

Dear Client! The completion of this questionnaire is required by the Financial and Capital Market Commission's regulations and the General Conditions of "Swedbank" AS, which stipulate that the bank must perform due diligence on the business of their customers. Please be assured that this information will be kept confidential and that the bank will not disclose it to any third party. Thank you for your cooperation!

1. Information about the Customer and the Beneficial Owner

Customer's name

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Registration number

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Authorized signatory

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Identity number

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Phone, fax, e-mail

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Customer's website

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Business address (location of business operations)

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I myself am the beneficial owner (natural person, who owns the equity capital or voting stocks (including any participation acquired indirectly) or who controls (directly or indirectly), or in whose interests a transaction is carried out. The beneficial owner of a business is the natural person, who owns 25 or more percent of that business's equity capital or voting stocks (including any participation acquired indirectly)).

The beneficial owner is (specify: full name, identity number, and the beneficial owner's relation with the customer)

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2. Information about the Customer's Business Operations

Customer's corporate structure (owners, management, subsidiary/parent companies, their owners and management)

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Company's business profile, description of core activities
(Where the business area is related to organizing of gambling, provision of cash collection services, intermediation in real estate deals, trade in precious stones and precious metals, trade in arms and ammunition, please provide the required licence or special permission.)

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By my signature I confirm the validity of information provided above and I undertake to notify the bank of any material change in the information disclosed in this questionnaire.

Customer's signature (this questionnaire may be signed by persons who have A or B signing authority at the bank):

Date:

How long has the company been active in this area?

- a start-up
- less than a year
- 1 to 3 years
- more than 3 years

Company's main cooperation partners (business name, country where incorporated, form of cooperation – supplier, buyer)

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Number of employees in the company

Accounts with other banks (specify which)

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3. Information about Transactions

Expected average monthly turnover in bank accounts:

incoming payments (specify the amount)	LVL
outgoing payments (specify the amount)	LVL

Is it characteristic of the company's business to have seasonal changes in turnover?

- yes (please specify the reasons and time period)

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- no

Monthly cash turnover:

cash deposits (specify the amount)	LVL
cash withdrawals (specify the amount)	LVL

Justification for cash deposits/cash withdrawals if the amount exceeds LVL 10,000 a month:

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By my signature I confirm the validity of information provided above and I undertake to notify the bank of any material change in the information disclosed in this questionnaire.

Customer's signature (this questionnaire may be signed by persons who have A or B signing authority at the bank):

Date:

Approximate number of transactions a month (cash transactions, money transfers):

- up to 50
- from 50 to 100
- more than 100

Expected maximum amount of one transaction	LVL
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Banking services required:

- LVL transfers within Latvia
- currency transfers abroad
- cash transactions (deposits, withdrawals)
- bank cards
- business development loans
- leasing
- term deposits
- transactions in securities
- Swedbank online banking services
- telephone banking
- salary payments to employees
- card acquiring – POS terminals
- currency exchange
- investment products
- staff motivation services – private pensions, insurance
- other (please specify)

Thank you for completing the questionnaire!

By my signature I confirm the validity of information provided above and I undertake to notify the bank of any material change in the information disclosed in this questionnaire.

Customer's signature (this questionnaire may be signed by persons who have A or B signing authority at the bank):	Date:
Bank employee's signature/stamp:	Date:

Notes by the bank:

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