**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** | |
| 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 | |