

Questionnaire of the Intrinsic Beneficial Owner



AS "PARITATE BANKA"
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For legal entities non-residents of the Republic of Latvia

The necessity of completion of this questionnaire and obligation to provide the Bank with information are stipulated by the "Law on Money Laundering Prevention" of the Republic of Latvia (further - LR) and by international banking activity standards in the sphere of monitoring of the sources of the Customers' funds.

Thank you for cooperation!

Relation of the Intrinsic Beneficial Owner to the Bank

Customer is a legal person		Customer is a physical person	
Customer's name		Customer's name and surname	
Customer's registration number		Customer's identity code*/date of birth	
Type of the monitoring of the Customer (% of the shares or the nominal capital)		Type of the monitoring of the Customer	
Status regarding the Customer			

* regards LR residents only

Information about the Intrinsic Beneficial Owner

Name, surname:		
Identity code*/Date of birth:		
<input type="checkbox"/> Passport/ <input type="checkbox"/> other ID:	Series	Number
The institution issued the ID:		
The date of issuance of the ID:		
The country issued the ID:		
The ID due date:		
Type of the business activities:		

*regards LR residents only

Contact Information of the Intrinsic Beneficial Owner

Address:	
Telephones _____ _____	Fax _____
E-mail _____	

List of the enclosed documents confirming information about the Intrinsic Beneficial Owner

- 1.
- 2.
- 3.
- 4.

According to the article 195.¹ of the Criminal Law of the Republic of Latvia the person, who has purposely provided doubtful information to the Bank, which is entitled by the Law to request information about the true beneficiary, can be hold criminally liable, and criminal sanctions can be applied to this person.

I confirm that the information I have provided in this form is complete and reliable. I promise to inform the Bank about any changes within 3 working days.

Signatures

The Intrinsic Beneficial Owner		The Official of the Bank	
Completion date: _____	Completion place: _____	Name, surname _____	
Signature: 	 	Stamp: 	Signature:

Information on verification of the provided information and documentation (to be completed by the Bank):

