**Customer identification form (questionnaire)**

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| 1. **Customer Background Information**
 |
| Name |  |
| Country of registration |  |
| Registration No. |  |
| Registered office |  |
| Address where the client's economic activity is carried out |  |
| Contact details |  |
| 1. **Ownership structure (mark as needed)**
 |
| **Ownership structure:**☐ one or more natural persons☐ one legal person☐ multiple legal persons☐ one or more legal/natural persons included in the lists of sanctions☐ Non-residents of a natural person (indicate country) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**The enterprise is managed by:**☐ a member of the Management Board☐ the true beneficiary of the enterprise☐ non-resident, a citizen of the European Union☐ other person/s (to be specified) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| 1. **Customer Owner Information**
 |
| Name |  |
| Country of registration |  |
| Registration No. |  |
| Registered office |  |
| Contact details |  |
|  |  |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have a personal code) |  |
| 1. **Customer's true beneficiary information**
 |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have a personal code) |  |
|  |  |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have a personal code) |  |
| 1. **Information about the natural persons who manage/control the enterprise**
 |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have a personal code) |  |
|  |  |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have a personal code) |  |
| 1. **Information about the person who fills out the questionnaire**
 |
| I am | ☐ the true beneficiary☐ member of the Management Board☐ procurator☐ authorised person☐ other (to be specified) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| First name, last name |  |
| Personal code (personal identification number) |  |
| Date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
| Basis and type of authorisation |  |
| Contact address |  |
| Contact details | Telephone number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_E-mail address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| 1. **Customer confirmation that the provided information is complete and true**
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| When signing this questionnaire, the Customer shall:* certify that all data are true and complete;
* certify that he/she has been informed of 195 of the Criminal Law. The criminal liability provided for in Article 1 for the provision of knowingly false information on the true beneficiary;
* undertakes to notify without delay any change in the data referred to in this questionnaire, but not later than within 14 (fourteen) days.
 |
| Statutory representative's signature |  |
| Date |