

Application

On the payment of guaranteed compensation to your account
in Akciju sabiedrība "Citadele banka"

Citadele

The date is available in the timestamp.

Customer ID _____

A credit institution _____

A credit institution that has been declared insolvent, and you want to receive a guaranteed compensation:

Applicant _____

(if the Applicant is a Natural person)

Name/surname _____

Personal code _____

Date of birth _____

Identification document number _____

Issuing country of the document _____

(if the Applicant is a Legal entity)

Name (of the entity) _____

Registration No. _____

Registration country _____

Applicant's account number and bank details _____

Please pay me the due guaranteed compensation by transferring it to my account

No. _____ AS "Citadele banka", BIC: PARXLV22.

I am informed that Akciju sabiedrība "Citadele banka" processes my personal data for the acceptance of the application and its submission to the Bank of Latvia for the payment of the guaranteed compensation in accordance with the procedure established by law to the account specified by me. Akciju sabiedrība "Citadele banka" ensures the protection of my privacy and rights in accordance with the Privacy protection rules, which are available on our website: www.citadele.lv

Customer's / Representative's signature _____

THIS DOCUMENT IS SIGNED WITH A SECURE ELECTRONIC SIGNATURE AND CONTAINS A TIMESTAMP.