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| A logo with a black background  Description automatically generated | Electronic Communications Office of Latvia  Eksporta str. 5, Riga, LV-1010, Latvia  Registration No 40003021907  www.vases.lv |
|  | *Send the questions to* [*info@esakari.lv*](mailto:info@esakari.lv)  ***Send the completed form to*** [***esakari@esakari.lv***](mailto:esakari@esakari.lv) |

**COSTUMER INDENTIFICATION FORM**

**(questionnaire)**

*Electronic Communications Office of Latvia is obliged by the Law on International Sanctions and National Sanctions of the Republic of Latvia Section 11.3 which states that a subject governed by public law is prohibited from concluding a contract in the field of public or private law when international or national sanctions, or sanctions determined by a Member State of the European Union or North Atlantic Treaty Organisation that affect significant financial and capital market interests have been imposed and affect the performance of the contract.*

*Therefor we kindly ask you to fill in this questionnaire. Thank you!*

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| 1. **Customer’s Background Information** | | |
| Legal entity name and legal form (JSC, LTD., association etc.) |  |
| Country of registration |  |
| Registration No. |  |
| Registered office/Legal address |  |
| Address where the client's economic activity is carried out (if different from legal address) |  |
| Contact details (phone, e-mail) |  |
| 1. **Ownership structure (mark as needed)** | | |
| **Ownership structure:**  one or more legal persons (please continue to 3.1.)  one or more natural persons (please continue to 3.2.)  one or more legal and natural persons (please continue to 3.1 and 3.2.)  other (to be specified) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ | | |
| 1. **Customer's Owner Information** | | |
| *3.1. Legal person* | | |
| Name and legal form (JSC, LTD., association etc.) |  |
| Country of registration |  |
| Registration No. |  |
| Registered office/Legal address |  |
|  |  |
| Name and legal form (JSC, LTD., association etc.) |  |
| Country of registration |  |
| Registration No. |  |
| Registered office/Legal address |  |
| *3.2. Natural person* | | |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
|  |  |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
| 1. **Customer's beneficial owner (please fill in, if different from 3.2.)** | | |
| *Beneficial owner is* ***a natural person*** *who is the owner of the customer which is a legal person or legal arrangement or who controls the customer, or on whose behalf, for whose benefit or in whose interests business relationship is being established or an individual transaction is being executed* | | |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
|  |  |
| If the beneficial owner cannot be determined, please give an explanation: |  |
| 1. **Costumer’s management** | | |
| The legal entity is managed by:  a member of the Management Board (please continue to 5.1.)  other person (to be specified, please continue to 5.1.) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | |
| * 1. *Information about the natural person who manages the company* | | |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
|  |  |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
| 1. **Customer’s confirmation that the provided information is complete and true** | | |
| When signing this questionnaire, the Customer shall:   * certify that all data is true and complete; * certify that he/she has been informed of 195 of the Criminal Law. The criminal liability provided for in Article 1 for the provision of knowingly false information on the beneficial owner; * undertakes to notify without delay any change in the data referred to in this questionnaire, but not later than within 14 (fourteen) days. | | |
| 1. **Customer’s (legal entity’s) representative who is authorized to sign this questionnaire** | | |
| First name, last name |  |
| Personal code (personal identification number) or date of birth, month, year, place of birth (if the person does not have the personal code of the Republic of Latvia) |  |
| Rights of representation **(please attach the relevant document)** | member of the Management Board  procurator (please add)  power of attorney (please add)  other (to be specified) \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ (please add) |
| Representative's signature |  |
| Date | | |