



# CLIENT'S QUESTIONNAIRE

Responsible dept .....
Client number ..... (To be filled in by Bank)

AS „Citadele banka”, Reģ. nr. 40103303559  
 Republikas laukums 2A, Rīga, LV-1010, Latvija

Date .....

**Dear Client!** According to the provisions of the law and the standards of the international banking business, it is necessary for the bank to obtain the information as per questions listed in this questionnaire. The bank guarantees that the Client's personal data, data on the Client's accounts, deposits and deeds will be kept secret in accordance with the legislative requirements. Please fill in in block letters. **Thank you for your understanding!**

### 1. Basic information about the client

1.1. Name, surname .....

1.2. Date of birth ..... 1.3. Place of birth (country) .....

1.4. Address of registered residence .....

.....  
 (street, house/building name or number, apartment/office No, city (region, inhabited place), zip code, country)

### 2. Contact information

2.1. Actual address (if differs from address of registered residence (1.4.):  
 .....  
 .....  
 (street, house/building name or number, apartment/office No, city (region, inhabited place), zip code, country)

2.2. Address for the correspondence:  
 2.2.1.  address of registered residence      2.2.2.  actual address  
 2.2.3.  other .....

.....  
 (street, house/building name or number, apartment/office No, city (region, inhabited place), zip code, country)

2.3. Phone:      2.3.1. home .....      2.3.2. Name of the Country/code .....  
                   2.3.3. mobile .....      2.3.4. Name of the Country/code .....

2.4. E-mail .....      2.5. Fax .....

2.6. Skype .....

### 3. Contact person (provided information will be used if Client could not be reached)

3.1. Type of Bank's service/operation, in reference to which the contact person is to be contacted if Client can not be reached:  
 .....

3.2. Name, surname .....

3.3. Identity number or date of birth .....

3.4. Actual address:  
 .....  
 .....  
 (street, house/building name or number, apartment/office No, city (region, inhabited place), zip code, country)

3.5. Phone:  
 3.5.1. at work .....      3.5.2. at home .....      3.5.3. mobile .....

3.6. E-mail .....      3.7. Fax .....

**4. Occupation /Place of work**

4.1. Occupation: 4.1.1.  hired worker 4.1.2.  entrepreneur 4.1.3.  student 4.1.4.  self-employed person  
4.1.5.  house keeper 4.1.6.  retired 4.1.7.  unemployed  
4.1.8.  other .....

4.2. Present place of work: 4.2.2. Company name .....

4.2.3. Actual address .....  
(street, house/building name or number, apartment/office No, city (region, inhabited place), zip code, country)

4.2.4. Industry .....

4.2.5. Position: 4.2.5.1.  lawyer 4.2.5.2.  risk analyst  
4.2.5.3.  position for which knowledge of financial instruments is necessary  
4.2.5.4.  position related to enterprise management and finances  
4.2.5.5.  loan specialist-manager 4.2.5.6.  other manager  
4.2.5.7.  legal advisor or legal arrangement and company service provider who opens accounts on his/her behalf with financial institutions to perform financial operations on customers' behalf  
4.2.5.8.  external accountant who opens accounts with financial institution on his/her behalf to perform financial operations on customer's behalf  
4.2.5.9.  real estate agent  
4.2.5.10.  other (specify) .....

4.2.6. Since when the position has been occupied ..... month ..... year

4.2.7. Phone ..... 4.2.8 Name of the Country/code .....

4.2.9. E-mail .....

4.3. Previous place of work:

4.3.1. Company name .....

4.3.2. Position: 4.3.2.1.  lawyer 4.3.2.2.  risk analyst  
4.3.2.3.  position for which knowledge of financial instruments is necessary  
4.3.2.4.  position related to enterprise management and finances  
4.3.2.5.  loan specialist-manager 4.3.2.6.  other manager  
4.3.2.7.  other (specify) .....

4.3.3. Duration of the previous work ..... years ..... months

**5. Information about the Client's tax residency**

A tax resident means an individual whose income is subject to taxation under the laws and regulations of relevant country, e.g., based on the place of permanent residence, duration of the stay (usually 183 days and more in the period of 12 months), close personal or economic relations or other criteria serving as the basis for the taxation of income in the relevant country (e.g. in the US, inter alia a US citizen/resident who has been assigned a residence permit (Green Card), shall be deemed a US tax resident).

5.1 Are you a tax resident of the Republic of Latvia?  Yes  No

5.2 Are you a citizen/tax resident of the United States (U.S.)?  Yes  No  
If 'Yes', please submit Form W-9.

5.3 Are you a tax resident of a country other than the Republic of Latvia and/or the U.S.?  Yes  No  
(Please also specify if you are a tax resident of the Republic of Latvia and/or the US)

If you answer 'Yes' in Item 5.3, please specify the country (countries) and taxpayer identification number(s)

Country	Taxpayer identification number

**6. Income structure (specify):**

6.1.  salary  
6.2.  registered self-employment (specify type of activity) .....  
6.3.  from lease of the personal property (specify property type) .....  
6.4.  from real estate transactions (specify type of property) .....  
6.5.  dividends / interest (specify payer) .....  
6.6.  loans (credits) 6.7.  inheritance 6.8.  gift 6.9.  scholarship  
6.10.  pension 6.11.  other (specify) .....

## 7. Monthly income (EUR)

7.1. Client's income: 7.1.1.  salary (net) ..... 7.1.2.  other income .....

7.2. Total family income .....

## 8. Services, products of the Bank, which the Customer plans to use (mark):

- 8.1.  current account    8.2.  savings account    8.3.  term deposit    8.4.  payment card  
8.5.  loan / Leasing    8.6.  currency transactions    8.7.  transactions with financial instruments    8.8.  remote account service  
8.9.  other (specify) .....

## 9. Reason why SC "Citadele banka" has been chosen:

- 9.1.  favorable tariffs    9.2.  favorable collaboration conditions  
9.3.  Bank's reputation    9.4.  other persons' recommendations  
9.5.  other (specify) .....

## 10. Accounts in other banks:

10.1.  DON'T HAVE    10.2.  DO HAVE (specify banks and countries, in which the accounts are opened):

	Bank	Country
1.		
2.		
3.		
4.		
5.		
6.		

## 11. Please state if any transaction carried out with the assets on the accounts will be performed in favor of or on behalf of other person

11.1.  No, I am the actual owner of the funds in the accounts    11.2.  Yes (fill in Statement about actual beneficiary)

## 12. Information regarding status of politically exposed person

12.1. Are you a politically exposed person, family member of a politically exposed person, or person closely associated to a politically exposed person?

**A politically exposed person** – a natural person, who in the Republic of Latvia or in foreign countries occupies or has been entrusted with prominent public functions: head of State, head of state administrative unit (municipality), head of government, minister, deputy of minister or deputy of minister's deputy, state secretary or other upper level official in government or state administrative unit (municipality), member of parliament or member of other similar legislative bodies, member of governing bodies (board) of a political party, judge of constitutional court, higher court or judge in a different level court (member of court institutions), member of highest revision (audit) institution council or board, member of central bank's council or board, ambassador, charge affaires, chief officer in the armed forces, member of management or supervisory bodies of State – owned enterprises, directors, deputy directors and member of the board or equivalent function of an international organization (director, deputy director), or a person who is in a similar position in this organization.

**Family member of a politically exposed person** - politically exposed person's spouse or a person similar to spouse status (considered as such only if the law of according state stipulate this status), child, or a child of politically exposed person's spouse or a person similar to spouse status, his spouse or a person similar to spouse status, parent, grandparent, grandchild, brother or sister.

**Person closely associated to politically exposed person** – natural person who has business or other type of close relationship with politically exposed person, who is a shareholder in the same legal entity as politically exposed person, or who has sole beneficial ownership of a legal arrangement which is known to have been set up for the de facto benefit of a politically exposed person.

12.1.1  Yes please fill in the following information:    12.1.2  No

12.1.1.1  I am politically exposed person

12.1.1.1.1. The country where you are currently/were formerly holding a politically exposed position .....

12.1.1.1.2. Occupied position (please tick):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Head of State   | <input type="checkbox"/> Other high level official in government or state administrative unit (municipality)                            | <input type="checkbox"/> Ambassador or chargés d'affaires  |
| <input type="checkbox"/> Head of state administrative unit (municipality)            | <input type="checkbox"/> Member of parliament or member of other similar legislative bodies   | <input type="checkbox"/> Member of Central bank's council or board   |
| <input type="checkbox"/> Head of government  | <input type="checkbox"/> Member of governing bodies (board) of a political party  | <input type="checkbox"/> Chief officer in the armed forces   |
| <input type="checkbox"/> Minister, deputy of minister or deputy of minister's deputy | <input type="checkbox"/> Judge of constitutional court, higher court or judge in a different level court (member of court institutions) | <input type="checkbox"/> Member of management or supervisory bodies of State – owned enterprises   |
| <input type="checkbox"/> State secretary   | <input type="checkbox"/> Member of highest revision (audit) institution council or board  | <input type="checkbox"/> Director, deputy director and member of the board or equivalent function of an international organization or a person who is in a similar position in this organization |

12.1.1.2.  I am a family member or a person closely associated to a politically exposed person

Name, surname of politically exposed person .....

12.1.1.2.1. The country where politically exposed person is currently/were formerly holding the position .....

12.1.1.2.2 Occupied position (please tick):

- Head of State
- Head of state administrative unit (municipality)
- Head of government
- Minister , deputy of minister or deputy of minister's deputy
- State secretary
- Other high level official in government or state administrative unit (municipality)
- Member of parliament or member of other similar legislative bodies
- Member of governing bodies (board) of a political party
- Judge of constitutional court, higher court or judge in a different level court (member of court institutions)
- Member of highest revision (audit) institution council or board
- Ambassador or chargés d'affaires
- Member of Central bank's council or board
- Chief officer in the armed forces
- Member of management or supervisory bodies of State – owned enterprises
- Director, deputy director and member of the board or equivalent function of an international organization or a person who is in a similar position in this organization

**13. Planned turnover in the accounts in the Bank**

**13.1. Incoming payments:**

13.1.1. Purpose of payments:

- 13.1.1.1.  salary
- 13.1.1.2.  income from the personal property
- 13.1.1.3.  dividends / interest
- 13.1.1.4.  loan (credit)
- 13.1.1.5.  inheritance
- 13.1.1.6.  gift
- 13.1.1.7.  other (specify).....

13.1.2. Specify countries from which payments will be made:

.....  
.....  
.....

**13.2. Outgoing payments:**

13.2.1. Purpose and regularity of payments (if there are several options, specify the most frequent regularity – x times per month/year):

- 13.2.1.1.  household expenses ..... time (-s) per month / ..... time (-s) per year
- 13.2.1.2.  loan repayment ..... time (-s) per month / ..... time (-s) per year
- 13.2.1.3.  granting loan ..... time (-s) per month / ..... time (-s) per year
- 13.2.1.4.  term deposits ..... time (-s) per month / ..... time (-s) per year
- 13.2.1.5.  other (specify) ..... time (-s) per month / ..... time (-s) per year

13.2.2. Specify countries to which payments will be made

.....  
.....  
.....

**13.3. Monthly transactions on accounts (EUR):**

Transaction type	Quantity	Average turnover
13.3.1. Incoming transfer		
13.3.2. Cash deposit		
13.3.3. Outgoing payments		
13.3.4. Cash withdrawal		
13.3.5. Payments with a payment card for goods or services		
13.3.6. Cash withdrawal using a payment card		

**13.4. Planned maximum amount of one transaction (EUR)**

Transaction type	Amount
13.4.1. Non-cash transaction, incl. using a payment card	
13.4.2. Cash transaction	

**I hereby certify** that the information provided in the Customer questionnaire is complete and true and I am aware I will be held liable according to applicable laws for providing false or misleading information.

**I undertake** to inform the Bank immediately about changes in the information provided in the Customer questionnaire.

Questionnaire is filled by:  Client  Authorized person

**I hereby certify** that I am authorized on behalf of the Customer to provide the information and self-certifications mentioned in the Customer questionnaire, and the information in my possession is sufficient to provide this information and self-certifications.

.....  
Name, surname

.....  
Signature

Date .....

Fill in if the Questionnaire will be send to the Banka by FAX

(Only for the Bank's client!)

Account No: .....  
Digipass No: .....  
Key 1: K .....  
Key 2: .....

I, ....., **the Bank's employee (Bank's authorized person) has accepted the Questionnaire**  
(Name, surname)

Date .....

Signature, stamp .....