

FILL IN USING BLOCK CAPITALS!

Rīga,

d d	m m	y y	y y

Client information

Client (name, surname) _____

Client No.

--	--	--	--	--	--	--

 Personal identification No./Registration No. (Country) _____

VAT registration No. (if applicable) _____

Account No.

L	V			C	B	B	R															
---	---	--	--	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Information of the Safe Deposit Box

A new Safe Deposit Box **Extension of the term of an existing Safe Deposit Box**

Safe Deposit Box No.

--	--	--	--	--	--

Type and internal dimensions of the Safe Deposit Box (mm) S 50 x 480 x 310 M 75 x 480 x 310 L 300 x 480 x 310

Duration of the Agreement 12 months 24 months

The fee for the use of the Safe Deposit Box shall be charged according to the current price list (for the entire period of use).

An invoice required issued by the Bank for the payment of the Service fee:

No

Yes, please send the invoice to the e-mail address: _____

Signatures of Parties

CLIENT

BANK

(Signature of the Client/Client's representative)

(Signature of the Bank's representative)

/ _____ /
(Name, Surname of the Client/Client's representative)

/ _____ /
(Name, Surname of the representative of the Bank)

Digipass key
(Signature)

(Fill in if this document will be signed and delivered to the Bank by using electronic means of communication)