

QUESTIONNAIRE

(Individual)

Dear Customer,

The requirements of the Law "On the Prevention of Money Laundering and Terrorism and Proliferation Financing" of the Republic of Latvia and normative acts of the Bank of Latvia (www.bank.lv) regulate cooperation of the Bank with Customers on the basis of "Know Your Customer" principle and Real beneficial owner (hereinafter – RBO) identification. To comply with these requirements, we kindly ask you to fill in the Questionnaire carefully with block letters and put X where necessary.

Thank You for your cooperation!

Customer code

(filled by the Bank's employee)

20 year

Place of filling:

I. GENERAL INFORMATION ABOUT THE CUSTOMER

Name, surname	
Date of birth	
Personal identification No.	
Place of birth (country, city)	
Identity document (type, No, issuing country and authority, issue date)	
Is your residence country* the same as your citizenship country?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "No", please, provide the identity document issued in the residence country, which confirms residence in the country, and specify the identity document type, number, issuing country and authority.
Declared address (country, city, street, house, apartment No., postcode)	
Physical residence address, if differs from the declared (country, city, street, house, apartment No., postcode)	
Telephone (country code and number)	()
Cell phone (country code and number)	()
E-mail	

II. CUSTOMER'S TAX RESIDENCE** AND TAXPAYER IDENTIFICATION NUMBER

Please indicate taxpayer identification number(-s) and tax residence country(-ies)	Main tax residence country No. <i>Please submit the confirming document.</i>
	Other tax residence country(-ies) (if any): Country No. Country No. <i>Please submit the confirming document and explain the connection</i>
	In the event You are not registered as a taxpayer in any country, please explain in detail the reason therefor and indicate the

	country(-ies), in which your vital (personal and economic) interests are concentrated*****:
Are You a US citizen, US resident or US taxpayer?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "yes", please indicate the taxpayer identification number and submit the completed W9 form. №

III. ADDITIONAL INFORMATION

Presence of connection to the Republic of Latvia (please answer the question whether you are a new Customer of the Bank)	<input type="checkbox"/> Yes If the answer is "yes", please indicate the criteria: <input type="checkbox"/> No If the answer is "no", please indicate the reason for the necessity of having an account in Latvia:
Other banks and/or financial institutions where You hold accounts (name, country)	
Are your relatives (parents, children) and/or spouse Bank's Customers or RBOs of Bank's Customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is "yes", please specify their name, surname and degree of kinship:
Do You own 10 percent or more of the main capital of the commercial society or a number of shares with voting rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please, indicate: The company's (ies') name(s) and country(ies) Is the company's (ies') activity related to the following area(s) of activity? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes", please, indicate) <ul style="list-style-type: none"> <input type="checkbox"/> Wholesale trade of alcohol <input type="checkbox"/> Pharmacy and wholesale trade of medications <input type="checkbox"/> Trade of precious metals, precious stones, art objects and antiques <input type="checkbox"/> Trade of arms and ammunition, dual-use goods <input type="checkbox"/> Wholesale trade of oil products and mining industry, trade of mining equipment <input type="checkbox"/> Wholesale trade of tobacco products, trade of equipment used for the production of tobacco products <input type="checkbox"/> Trade of vehicles and other goods of high value <input type="checkbox"/> Provision of legal services <input type="checkbox"/> Mediation in transactions with real estate <input type="checkbox"/> Tax consultations and outsourced accountant's services <input type="checkbox"/> Provision of financial services <input type="checkbox"/> Provision of collection services <input type="checkbox"/> Organisation of gambling
Are You a politically exposed person***?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please, indicate the name of the institution and position:
Are your family members or persons closely related to you politically exposed persons****?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please, indicate name, surname, the name of the institution and position of the family member/ closely related person:
Will the transactions with the funds on your account be realized in favour of the third person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> I certify that, I am the real beneficial owner*****	

IV. CUSTOMER'S ACTIVITY TYPE

<input type="checkbox"/> Hired labour	
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Please, indicate the company name, country, city, position:	
<input type="checkbox"/> Student Please, indicate the name of the educational establishment:	
<input type="checkbox"/> Self-employed Please, submit certifying documents and indicate the industry in which You are employed:	<input type="checkbox"/> Wholesale trade of alcohol <input type="checkbox"/> Pharmacy and wholesale trade of medications <input type="checkbox"/> Trade of precious metals, precious stones, art objects and antiques <input type="checkbox"/> Trade of arms and ammunition, dual-use goods <input type="checkbox"/> Wholesale trade of oil products and mining industry, trade of mining equipment <input type="checkbox"/> Wholesale trade of tobacco products, trade of equipment used for the production of tobacco products <input type="checkbox"/> Trade of vehicles and other goods of high value <input type="checkbox"/> Provision of legal services <input type="checkbox"/> Mediation in transactions with real estate <input type="checkbox"/> Tax consultations and outsourced accountant's services <input type="checkbox"/> Provision of financial services <input type="checkbox"/> Provision of collection services <input type="checkbox"/> Organisation of gambling <input type="checkbox"/> Other, please specify Please complete Section X of the Customer's Questionnaire (information about the Customer's main partners)
<input type="checkbox"/> Pensioner	
<input type="checkbox"/> Other Please, indicate:	

V. CUSTOMER'S SOURCES OF INCOME

<input type="checkbox"/> Economic or financial activity	<input type="checkbox"/> Profit from the placements of assets, dividends
<input type="checkbox"/> Wage, pension, scholarship	<input type="checkbox"/> Other Please, indicate the source:

VI. ANNUAL PROFIT VOLUME

<input type="checkbox"/> < 5000 EUR	<input type="checkbox"/> 50 000- 100 000 EUR
<input type="checkbox"/> 5 000-50 000 EUR	<input type="checkbox"/> > 100 000 EUR

VII. AUTHORIZED PERSONS, GUARDIANS AND OTHER PERSONS ENTITLED TO OPERATE THE CUSTOMER'S ACCOUNT

The document on which basis the signing powers are granted (name, date)	
Name, surname	
Date of birth	
Personal identification No.	
Place of birth (country, city)	
Identity document (type, No., issuing country and authority, issue date)	
Declared address (country, city, street, house No., apartment No., postcode)	
Physical residence address, if differs from the declared (country, city, street, house No., apartment No., postcode)	
Telephone (country code and number)	()
Cell phone (country code and number)	()
E-mail	

VIII. THE BANKING PRODUCTS THAT THE CUSTOMER PLANS TO USE

<input type="checkbox"/> Remote services	<input type="checkbox"/> Loans
<input type="checkbox"/> Money transfers	Is it planned to use financial instruments or guarantee issued by another credit institution as a credit collateral? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cash operations	<input type="checkbox"/> Factoring
<input type="checkbox"/> Deposits	<input type="checkbox"/> Leasing
<input type="checkbox"/> Operations with precious metals	<input type="checkbox"/> Guarantees, documentary collection and letters of credit
<input type="checkbox"/> Currency transactions (currency conversion, currency market operations)	<input type="checkbox"/> Trusts
<input type="checkbox"/> Payment cards Please indicate the planned number:	Please, indicate the planned sum: <input type="checkbox"/> Operations with escrow accounts
<input type="checkbox"/> Individual safes	<input type="checkbox"/> Operations with securities

IX. INFORMATION ABOUT THE CUSTOMER'S MAIN COOPERATION COUNTRIES

Physical territory of economic activity (country)	
Countries, from which you plan to receive the funds:	
Countries, where the you plan to transfer the funds:	

X. INFORMATION ABOUT THE CUSTOMER'S MAIN PARTNERS (Please, fill, if the account will be used for business activity)

Main partners (name, country)	
Incoming payments	Outgoing payments

XI. INFORMATION ABOUT THE CUSTOMER'S PLANNED MONEY FLOWS ON THE CURRENT ACCOUNT

Incoming payments	Outgoing payments
<input type="checkbox"/> Wage	<input type="checkbox"/> Utility bills
<input type="checkbox"/> Profit from private property	<input type="checkbox"/> Payment for household bills
<input type="checkbox"/> Profit from the placed assets	<input type="checkbox"/> Payment for services
<input type="checkbox"/> Social benefits	<input type="checkbox"/> Investments/ payments for financial instruments
<input type="checkbox"/> Loans	<input type="checkbox"/> Loans
<input type="checkbox"/> Dividends	<input type="checkbox"/> Taxes
<input type="checkbox"/> Other	<input type="checkbox"/> Other

XII. INFORMATION ABOUT THE MAXIMUM VOLUME OF THE CUSTOMER'S PLANNED TRANSACTIONS

Turnover of incoming payments in the account (amount EUR) and the number of transactions for one calendar month	Amount Number of transactions
Turnover of incoming payments in the account (amount EUR) and the number of transactions for one calendar year	Amount Number of transactions
The maximum sum of one outgoing payment, EUR	
The maximum sum of one incoming payment, EUR	
The total sum of cash transactions within one calendar month, EUR	
The turnover of the payment card account for one calendar month, EUR	
Are one-time incoming or outgoing payments exceeding the abovementioned limits planned (amount EUR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Amount Please explain:

XIII. By signing below, I confirm that:

- the current account, as well as other accounts of the Customer in AS "Reģionālā investīciju banka" (hereinafter – the Bank) will not be used for money obtained from illegal and criminal activities, as well as that the activity and transactions on the current account and other accounts of the Customer will not violate sanctions or restrictions established by the Republic of Latvia or international organisations;
- I agree that the Bank shall be entitled to verify authenticity of the provided information, as well as to request from the Customer additional information and documents that confirm the aforementioned data, including the documents and information about the Customer/Customer's RBO and transactions of the Customer/Customer's RBO, and the Customer shall be obliged to provide the requested documents and information on the first demand of the Bank;
- I am informed about the procedure according to which the Bank processes personal data, and I have read the Guidelines for Processing of Personal Data of Individuals (available on the Bank's homepage online: www.ribbank.com and in the premises of the Bank);
- I am informed that the Bank, in compliance with the requirements of the normative acts of the Republic of Latvia that regulate the process of information exchange in accordance with the FATCA and OECD CRS, processes the Customer's/Customer's RBO data and transfers it to the State Revenue Service of the Republic of Latvia;
- the information specified in this Questionnaire and in the documents provided to the Bank is complete and true, I have specified all the countries and/or locations, in which I am a tax resident, and hereby undertake to immediately inform the Bank in writing about any changes in the aforementioned information, and I understand that for the provision of false information to the Bank I may be criminally liable in accordance with Article 195.¹ of the Criminal Law of the Republic of Latvia.

I have read, understand, fully agree to, and recognise the following documents as binding, as well as agree that they will be applied after the submission of the Questionnaire to the Bank:

- Price Lists (available on the Bank's homepage at www.ribbank.com);
- General Terms and Conditions of Transactions (available on the Bank's homepage at www.ribbank.com).

Customer (a person with the signing powers)

_____ (name, surname)

_____ (signature)

The Bank's employee:

_____, received the Questionnaire

_____ (signature)

Date:

_____ 20____ year

* **Residence country** – a country where an individual is residing and is subject to its national normative acts.

** **Tax residence** – a person's (individual or legal entity) affiliation with a specific country(-ies) to the budget of which tax payments are made.

*** **Politically exposed person** – a person who is or who has been entrusted with a prominent public position in the Republic of Latvia or in other member state or in a third country, including the following: highest level state authority official, executive of State administrative unit (local government), head of the government, minister (deputy minister or deputy minister's deputy, if such position exists in the country concerned), State secretary or other high level government official or official of State administrative unit (local government), member of parliament or member of the similar legislative body, member of governing body (board) of the political party, judge of the constitutional court, supreme court, or other level court (member of judicial institution), member of the council or member of the board of the Supreme revision (audit) authority, member of the council or member of the board of the central bank, ambassador, chargés d'affaires, high-ranking officer in the armed forces, member of the council or member of the board of the public enterprise, head (director, deputy director) and member of the board of international organization or person who occupies equivalent position in such organization.

**** **Family member of the politically exposed person** – a spouse or a person considered an equivalent to a spouse. A person could be considered to be equivalent to a spouse only in case if such status exists in the legislation of the country concerned, a child or politically exposed person's spouse's child, or a person's considered an equivalent to a spouse child, his/her spouse or a person considered an equivalent to a spouse, parent, grandparent or grandchild, a brother or a sister.

Person closely related to the politically exposed person – an individual who is known to be in business relations or other close relations with any person referred to above, or is a shareholder or member of the board in the same commercial company with any person referred to above, as well as an individual who is a sole owner of the legal arrangement, which is known, to be in fact established only for the benefit of the aforementioned person.

***** **Real beneficial owner** – an individual on whose behalf, for whose benefit, in whose favour business relations are established or an individual transaction is being executed.

***** **Personal and economic interests** – permanent residence in a country (usually 183 days or more within a 12-month period), as well as the permanent residence of family members in a country, location of immovable and movable property, including accounts in banks, registered economic activities in a country.