



# CLIENT'S QUESTIONNAIRE

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Dear Client,

According to norms of the law "Prevention of Laundering of Proceeds Derived from Criminal Activity", recommendations of the Financial and Capital Market Commission and Association of Latvian Commercial Banks, which are developed in accordance with the international banking standards, it is necessary for the Bank to have a good knowledge about the Clients' business as well as to ascertain the Clients' actual beneficiaries.

The Bank asks you to fill in the CLIENT'S QUESTIONNAIRE and the corresponding appendices. The Bank guarantees that the Clients' personal data, data on the Clients' accounts, deposits and deeds will be kept secret.

Please FILL IN black or blue ink, in block letters, and MARK by "X", where it is necessary.

Thank you for understanding!

Client's ID 

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## 1. INFORMATION ABOUT THE CLIENT

- 1.1. Name, surname: \_\_\_\_\_
- 1.2. Citizenship: \_\_\_\_\_
- 1.3. Identity code (date of birth): LLLLLL-LLLLL
- 1.4. Actual address: \_\_\_\_\_
- 1.5. Telephone: \_\_\_\_\_ 1.6. Fax: \_\_\_\_\_
- 1.7. E-mail address: \_\_\_\_\_

### 1.8. How do you plan to manage your accounts at SC "Parex banka" (XX):

- 1.8.1.  using network of branches of the Bank
- 1.8.2.  using services of remote management of accounts

### 1.9. Additional person for contacts (it is advisable to specify):

- 1.9.1. Contact person's name, surname: \_\_\_\_\_
- 1.9.2. Contact person's telephone: \_\_\_\_\_ 1.9.3. E-mail address: \_\_\_\_\_

## 2. INFORMATION ABOUT FUNDS

### 2.1. A source of your income (X):

#### 2.1.1. paid employment:

- for state or self-governments' establishment, agency, institution
- for state or self-governments' company
- for commercial company
- for social organization, association, party, religious organization

#### 2.1.2. self-employment registered as:

- individual entrepreneur (specify type): \_\_\_\_\_
- owner of fishing company/farm
- notary, lawyer, officer of the court, auditor
- a person receiving royalties
- a person executing works individually

2.1.3. income from personal property:  (specify type): \_\_\_\_\_

2.1.4. other:  (specify type): \_\_\_\_\_

### 2.2. Your average income per annum (EUR):

- 2.2.1.  ≤50 000      2.2.2.  50 000 – 100 000      2.2.3.  100 000 – 500 000      2.2.4.  >500 000

2.3. Why have you chosen SC "Parex banka" in Latvia: \_\_\_\_\_

### 2.4. Which products / services of the Bank do you plan to use (XX):

- 2.4.1.  deposits                                      2.4.2.  credit / leasing                      2.4.3.  payment cards
- 2.4.4.  investments into financial instruments
- 2.4.5.  other (specify) \_\_\_\_\_

Client's signature: \_\_\_\_\_

## 2.5. Are you going to use the account in interests of a third person as well:

2.5.1.  No I undertake to notify the Bank immediately about any changes in the information related to funds on the account or actual beneficiary of securities.2.5.2.  Yes **Please, fill in 'Actual Beneficiary Ascertaining Card'!**

## 3. DESCRIPTION OF FINANCIAL ACTIVITY

## 3.1. Planned total monthly turnover on accounts (EUR):

3.1.1. For transfers:  is not planned  
 ≤ 5 000  ≤ 30 000  ≤ 100 000  ≤ 500 000  > 500 0003.1.2. In cash:  is not planned  
 ≤ 5 000  ≤ 30 000  ≤ 100 000  ≤ 500 000  > 500 000

## 3.2. Including planned total monthly turnover on cards (EUR):

3.2.1. For payments by card for goods and services:  is not planned  
 ≤ 5 000  ≤ 30 000  ≤ 100 000  ≤ 500 000  > 500 0003.2.2. For withdrawing cash by card:  is not planned  
 ≤ 5 000  ≤ 30 000  ≤ 100 000  ≤ 500 000  > 500 000

## 3.3. Planned maximum volume of one transaction \_\_\_\_\_ (EUR).

3.4. Planned monthly number of transactions (excluding transactions using the card):  ≤10  11 – 50  51 – 100

## 3.5. From which countries payments will be received (XX):

3.5.1.  from countries of the European Union or European Economic zone (specify): \_\_\_\_\_3.5.2.  from other countries (specify): \_\_\_\_\_

## 3.6. To which countries payments will be made (XX):

3.6.1.  to countries of the European Union or European Economic zone (specify): \_\_\_\_\_3.6.2.  to other countries (specify): \_\_\_\_\_3.7. Do you occupy a position of political importance (government leader, an important politician, representative of court authorities, military, head of a state enterprise or institution) or are you a family member of such person?  Yes  No

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

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

Client's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month yearI, \_\_\_\_\_, the Bank's employee or the Bank's authorized person, have accepted the Questionnaire.  
/Name, Surname/Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year\_\_\_\_\_  
signature, seal