



## APPLICATION FOR OPENING, RESTORING AND MAINTAINING A LEGAL ENTITY'S CURRENT ACCOUNT (INTERNATIONAL CLIENTS)

FILL IN USING BLOCK CAPITALS!

### Client information

Company name \_\_\_\_\_

Type of legal entity \_\_\_\_\_  
(Corporation, partnership, trust, fund, non-profit organisation etc.)

Is the Client a Passive Non-financial Entity? (i.e. Client's income mostly consists of passive income. More information: see the Bank's website)  Yes  No

Country of registration \_\_\_\_\_ Registration No. \_\_\_\_\_

Taxpayer registration No. \_\_\_\_\_ VAT payer No. \_\_\_\_\_ Primary tax residence country    
(Please specify the number if assigned)

Registered office \_\_\_\_\_  
(Full address – office, street, city, postal code, country)

Management location (the Client's actual address) \_\_\_\_\_  
(Full address – office, street, city, postal code, country)

Business activity location (if any) \_\_\_\_\_  
(Full address – office, street, city, postal code, country)

Surname, name of the Client's representative \_\_\_\_\_

Phone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Mobile No. \_\_\_\_\_ Website \_\_\_\_\_

Please substantiate your relation to the primary tax residence country, if different from country of registration \_\_\_\_\_

Other tax residencies, if any

Country code	Please substantiate your relation to each tax residence country specified
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/>	

Other contacts of the Client

Client's contact person \_\_\_\_\_  
(Surname, name)

Relation of Client's contact person to Client (e.g. lawyer, accountant, financial advisor etc.) \_\_\_\_\_  
(Please specify)

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred means of communication:

Internet Bank  E-mail\*  Phone



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### Cardholder information

Surname, name \_\_\_\_\_ Identity number/  
Date of birth \_\_\_\_\_

Identity document \_\_\_\_\_ No. \_\_\_\_\_

Issuing authority \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of  
expiration \_\_\_\_\_

Correspondence address \_\_\_\_\_  
(Full address – office, street, city, postal code, country)

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_

By signing this Application, I request Baltikums Bank AS to open a Payment Card Account, issue a payment card and maintain the Payment Card Account in accordance with Conditions of the Agreement on Opening an Account, Issuing and Servicing a Payment Card.

### Payment card information

Card type:  MasterCard Business  MasterCard Gold  VISA Corporate Gold

Card currency:  EUR  USD  GBP  RUB

Cardholder's name, surname on the payment card (Complete using Latin letters)

\_\_\_\_\_

Name of the company on the payment card

\_\_\_\_\_

Voice password

\_\_\_\_\_

Desired credit limit:  Standard credit limit \_\_\_\_\_  
(Amount in digits and currency code)  Interest-free credit limit up to 45 days \_\_\_\_\_  
(Amount in digits and currency code)  Without credit limit

Collateral:  Guarantee deposit \_\_\_\_\_  
(Amount in digits and currency code)  Without guarantee deposit

Travel insurance policy required:  Yes  No

I want the option of replenishing my Payment Card Account via phone:  Yes  No

Phone No. from which calls to the Account Operator will be made \_\_\_\_\_

I will receive my payment card and travel insurance policy (if applied for):

At the Bank  By post (Correspondence address)  Other (Please specify) \_\_\_\_\_

### Please enable SMS notifications about payment card transactions:

Mobile phone No. \_\_\_\_\_

Payment card designation \_\_\_\_\_

Limit on approved transactions \_\_\_\_\_

Limit on rejected transactions \_\_\_\_\_

### Is the Cardholder considered a politically exposed person (PEP) \*\*?

Yes  No

### Is the Cardholder considered a U.S. person \*\*\*?

Yes (please fill out the U.S. Taxpayer Status Identification Form)  No



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### Declaration on the Beneficial Owners\*\*

<b>Surname, name</b>				
Participation in the commercial entity (%)				
Identification data (Identity code (For Republic of Latvia residents), date of birth (for Republic of Latvia non-residents), identification document name, No., issue date and issuing authority, name of issuing country)				
Birth date and location (City, country)				
Tax residence country and taxpayer No.				
Reason for the person's relation to the tax residence country				
Permanent residence (Full address – office, street, city, postal code, country)				
Country of residence				
Correspondence address (Full address – office, street, city, postal code, country)				
Phone No.				
Politically exposed person (PEP) status** (Yes/No)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. person status*** (Yes – please fill out a separate U.S. Taxpayer Status Identification Form for each beneficial owner/No)	<input type="checkbox"/> Yes <input type="checkbox"/> No			





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Are the financial statements publicly available?

 Yes

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 No

(Please specify the source)

Duration of business activities (years):

 Up to 1 1-3 3-5 More than 5

Number of employees:

 Up to 10 10 - 50 50 - 250 More than 250

### Key financial indicators

Annual sales volume of the company (EUR mio.):

 Less than 0.5  
(Please specify) 0.5-1 1-2 2-5 5-10 10-25 25-50 More than 50

Total assets on the company's balance sheet (EUR mio.):

 Less than 0.5  
(Please specify) 0.5-1 1-2 2-5 5-10 10-25 25-50 More than 50

Do you hold accounts with other banks?

 No Yes

(Please specify names of banks)

### Information about planned transactions on the Current Account

Turnover of the Current Account:

Currency		EUR	USD		
Planned maximum MONTHLY account turnover	Incoming payments				
	Outgoing payments				
Planned maximum amount of a SINGLE transaction	Incoming payment				
	Outgoing payment				
Planned maximum MONTHLY cash turnover (excluding payment cards)	Cash deposit				
	Cash withdrawal				
Planned MONTHLY amount of payment card cash transactions	Amount of cash withdrawn				

Source of first payment (Please provide information that is known upon opening the account):

Currency, amount	Payer	Name of servicing bank	Country of servicing bank	Purpose



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### Information on Business partners:

#### Incoming payments:

Name of partner	Country of incorporation	Brief description of the economic essence of planned transactions	Country of servicing bank

#### Outgoing payments:

Name of partner	Country of incorporation	Brief description of the economic essence of planned transactions	Country of servicing bank

### Information about cooperation with the Bank

#### What banking products/services are you planning to use?

Transfers     
  Payment cards (Planned number of cards: \_\_\_\_\_)     
  E-commerce     
  Deposits  
 Currency Exchange     
  Trust operations     
  Brokerage services     
  Loans  
 Repo transactions     
  Savings Account     
  Trade finance/documentary operations     
  Other (Please specify) \_\_\_\_\_

#### Reason for choosing the Bank:

Beneficial conditions of cooperation     
  Recommendations from partners/acquaintances (Please specify the source of recommendations) \_\_\_\_\_  
 Other (Please specify) \_\_\_\_\_

#### Source of information about the Bank:

Bank employee (Please specify) \_\_\_\_\_     
  Partner (Please specify) \_\_\_\_\_  
 Regional office employee (Please specify) \_\_\_\_\_     
  Business partner (Please specify) \_\_\_\_\_  
 Internet and mass media     
  Conference, seminar  
 Other (Please specify) \_\_\_\_\_



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### Signature and company seal specimens (mandatory)

Name of the Client \_\_\_\_\_

Surname, name of the Client's Representative	Politically exposed person (PEP)** (Yes/No)	U.S. person*** (Yes/No)	Signature specimen	Company seal specimen
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Authorisation to manage funds available on the Client's Current Account (mandatory)

The Client authorises the aforementioned individuals to dispose the funds on the account of the Client without any restrictions on amounts, frequency or any other parameters. This also includes the right to give orders to the Bank to transfer, pay out or otherwise handle the funds on the Client's Current Account according to the following procedure.

- Each of the specified individuals separately  All of the specified individuals jointly
- Other type of representation (Please specify)

### Confirmation

- I wish to open a Current Account and:
- (If the Client is a financial institution obliged by the applicable legislation to hold client assets separately for the assets of the financial institution, therefore wish to open a Current Account (s):
- For maintaining business activities  For holding the assets of persons receiving services from the Client
- I wish to restore my Current Account

By signing this Application, I confirm my intention to use the services offered by the Bank in accordance with the Terms and Conditions of the Agreement on Current Account Opening and Maintenance and with the Bank's General Terms of Business, I undertake to comply with them. I confirm that, prior to signing the Application, I have become acquainted with the Bank's Pricelist and consent to its provisions.

The Agreement on Current Account Opening and Maintenance between the Bank and the Client regarding the opening and maintenance of a Current Account is considered concluded once the Bank decides to "Establish business relations and open a Current Account".

I am aware that this Application, the Terms and Conditions of the Agreement on Current Account Opening and Maintenance and the Bank's decision to "Establish business relations and open a Current Account" constitute the Agreement on Current Account Opening and Maintenance.

I consent to the Bank's right to disclose the information on the Client, their transactions or persons related to the Client to those third parties with whom the Bank cooperates in delivery of the Bank's services, to parties involved in transferring financial instruments, as well as to parties to whom the Bank has outsourced certain functions or delivery of services necessary for functioning of the Bank and for provision of the Bank's services (including, but not limited to, the Bank's agents, partners and parties engaged in attracting clients).



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### Confirmation (continuation)

I consent that funds on the Current Account will be used to settle the debt obligations of other clients of the Bank – legal entities having the same beneficial owner as the Client – to the Bank. The Bank is entitled to, without giving prior warning or obtaining consent from the Client, debit the Current Account for any amount which is necessary to settle the debt obligations of other clients of the Bank – legal entities having the same beneficial owner as the Client – to the Bank in connection with any services provided by the Bank.

I am aware that, in the event of a violation of my credit obligations, the Bank will provide data on violations of Client obligations to the Bank of Latvia Credit Register.

I confirm that the Current Account will not be used for any transactions that violate the sanctions and transaction restrictions specified by certain states or by international organisations.

I confirm that I have become acquainted with the information about the deposit guarantee system, the amount and currency of guaranteed compensation, the procedure and timing for payment of guaranteed compensation, the possibility of offset for mutual claims, and the contact details of the institution in charge of the deposit guarantee fund (the Financial and Capital Market Commission).

#### I confirm acquaintance with the following definitions and explanations:

\*The Client and Baltikums Bank AS, hereinafter referred to as the Bank, hereby agree that electronic mail (e-mail) may be used for exchanging information and documents. The Client represents that they understand the risks inherent to use of e-mail, that the Bank has informed them about potential risks and explained their consequences, and that the aforementioned information is understood by the Client.

\*\***Politically exposed person** – a person currently or formerly employed in major public office, including a supreme official of state government, head of a state administrative unit (municipal government), head of government, minister (deputy minister or deputy to the deputy minister, if the relevant country has such a position), state secretary, or other high-level official in government or a state administrative unit (municipal government), parliament deputy or member of an equivalent legislative body, member of the management body (board) of a political party, judge (member of a court institution) in a constitutional court, supreme court or other court instance, member of the board or council of a supreme audit institution, member of the board or council of a central bank, ambassador, charge d'affaires, senior officer of the armed forces, member of the board or council of a state corporation, executive (director, deputy director) or member of the board of an international organisation, or any person holding an equivalent position in such an organisation.

#### Family member of a politically exposed person:

- a) Spouse or equivalent. A person is considered an equivalent of a spouse only if the laws of the relevant state provide for such status;
- b) Child, child of a spouse or equivalent, or their spouse or equivalent;
- c) Parent, grandparent or grandchild;
- d) Brother or sister.

**A politically exposed person related to a politically exposed person** – an individual known to have business or other close ties to one of the aforementioned, to be a stockholder or shareholder in the same corporation as one of the aforementioned, or an individual that is the sole owner of a legal entity known to have been established for the actual benefit of one of the aforementioned.

\*\*\***United States person** – any person meeting at least one of the following criteria: 1) The individual has citizenship or a valid residence permit (Green Card) in the U.S.; 2) The individual's tax residence country is the U.S.; 3) The individual was born in the U.S.; 4) The legal entity has a phone number with a U.S. country code; 5) The residential or correspondence address of the individual is in the U.S. (including a P.O. Box in the U.S.); 6) A Power of Attorney has been issued to an individual/legal entity with an address in the U.S.

\*\*\*\***Beneficial owner** – one or more individuals who ultimately own or control the Client, and/or the individual(s) on whose behalf a transaction or activity is being conducted. A more extensive definition can be found in respective laws and regulations of the Republic of Latvia.

\*\*\*\*\*If the Client's business profile is financial and insurance activities and the Client is a financial institution\*\*\*\*\*, please fill out the Client Questionnaire (Monetary Financial Institution).

\*\*\*\*\* **The following are considered financial institutions:** a) An insurance merchant carrying out life insurance, and a private pension fund; b) An insurance intermediary providing life insurance services; c) An investment brokerage company; d) An investment management company; e) A capital company carrying out buying and selling of foreign currency cash; f) A payment institution; g) An electronic money institution; h) A savings and lending institution; i) Another payment service provider not mentioned in f), g) and h) above; j) An alternative investment fund manager; k) A reinsurance service provider; l) A financial leasing service provider.

Surname, name of the Client's Representative \_\_\_\_\_

Signature \_\_\_\_\_

Filled out \_\_\_\_\_

Date |    |    |    | L.S.  
          d d   m m   y y y y

Surname, name of the Client's Representative \_\_\_\_\_

Signature \_\_\_\_\_

Filled out \_\_\_\_\_

Date |    |    |    | L.S.  
          d d   m m   y y y y

