QUESTIONNAIRE

(Legal entity)

**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 Financial and Capital Market Commission (www.fktk.lv) regulate cooperation of the Bank with Customers on the basis of “Know Your Customer” principle and Real beneficial owner (hereinafter – RBO) identification. Please, 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**

|  |  |
| --- | --- |
| Company name |  |
| Reg. No. and date |  |
| Legal address (country, city, street, house, apartment No., postcode) |  |
| Physical address(country, city, street, house, apartment No., postcode) |  |
| Telephone | ()  |
| Cell phone | ()  |
| E-mail |  |
| Web page |  |

**II. CUSTOMER’S TAX RESIDENCE\*\* AND TAXPAYER IDENTIFICATION NUMBER**

|  |  |
| --- | --- |
| Is the Customer a US citizen, resident or taxpayer? | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification No. and present a filled W9 form.      |
| Does the Customer have taxpayer identification No.?  | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification number(-s) and tax residence country(-ies) and present the confirming document.country       No.      country       No.      If “No”, please, indicate the reason:      |
| Does passive income\*\* of the Customer constitute 50 % and more of total income of the company for the previous calendar year? | [ ]  Yes [ ]  No |
| Are, at least, 50 % of the Customer’s assets used for passive income generation? | [ ]  Yes [ ]  No |

**III. ADDITIONAL INFORMATION**

|  |  |
| --- | --- |
| Other banks where the Customer holds accounts (name, country) |  |
| Contact information of partners and/or names of credit institutions for recommendation |  |
| Does the Customer participate in other enterprises where he owns 10 percent or more of the main capital of the commercial society and a number of shares with voting rights? | [ ]  Yes [ ]  NoIf “Yes”, please, indicated the company’s name and country:       |

**IV. CUSTOMER’S AUTHORIZED PERSON**

|  |  |
| --- | --- |
| The document on which basis the signing powers are granted (name of the document, issue 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, apartment No., postcode) |  |
| Physical residence address, if differs from the declared (country, city, street, house, apartment No., postcode) |  |
| Telephone | ()  |
| Cell phone | ()  |
| E-mail |  |
|  |
| The document on which basis the signing powers are granted (name of the document, issue 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, apartment No., postcode) |  |
| Physical residence address, if differs from the declared (country, city, street, house, apartment No., postcode) |  |
| Telephone | ()  |
| Cell phone | ()  |
| E-mail |  |

**V. CUSTOMER’S REAL BENEFICIAL OWNER\*\*\*\*\***

|  |  |
| --- | --- |
| Name, surname |  |
| Date of birth |  |
| Personal identification No. |  |
| Place of birth (country, city) |  |
| Identity document (type, No., issuing country and authority, issue date) |  |
| Is the RBO a US citizen, US resident or taxpayer? | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification No. and present a filled W9 form.      |
| Does the RBO have taxpayer identification No. (excluding the US)?  | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification number(-s) and tax residence country(-ies) and present the confirming document.country       No.      country       No.      If “No”, please, indicate the country(-ies) in which your personal and economic interests are concentrated\*\*\*\*\*\*: |
| 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 | ()  |
| Cell phone | ()  |
| E-mail |  |
| In what way and what kind of profit does RBO plan to receive from the Customer? |  |
| Participation of RBO in another business: name of the company, status, business activity country and other information |  |
| Physical territory of economic activity |  |
| Is RBO a politically exposed person\*\*\*? | [ ]  Yes [ ]  NoIf “Yes”, please, indicated the name of the institution and position:      |
| Are family members of RBO or persons closely related to RBO politically exposed persons\*\*\*\*? | [ ]  Yes [ ]  NoIf “Yes”, please, indicated name, surname, the name of the institution and position of family member of RBO/ person closely related to RBO:      |
| Are RBO’s relatives (parents, children) and/or spouse Bank’s Customers or RBOs of Bank’s Customers? | [ ]  Yes [ ]  NoIf the answer is “yes”, please specify their name, surname and degree of kinship:      |
| Is the economic activity of RBO (including the activities of companies in which RBO participates) connected to the following? [ ]  Yes [ ]  NoIf “Yes”, please, indicate:**[ ]**Wholesale trade of alcohol**[ ]**Pharmacy and wholesale trade of medications**[ ]**  Trade of precious metals, precious stones, art objects and antiques**[ ]**  Trade of arms and ammunition, dual-use goods**[ ]**  Wholesale trade of oil products and mining industry, trade of mining equipment**[ ]**  Wholesale trade of tobacco products, trade of equipment used for the production of tobacco products**[ ]**  Trade of vehicles and other goods of high value**[ ]**  Provision of legal services**[ ]**  Mediation in transactions with real estate**[ ]**  Tax consultations and outsourced accountant’s services**[ ]**  Provision of financial services**[ ]**  Provision of collection services**[ ]**  Organisation of gambling |
|  |
| Name, surname |  |
| Date of birth |  |
| Personal identification No. |  |
| Place of birth (country, city) |  |
| Identity document (type, No., issuing country and authority, issue date) |  |
| Is the RBO a US citizen, US resident or taxpayer? | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification No. and present a filled W9 form.      |
| Does the RBO have taxpayer identification No. (excluding the US)?  | [ ]  Yes [ ]  NoIf “Yes”, please, indicate taxpayer identification number(-s) and tax residence country(-ies) and present the confirming document.country       No.      country       No.      If “No”, please, indicate the country(-ies) in which your personal and economic interests are concentrated\*\*\*\*\*\*: |
| 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 | ()  |
| Cell phone | ()  |
| E-mail |  |
| In what way and what kind of profit does RBO plan to receive from the Customer? |  |
| Participation of RBO in another business: name of the company, status, business activity country and other information |  |
| Physical territory of economic activity |  |
| Is RBO a politically exposed person\*\*\*? | [ ]  Yes [ ]  NoIf “Yes”, please, indicated the name of the institution and position:      |
| Are family members of RBO or persons closely related to RBO politically exposed persons\*\*\*\*? | [ ]  Yes [ ]  NoIf “Yes”, please, indicated name, surname, the name of the institution and position of family member of RBO/ person closely related to RBO:      |
| Are RBO’s relatives (parents, children) and/or spouse Bank’s Customers or RBOs of Bank’s Customers? | [ ]  Yes [ ]  NoIf the answer is “yes”, please specify their name, surname and degree of kinship:      |
| Is the economic activity of RBO (including the activities of companies in which RBO participates) connected to the following? [ ]  Yes [ ]  NoIf “Yes”, please, indicate:**[ ]**Wholesale trade of alcohol**[ ]**Pharmacy and wholesale trade of medications**[ ]**  Trade of precious metals, precious stones, art objects and antiques**[ ]**  Trade of arms and ammunition, dual-use goods**[ ]**  Wholesale trade of oil products and mining industry, trade of mining equipment**[ ]**  Wholesale trade of tobacco products, trade of equipment used for the production of tobacco products**[ ]**  Trade of vehicles and other goods of high value**[ ]**  Provision of legal services**[ ]**  Mediation in transactions with real estate**[ ]**  Tax consultations and outsourced accountant’s services**[ ]**  Provision of financial services**[ ]**  Provision of collection services**[ ]**  Organisation of gambling |

**VI. INFORMATION ABOUT THE CUSTOMER**

|  |  |
| --- | --- |
| The source of the company’s own funds | [ ]  RBO’s funds [ ]  Other, please, indicate       |
| For how many years does the company operate? | [ ]  < 1 year [ ]  1-5 years [ ]  > 5 yearsIf “<1 year”, please, indicate the goal of the company’s creation       |
| Number of employees |       |
| The company’s structure (brief description) |       |
| Is the Customer a society, fund or an equal non-commercial organization, the goal of which is not profit generation? | [ ]  Yes [ ]  No If “Yes”, please, answer the question:Does the company have a status of a charity organization in the Republic of Latvia?[ ]  Yes [ ]  No  |
| Does the Customer present annual financial reports to competent supervisory institutions? | [ ]  Yes [ ]  No If “yes”, please, indicate the country, name of the supervisory authority, submission date of the last annual financial report       |
| Can the Customer provide the Bank with access to financial statements? | [ ]  Yes [ ]  No  |
| Does the Customer perform an audit? | [ ]  Yes [ ]  No If “yes”, please indicate the auditor name and date of the last performed audit:       |
| Company’s yearly net turnover for the previous reporting year (EUR) | [ ]  < 2 million [ ]  2-10 million [ ]  10-50 million [ ]  > 50 million(Company’s expected yearly net turnover (EUR), if since the moment of registration, the company has not made a yearly report) |
| Information and a description of the main Customer’s activity types |  |
| Is the Customer’s activity (including the activities of companies in which Customer participates) connected to the following? [ ]  Yes [ ]  NoIf “Yes”, please, indicate:**[ ]**Wholesale trade of alcohol**[ ]**Pharmacy and wholesale trade of medications**[ ]**  Trade of precious metals, precious stones, art objects and antiques**[ ]**  Trade of arms and ammunition, dual-use goods**[ ]**  Wholesale trade of oil products and mining industry, trade of mining equipment**[ ]**  Wholesale trade of tobacco products, trade of equipment used for the production of tobacco products**[ ]**  Trade of vehicles and other goods of high value**[ ]**  Provision of legal services**[ ]**  Mediation in transactions with real estate**[ ]**  Tax consultations and outsourced accountant’s services**[ ]**  Organisation of gambling**[ ]**  Provision of collection services**[ ]**  Provision of financial services**[ ]** Services specific to the payment or electronic money institutions (please, answer the following questions) |
| Is the Customer the licensed EEA establishment? | [ ]  Yes [ ]  No |
| Does the Customer provide payment services using emitted electronic money for payments? | [ ]  Yes [ ]  No |
| Does the Customer provide payment services via terminals? | [ ]  Yes [ ]  No |
| Does the Customer provide emission and repurchase of electronic money (webmoney or a similar system), as wells as payment services, securing payments with emitted electronic money? | [ ]  Yes [ ]  No |
| Does the Customer service the Internet merchants (acquiring and/or processing)? | [ ]  Yes [ ]  No |
| Is license needed for the Customer’s activity type? | [ ]  Yes [ ]  NoIf “yes”, please, indicate No and date of the valid license:      Please, present the confirming documents to the Bank. |

**VII. THE BANK’S PRODUCTS THAT THE CUSTOMER PLANS TO USE**

|  |  |
| --- | --- |
| **[ ]** Remote services | **[ ]** LoansIs it planned to use financial instruments or guarantee issued by another credit institution as a credit collateral? [ ]  Yes [ ]  No |
| **[ ]** Money transfers |
| **[ ]** Cash operations | **[ ]** Factoring |
| **[ ]** Deposits | **[ ]** Leasing |
| **[ ]** Operations with precious metals | **[ ]** Guarantees,documentary collection and letters of credit |
| **[ ]** Currency transactions(currency conversion, currency market operations) | **[ ]** TrustsPlease, indicate the planned sum:       |
| **[ ]** Payment cardsPlease indicate the planned number:       | **[ ]** Operations with escrow accounts |
| **[ ]** Individual safes | **[ ]** Operations with securities |

**VIII. INFORMATION ABOUT THE CUSTOMER’S MAIN COOPERATION COUNTRIES**

|  |  |
| --- | --- |
| Countries, from which the Customer plans to receive the funds: |  |
| Countries, where the Customer plans to transfer the funds: |  |

**IX. INFORMATION ABOUT THE CUSTOMER’S MAIN PARTNERS**

|  |
| --- |
| **Main partners** (name, country) |
| **Incoming payments** | **Outgoing payments** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**X. INFORMATION ABOUT THE CUSTOMER’S PLANNED MONEY FLOWS ON THE CURRENT ACCOUNT**

|  |  |
| --- | --- |
| **Incoming payments** | **Outgoing payments** |
| [ ]  Payment for the goods[ ]  Payment for the services[ ]  Investments[ ]  Loans[ ]  Dividends[ ]  Other       | [ ]  Wage[ ]  Payment for the goods[ ]  Payment for the services[ ]  Investments/ acquisition of financial instruments[ ]  Loans[ ]  Dividends[ ]  Taxes[ ]  Other       |

**XI. INFORMATION ABOUT THE MAXIMUM VOLUME OF THE CUSTOMER’S PLANNED TRANSACTIONS**

|  |  |
| --- | --- |
| Credit turnover on the account (amount EUR) and the number of transactions for one calendar month | Amount      Number of transactions       |
| Credit turnover on 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 |  |

**XII. 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 national 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 un OECD CRS, processes the Customer’s/Customer’s RBO data and transfers it to the State Revenue Service of the Republic of Latvia;
* I am authorized to provide information specified in this Questionnaire on behalf of the Customer, I have sufficient information at my disposal for provision of the aforementioned data, and I have specified all the countries and/or locations, in which the Customer/Customer’s RBO is a tax resident;
* the information specified in this Questionnaire and in the documents provided to the Bank is complete and true, and I 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

(company name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, surname of the authorized person) (signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, surname of the authorized person) (signature)

The Bank’s employee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, received the Questionnaire \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(name, surname, position) (signature)

Date:

           20      year

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

**\*\* Passive income** – share of total income, which involves: paid interest, dividends, royalty, receiving rent payments, income from annuity agreement, income from currency exchange transactions, swap transactions, transactions in financial instruments, income from asset disposition transactions, which generate income in the form of dividends, interest, income from accumulative insurance contracts and other income equivalent to the aforementioned income in terms of their economic essence.

**\*\*\* 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 being the customer’s – legal entity’s – owner, or who controls the customer, or on whose behalf, for whose benefit, in whose favour business relations are established or an individual transaction is being executed, and which is at least: a) in relation to legal entities – an individual who directly or indirectly owns at least 25 per cent of the legal entity’s capital shares or voting shares, or who directly or indirectly controls it; b) in relation to legal arrangements – an individual who owns or in whose favour a legal arrangement is established or operates, and who directly or indirectly controls it, including where it is a founder, a proxy or a supervisor (manager) thereof.

**\*\*\*\*\* 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.