

QUESTIONNAIRE: INFORMATION ON BENEFICIAL OWNERS

FILL IN USING BLOCK CAPITALS!

1. Client information

 1.1. Legal entity name _____ 1.2. Client No.

2. Information on the Client's beneficial owners (BOs) *

2.1. Surname, name			
2.2. Share of equity (%)			
2.3. Identity code			
2.4. Date of birth			
2.5. For international clients:			
Identity document No. and series			
Date of issue			
Expiration date			
Issuing authority			
Issuing country			
2.6. Citizenship			
2.7. Residence state			
2.8. Tax residence country and taxpayer No.			
2.9. Reason for the person's relation to the tax residence country (if not Republic of Latvia)			
2.10. Permanent residence (address – street, building, apartment, city, postal code, country)			
2.11. Correspondence address (street, building, apartment, city, country, postal code) (if differs from permanent residence)			
2.12. Phone No.			
2.13. Is the beneficial owner a U.S. person***? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.14. Is the beneficial owner a politically exposed person (PEP)***?	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP

 2.15. I am attaching copies of the identity documents of each of the aforementioned individuals.

 2.16. I am attaching the filled out forms as requested by an employee of the Bank (W-9 or W-8BEN).

3. Confirmation

 3.1. I am informed that the Bank processes personal data in accordance with applicable personal data protection laws and regulations of the Republic of Latvia and European Union, and the General Terms of Business, and the Personal data processing policy. The purpose of data processing: client due diligence. More information about the Personal data processing policy of the Bank is available here: <https://www.blueorangebank.com/en/information-on-processing-of-personal-data>.

3.2. I hereby confirm acquaintance with the following definitions and clarifications:

***Beneficiary owner — an individual:**

- that owns, or controls either directly or indirectly, at least 25% (twenty-five per cent) of a merchant's equity or voting shares, or in any other way controls the merchant's operations;
- that directly or indirectly holds title to property or directly or indirectly controls at least 25% (twenty-five per cent) of a legal entity that is not a merchant. The BO of a foundation is a person or group of persons for the benefit of which the foundation has been established. The BO of a political party, association or cooperative society is the relevant political party, association or cooperative society;
- for the benefit or in the interest of whom the business relations are being established;
- for the benefit or in the interest of whom a transaction is being implemented without establishing business relations according to the interpretation of the Law on Combating Money Laundering and Terrorist Financing.

**** 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 legal entity is registered in the U.S.; 6) The residential or correspondence address of the individual is in the U.S. (including a P.O. Box in the U.S.); 7) A Power of Attorney has been issued to an individual/legal entity with an address in the U.S.

***** PEP:**

1) 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, within the Republic of Latvia, a member state or third country.

2) a **PEP family member**: 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.

3) a **close associate of a PEP** — 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.

4. Questionnaire filled out by

4.1. Surname, name of the Client (Client's representative) _____ 4.2. Signature _____
4.3. Filled out in (country, city) _____ Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

4.4. Surname, name of the Client (Client's representative) _____ 4.5. Signature _____
4.6. Filled out in (country, city) _____ Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

 L.S.

Representative of the Bank

Surname, name _____ Signature _____ Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---