

# Questionnaire for legal entities

This questionnaire is to be filled out and submitted to Luminor Bank AS, represented within the Republic of Latvia by Luminor Bank AS Latvian Branch (hereinafter also referred to as the Bank) to fulfil the requirements of several regulatory enactments concerning the services provided by the Bank to its customers or offered by the Bank to its existing or potential customers. The above regulatory enactments refer to, e.g. the Law on the Prevention of Money Laundering and Terrorism and Proliferation Financing and related regulatory enactments as well as the Law "On the Agreement between the Government of the United States of America and the Government of the Republic of Latvia to Improve International Tax Compliance and to Implement the Foreign Account Tax Compliance Act (FATCA)" and the related regulatory enactments.

Place of filling out the questionnaire

Date

## General information

Company's name and  
type of legal entity

Registration  
number

Country of  
tax purposes

Country of  
tax purposes

Registration  
address (domicile)

Description of the company's  
main business activities

Postal (office)  
address

Country of incorporation  
(jurisdiction)

Tax identification  
number

Tax identification  
number

Phone No.

Name, surname  
of the contact person

e-mail address

Website

Post box

## Authorized signatories with the Bank

Person No. 1

Person No. 2

Person No. 3

Person No. 4

Virtue of representation

Name, surname

Country of incorporation/  
Country of residence

Personal ID number  
(date of birth for non-residents)

Citizenship

Passport or ID country of issue

Document number

Date of expiry (dd/mm/yyyy)

Residence for tax purposes

Tax identification no.

Is person or person's close family members or close associates considered as a Politically Exposed Persons who are or were entrusted with prominent public functions in the Republic of Latvia, European Union, international or foreign countries institutions?

Person No. 1

Person No. 2

Person No. 3

Person No. 4

No

No

No

No

Yes Please, fill in information about Position,  
institution and Country of position

Yes Please, fill in information about Position,  
institution and Country of position

Yes Please, fill in information about Position,  
institution and Country of position

Yes Please, fill in information about Position,  
institution and Country of position

Yes, family member or close  
associate  
Please, fill in all fields below

Yes, family member or close  
associate  
Please, fill in all fields below

Yes, family member or close  
associate  
Please, fill in all fields below

Yes, family member or close  
associate  
Please, fill in all fields below

Name

Surname

Position, institution

Relations with this person

Country of position

Customer representative name, surname

Signature

## Is it possible to identify owners of the company? If no, mark the reason

- The customer is an association or foundation
  The customer is a state/municipal institution
  The customer is a public liability company (100% of shares are listed at stock exchange)
  The customer is a political party/religious organisation

## The company's shareholders

	Person No. 1	Person No. 2	Person No. 3	Person No. 4
Virtue of representation				
Company's name/ Name, surname				
Country of incorporation/ Country of residence				
Registration number/Personal ID number (date of birth for non-residents)				
Citizenship				
Passport or ID country of issue				
Number of shares, %				
Residence for tax purposes				
Tax identification no.				

Is person or person's close family members or close associates considered as a Politically Exposed Persons who are or were entrusted with prominent public functions in the Republic of Latvia, European Union, international or foreign countries institutions?

	Person No. 1	Person No. 2	Person No. 3	Person No. 4
	No	No	No	No
	Yes <small>Please, fill in information about Position, institution and Country of position</small> <b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small> <b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small> <b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small> <b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>
Name				
Surname				
Position, institution				
Relations with this person				
Country of position				

## The company's economic beneficiary (s) (EB)

Please, specify the type of control exercised by the beneficial owner:

	Person No. 1	Person No. 2	Person No. 3	Person No. 4
Direct control Direct/ indirect control (Please specify) Senior official/CEO (Please specify) Another type of control (Please specify)	Indirect control <small>Direct control - private individual who directly owns more than 25% of the shares of the company. Indirect control - private individual who indirectly owns more than 25% of the company legal entity's shares (in the case of indirect participation, the control shall be exercised through another person - private individual or legal entity). Direct/indirect control - a private person who directly or indirectly exercises control over the company on the basis of authorisation agreement, management agreement etc. Senior official/CEO - private individual acting as a Senior manager official if no person under above mentioned points is not relevant. Other control type - please specify.</small>			

	Person No. 1	Person No. 2	Person No. 3	Person No. 4
Name, surname				
Personal ID no. (date of birth for non-residents)				
Citizenship				
Country of birth				

Customer representative name, surname

Signature

# Questionnaire for legal entities

Number of shares (benefit) %

Residence for tax purposes

Tax identification no.

Residence address (domicile)

Postal address

Sertificate on giving up the U.S. citizenship (if the country of birth is the USA)      No      Yes      No      Yes      No      Yes      No      Yes

## Personal identification document (for non-residents)

Number

Issuer country

Authority

Date of issue

Date of expiry (dd/mm/yyyy)

Is person or person's close family members or close associates considered as a Politically Exposed Persons who are or were entrusted with prominent public functions in the Republic of Latvia, European Union, international or foreign countries institutions?

Person No. 1	Person No. 2	Person No. 3	Person No. 4
No	No	No	No
Yes <small>Please, fill in information about Position, institution and Country of position</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small>	Yes <small>Please, fill in information about Position, institution and Country of position</small>
<b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	<b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	<b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>	<b>Yes, family member or close associate</b> <small>Please, fill in all fields below</small>

Name

Surname

Position, institution

Relations with this person

Country of position

Description of the company's business profile (NACE1)

Sub-sector of the company's economic activity (NACE2)

## Account opening purpose in Latvia

## Please specify place of business (country)

## Source of income

Income from business activities

Investments

Customer holds also its own customers money on the accounts

Income of branches/subsidiaries

Donations/grants/subsidies

Another (please, specify)

Loans

Subscription/ membership fees

## Is the company's business involved in a payment service, an e-money or a virtual currency area?

Yes

No

## Does the company have the licence in place? Answer only if previous was Yes

Yes

No

## Business license

The customer has a license

License is not required

Customer representative name, surname

Signature

## The company's key business partners

Funds receiving from:

The company's name	Country of incorporation	Registration number
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Funds sending to:

The company's name	Country of incorporation	Registration number
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## Transactions with Bank

**Average monthly turnover and the number of transactions through accounts**

Amount EUR

Number of transactions

**Average monthly cash-in**

Amount EUR

Source of funds

**Average monthly cash withdrawal**

Amount EUR

Purpose of cash withdrawal

**Are you planning to receive/send payments to/from foreign countries?**

No

Yes

Country

**Do you have accounts in other banks?**

No

Yes

Country

Bank

## Certification of the Bank's customer (potential customer)

The Bank's customer (potential customer) (hereinafter also referred to as the Customer) is aware that:

- the Bank pursuant to regulatory enactments and its General Business Terms and Conditions is applying and otherwise processing the information provided by the Customer to the Bank in this questionnaire or in relation hereto (hereinafter also referred to as the Customer's information). pursuant to regulatory enactments of the Republic of Latvia the Bank is obligated to guarantee confidentiality of certain Customer's information on the Customer, the
- Customer's accounts with the Bank and transactions conducted by the Customer. The Bank shall keep confidentiality with regard to the above information according to the provisions of the respective regulatory enactments and the Bank's General Business Terms and Conditions;
- The Customer is obligated to immediately in writing advise the Bank on any material changes in the Customer's information.

The Customer certifies to the Bank that:

- The Customer is entitled to disclose to the Bank the Customer's information for the Bank to apply and otherwise process the Customer's information according to the provisions of regulatory enactments and the Bank's General Business Terms and Conditions.
- The Customer certifies to the Bank that:

The Bank performs processing of personal data in accordance with Luminor Privacy Policy available on <https://www.luminor.lv/en/privacy-policy>.

**On behalf of the customer representative**

\_\_\_\_\_  
Name, surname, position

\_\_\_\_\_  
Signature

**Signature of the Bank's officer in whose presence the document was signed**

\_\_\_\_\_  
Name, surname

\_\_\_\_\_  
Signature