/-es**

Country

Postal code

Region/Municipality

Area/Parish

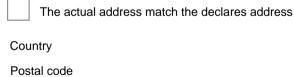
City/Village

Street

House

Flat

### Actual address



Region/Municipality

Area/Parish

City/Village

Street

House

Flat



# For correspondence addresss

1	-	-	-	
Г	-	-		
- 1				

For correspondence address match declared address

For correspondence address match actual address

Country
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Postal code

Region/Municipality

Area/Parish

City/Village

Street

House

Flat

# Contact information

Phone			
Phone			
E-mail			
E-mail			
Skype			
www			

# Citizenship and personal identification documents

Document type	Passport	ID card	Residence permit
Number			
Date of issue			
Indefinite			
Valid until			
Country			
Issuing authority			
Document type	Passport	ID card	Residence permit
Number			
Number Date of issue			
Date of issue			
Date of issue			

### Country of tax residence

Please indicate countries of tax residence

1. Country of tax residence

In accordance with normative acts of the tax residence country, taxpayes number is granted to the Client

Tax payer number (if such is assigned)

2. Country of tax residence

In accordance with normative acts of the tax residence country, taxpayes number is granted to the Client

Tax payer number (if such is assigned)

3. Country of tax residence

In accordance with normative acts of the tax residence country, taxpayes number is granted to the Client

Tax payer number (if such is assigned)

If you did not indicate any countries of tax residence, please provide justification.

### Information to determin USA tax payer status

Are you person related to a USA?

No Yes (explain)

Person, who is related with the USA, is a person, who meets one of the specified 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.

Is your place of birth in the USA?

Are you a USA citizen?

Are you a USA tax payer?

Do you have a USA residence permit (Green Card)?

Do you have a phone number with a USA country code?

Do you have a USA mailing address (including the USA. P.O. box)?

(specify address)

Other relationship with the USA (please explain)

In case of one or more of the positive response, necessary fill out the form W-8BEN or W-9.

### **True beneficiary**

I certify that I am the true beneficiary

### Politically exposed person

Are you a Politically exposed person?



Politically exposed person — a person, who is currently, or has been in the past in the Republic of Latvia or other member state or third country, in a publicly significant position, including the highest official of a state authority, head of state administrative division (local government), head of a government, a minister (deputy of minister or deputy of minister's deputy, if the respective country has such a position), secretary of state or other high level official in a government or state administrative division (local government), member of a parliament or member of a similar legislative body, member of an authoritative structure (the board) of a political party, a judge of the constitutional court, supreme court or a different level court (member of a judicial institution), member of the council or member of the board of a central bank, an ambassador, authorized clerk, highest officer of the armed forces, member of the council or member of the board or a person, who has an equivalent position in this organization.

No

#### Are you a family member of a Politically exposed person?

Yes (explain)

No

No

Person closely related with a Politically exposed person – natural person, about who it is known, that the person has business relationship or other close relations with politically exposed person, or he/she is a shareholder or member in the same capital company with politically exposed persons, as well a natural person, who is the sole owner of a legal establishment, about which it is known, that it has been established in the interest of a politically exposed person.

#### Are you a person closely associated with a Politically exposed person?

Yes (explain)

Person closely related with a politically exposed person – natural person, about who it is known, that the person has business relationship or other close relations with politically exposed person, or he/she is a shareholder or member in the same capital company with politically exposed persons, as well a natural person, who is the sole owner of a legal establishment, about which it is known, that it has been established in the interest of a politically exposed person.

### Source of income

Salary / honorarium / remuneratio	n Yes No
Name of employer	
Position	
Years of experience	Less than 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	
Number of capital shares	
Sale of real estate	Yes No
Specify the subject of the re	eal estate sale
Sale of financial instruments	Yes No
Specify the subject of the s	sale of financial instruments
Do you have a status of a persor	n conducting economic activity? Yes No
Income from economic activity	Yes No
Industry	
Other sources of income	No Yes (explain)
Monthly income total (EUR)	up to 1200 1201-3000 3001-5000 If more than 5001 (specify)

# **Planned services and payments**

### **Planned Bank services**

	Settlement and cash services
	Payment cards (planned number of cards)
	Term deposits*
	Lending
	E-commerce
	Documentary operations (letters of credit, etc.)
	Trust services
	Escrow account opening and servicing
	Individual safes*
	Transactions in financial instruments (shares, bonds, etc.)
	POS terminals
	Other Bank services (specify)
Pl	anned payments to the accounts

Salary / scholarship / benefit

Income / expenses of economic activity

Interest / dividends

Loan received / loan repayment

Payment for goods and services (incl. utility payments)

Purchase / sale of financial instruments

Other planned payments (specify)

# Planned transactions in the Account(s)

Are there any transactions planned on the accounts, except Bank's commissions and/or Bank's interests (Individual safes, Term deposits)?

No Yes (fill in the information about all transactions at once and separately for cash transactions (depositing/withdrawing at the Bank's branch office and ATMs) if any are planned)

#### Incoming transactions, EUR

Maximum amount of one incoming transaction	up to 1200 1201-3000 3001-5000
	more than 5001 (specify)
Maximum incoming turnover on accounts per month	up to 1200 1201-3000 3001-5000
	more than 5001 (specify)
Maximum incoming turnover on accounts per year	up to 14400 14401-36000 36001-60000
	more than 60001 (specify)
Number of planned incoming transactions per month	
Outgoing transactions, EUR	
Maximum amount of one outgoing transaction	up to 1200 1201-3000 3001-5000
	more than 5001 (specify)
Maximum outgoing turnover on accounts per month	up to 1200 1201-3000 3001-5000
	more than 5001 (specify)
Maximum outgoing turnover on accounts per year	up to 14400 14401-36000 36001-60000
	more than 60001 (specify)

Number of planned outgoing transactions per month

# **Cash transactions**

Are there any transactions with cash at A	TMs or at the Bank's branch office planned?
No Yes ("Depositing/Withdrav	ving, EUR")
Deposit, EUR	
Maximum amount of one contribution	not planned up to 500 501-1000 1001-5000
	more than 5001 (specify)
Maximum total amount of money contributions per month	not planned up to 500 501-1000 1001-5000 more than 5001 (specify)
Maximum number of cash contributions p	per month
Source of cash origin	
Withdrawal, EUR	
Maximum amount of one withdrawal	not planned up to 500 501-1000 1001-5000 more than 5001 (specify)
Maximum total amount of money withdrawals per month	not planned up to 500 501-1000 1001-5000 more than 5001 (specify)
Maximum number of money withdraw	als per month
Need to use cash (please explain)	
One-time transactions	
Are one-time transactions planned that w	ill exceed the maximum amount of one transaction specified by you?
Maximum amount	

Currency

Planned term	1 month	3 months
	Within six months	In a year

From or to which credit institution or financial institution

Purpose of the transaction

# Purpose of use of Bank services

The account will be used for personal needs Yes No

Yes (specify other countries)

### From which countries incoming payments are planned:

Latvia	Yes	No
ES/EEZ countries	Yes	No
Other countries	Yes	(specify other countries)
To which countrie	es outgoin	g payments are planned:
Latvia	Yes	No

Other countries

### Other accounts

Do you have an account(s) with another credit institution(s) or financial institution(s)?



Name	Country
Name	Country
Economic activity	
The account will be used for the execution of economic activity	Yes No

If the answer is "yes", please fill in the application "Information about economic activity".

#### Customer confirmation

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 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 organisations, 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 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	(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 of the Client / Client's representative.		
(The Bank representative position, na	ame, surname) (signature)	(date)