

CLIENT'S QUESTIONNAIRE

J

3.2. **Company is used as:** (to be filled in by the Clients – nonresidents of the Republic of Latvia) (XX):

- | | |
|---|--|
| 3.2.1. <input type="checkbox"/> international trade company | 3.2.2. <input type="checkbox"/> international investment company |
| 3.2.3. <input type="checkbox"/> holding company | 3.2.4. <input type="checkbox"/> ownership right company |
| 3.2.5. <input type="checkbox"/> personal business company | 3.2.6. <input type="checkbox"/> company of management of financial group |
| 3.2.7. <input type="checkbox"/> company of intellectual property, licensing and franchise | 3.2.8. <input type="checkbox"/> logistics service company |
| 3.2.9. <input type="checkbox"/> company for participation share market and fund raising | 3.2.10. <input type="checkbox"/> personal saving company |
| 3.2.11. <input type="checkbox"/> other: _____ | |

3.3. **Mark field and specify type of activity** (XX):

- 3.3.1. manufacture (describe): _____
- 3.3.2. trade (describe): _____
- 3.3.3. tourism (describe): _____
- 3.3.4. transport (describe): _____
- 3.3.5. telecommunications and communications (describe): _____
- 3.3.6. information technologies (describe): _____
- 3.3.7. construction (describe): _____
- 3.3.8. agriculture (describe): _____
- 3.3.9. power industry (describe): _____
- 3.3.10. rendering commercial services (describe): _____
- 3.3.11. mediation (incl. using *Internet*) (describe): _____
- 3.3.12. games of chance, betting, lotteries (**Fill in the Appendix to the Clients Questionnaire!**)
- 3.3.13. insurance, pension financing (**Fill in the Appendix to the Clients Questionnaire!**)
- 3.3.14. organization of auctions (**Fill in the Appendix to the Clients Questionnaire!**)
- 3.3.15. financial mediation (**Fill in the Appendix to the Clients Questionnaire!**)
- 3.3.16. other (specify): _____

3.4. **Duration of economic activity** (years): ≤1 – 1 – 3 3 – 7 > 7

3.5. **Is the company a member of a group of companies, which can be by its nature classified as a concern?** 3.5.1. No Yes

- 3.6. **Planned sources of incoming payments** (XX):
- 3.6.1. proceeds from participation in other companies
- 3.6.2. proceeds from buyers or recipients of services
- 3.6.3. investments of owners of the company
- 3.6.4. loans
- 3.6.5. other (specify): _____

3.7. **From which partner (where from) will be received payments:**

3.8. Name	3.9. Country of registration	3.10. Country in which a bank account is opened
3.11.		
3.12.		
3.13.		
3.14.		
3.15.		

Client's signature: _____

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3.16. **Planned purposes of outgoing payments (XX):**

3.16.1. payments for deliveries and services

3.16.2. administrative expenses

3.16.3. mandatory state payments (taxes, fees)

3.16.4. repayment of credits (granting a loan)

3.16.5. wages - (once a month; 2 x a month; once a quarter)

3.16.6. investments (specify investment sphere): _____

3.16.7. other : _____

3.17. To which partner (where) payments will be made:		
3.18. Name	3.19. Country of registration	3.20. Country in which a bank account is opened
3.21.		
3.22.		
3.23.		
3.24.		
3.25.		

3.26. **Number of employees in the company** (specify): _____

3.27. **Permanent location of the main office** – (specify country and address): _____

3.28. **Permanent location of representative offices:** No Yes (specify country and address):

3.28.1. _____

3.28.2. _____

3.28.3. _____

3.28.4. _____

3.28.5. _____

3.29. **Does the company keep documents related to economic activity?** Yes No

3.30. **Must the company prepare and submit financial report in the place, where it is registered or carries out its activities to the state institutions?**

3.30.1. No

3.30.2. Yes (specify, has the company submitted a financial report for the last reporting period):

3.30.2.1. No

3.30.2.2. Yes (specify institution, to which the financial report has been submitted): _____

3.30.2.3. mark, if financial reports are available to public: No

3.30.2.4. Yes (specify the source): _____

Client's signature: _____

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4. FINANCIAL ACTIVITY AND INFORMATION ABOUT FUNDS

4.1. Do you have an account with some other bank too?: No Yes (specify where): _____

4.2. Planned monthly transactions on accounts (EUR):

4.2.1. Type of transaction	4.2.2. Number per month	4.2.3. Average monthly turnover
4.3. Incoming transfers		
4.3.1. Cash contributions		
4.4. Outgoing transfers		
4.4.1. Cash withdrawal		
4.5. Payments by card for goods and services		
4.5.1. Withdrawing cash by card		

4.6. Planned maximum turnover for one:

4.6.1. For transfers, including by card: _____ (EUR)

4.6.2. In cash: _____ (EUR)

4.7. Which products / services of the Bank does the company plan to use (XX):

4.7.1. settlement accounts

4.7.2. payment cards

4.7.3. cheques

4.7.4. credit and leasing

4.7.5. deposits

4.7.6. documentary transaction (collection, bill of credit, etc.)

4.7.7. storing money and valuables in the strong room

4.7.8. corporate financing and financial consultations

4.7.9. currency market operations (money market contracts, future transactions, *Swap* transactions, etc.)

4.7.10. broker's services on the financial market (shares, bonds, *Repo* transactions, etc.)

4.7.11. other (specify): _____

4.8. Why you have chosen SC "Parex banka" in Latvia (XX):

4.8.1. favourable tariff

4.8.2. recommendation of partners/friends

4.8.3. Bank's reputation

4.8.4. advantageous work condition

4.8.5. other _____

In accordance with article 195.¹ of the Criminal Code of the Republic of Latvia the person who intentionally renders untrue information to the Bank, which is authorized by the law to request information about a real owner or actual beneficiary of transaction and funds involved or other property, can be brought to criminal responsibility.

Hereby I confirm that all information rendered in this Questionnaire is true and full.

I undertake to notify the Bank in writing immediately about any essential changes in the mentioned information.

Date: DD/MM/YYYY

Signature: _____

5.1. Fill in if the Questionnaire will be send to the Bank by fax:
(Only for the Bank's client!)

Account No: _____

Digipass No: _____

Key 1: K _____

Key 2: _____

I, _____,
/Name, Surname/

**The Bank's employee (Bank's authorized person)
has accepted the Questionnaire.**

Date: DD/MM/YYYY

Signature, stamp: _____