

Questionnaire of the power of attorney

Power of Attorney issued	(date)	Nr						
Type of Power of Attorney:	Notarial act	Bank's Power of attorney	Other (comment)					
Date				Venue				
Questionnaire filled in (cl	neck):							
The Authorising person (Cli)						
The Authorised person	on on the	,						
THE AUTHORISING PERSON (the person granting the authorisation)	(Client)		(name, surname / company name)					
Personal code (date of birth) / F	Registration number							
THE AUTHORISED PERSON: (attorney)								
Name, surname								
Personal code / date of birth			Place of birth					
Passport / ID card No.		la cia a constant						
Expiry date								
Issuing authority The Authorised person's legal a								
City								
The Authorised person's actual	address: Street, hou	use, apartment						
City		Country	Postal	code	Country code			
Phone +			E-mail					
Attorney's and principal's rela	ationship (comment	t)						
Is the Authorised person a Po	olitically exposed p	person? * Yes (explain)				No		
Is the Authorised person a Fa	mily member of a					No		
Is the Authorised person a Pe	erson closely relate	ed with a politically exposed	person? ***					
Yes (explain)						No .		
Is the Authorised person relat	ed with the US? **	**						
Yes (fill the form "Information for de	termining US tax payer sta	atus" for each Authorised person separa	tely) No					
The reason of undertaken by attorney the scope of authority established in Power of Attorney (comment)								

Explanations

- * 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 of a state capital company, head (director, deputy director) of an international organization and member of the board or a person, who has an equivalent position in this organization.
- ** Family member of a politically exposed person a person, who is the politically exposed person's: a) spouse or a person comparable to a spouse. A person can be considered as comparable to a spouse, only if the legislation of the respective country provides for such a status, b) child or child of the politically exposed person's spouse, or child of a person comparable to a spouse, his/her spouse or a person comparable to a spouse, c) parent, grandparent or grandchild, d) brother or sister;
- *** 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.
- **** 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

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, Bank's Power of attorney 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 Authorising person / The Authorising person's representative	(position)	(name, surname)	(signature)						
The Authorising person's representative	(position)	(name, surname)	(signature)	Seal					
The Authorised person (n.	ame, 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 represent	tative position, name, surname)	(signature)	(da	te)					
Bank notes									
Sales and Client Support Department									
· (remarks) (T	he Bank representative position, name, surname	e) (signature)	(da	te)					