Annex No .1.3

**Client Due Diligence Form**

(*resident legal entity*)

You are kindly requested to fill in the following survey pursuant to the advocates’ obligation to adhere to the “*know your client*” principle prescribed by regulatory acts of the Republic of Latvia. The purpose of this survey is to ensure that the required (statutory) scope of information is available to the advocate for establishing and continuing successful cooperation with you.

We thank you for the time and efforts spent on filling in the survey!

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **INFORMATION ABOUT THE CLIENT** | | | | |
| **1.1.** | **Client:** | | | |
|  | Name: |  | | |
|  | Legal form:  SIA (Ltd.)  AS (stock company)  association  institution  other *(please specify)* | | | |
|  | Registration No.: |  | | |
|  | VAT No.: |  | | |
|  | Registered address: |  | | |
|  | Business address *(if different from registered address)*: |  | | |
| **1.2.** | **Information about authorized person of the client:** | | | |
|  | Name, surname: |  | | |
|  | Grounds of authorization:  Member of the Board  Procura holder  head of establishment  other (*please specify)* | | | |
|  | Personal code *(if resident of Latvia)*: |  | | |
|  | Information about passport or identity document *(if non-resident of Latvia):* | | | |
|  | Series number of document: |  | | |
|  | Date of issuing: |  | | |
|  | Issuing authority: |  | | |
|  | Issuing country: |  | | |
|  | Telephone: |  | | |
|  | E-mail: |  | | |
| **1.3.** | **Contact for communication with the client (if different from authorized person):** | | | |
|  | Contact, position: |  | | |
|  | Telephone: |  | | |
|  | E-mail: |  | | |
| **1.4.** | **Does the client intend to pay for legal services on their own account?** | | | |
|  | Yes  No, payment shall be made by:       *(please specify details)* | | | |
| **1.5.** | **Information about economic activities of the client:** | | | |
|  | Location (country(-ies) where economic activities are performed: | | | |
|  | Type of commercial activities of the client:  arrangement of gambling  provision of encashment services  brokerage in real estate transactions  trade in precious metals and precious stones  trade in weapons or ammunition  provision of reinsurance services where the service provider is appropriately licensed and subject to supervision, or rated in the category of investments by the international rating agencies  provision of monetary services (such as cashier offices, currency exchange outlets, wire transfer agents or other service providers offering wire transfer possibilities)  other (please specify) | | | |
| 1. **INFORMATION ABOUT ULTIMATE BENEFICIARY OF THE CLIENT** *(please fill in separately for each ultimate beneficiary)* | | | | |
|  | *For residents of Latvia:* | |  | |
|  | Name, surname | |  | |
|  | Personal number: | |  | |
|  | Date, month and year of birth: | |  | |
|  | Citizenship: | |  | |
|  | Country of usual residence: | |  | |
|  | Form of income gaining: | |  | |
|  | The ultimate beneficiary:  Controls % of shares/stock  directly  indirectly (please specify the form of indirect control)  Exercises control in other form (please specify) | | | |
|  | *For nonresidents of Latvia:* | |  | |
|  | Name, surname: | |  | |
|  | Date, month and year of birth: | |  | |
|  | Series number of passport or identity document and date of issuing: | |  | |
|  | Country and authority that has issued the document: | |  | |
|  | Citizenship: | |  | |
|  | Country of usual residence: | |  | |
|  | The ultimate beneficiary:  Controls % of shares/stock  directly  indirectly (please specify the form of indirect control)  Exercises control in other form (please specify) | | | |
| 1. **INFORMATION ABOUT POLITICALLY EXPOSED PERSON** | | | | |
|  | The ultimate beneficiary or member of the board/the council is a politically exposed person[[1]](#footnote-1), a family member of a politically exposed person[[2]](#footnote-2) or a person closely related to a politically exposed person[[3]](#footnote-3):  Yes  No | | | |
|  | If the ultimate or member of the board/the council is a politically exposed person please specify the following information:  Country of usual residence:  Employer of the person:  Position: | | | |
| 1. **INFORMATION ABOUT THE PROPOSED TRANSACTION** | | | | |
|  | Nature of the assignment within the scope of legal assistance: | | |  |
|  | Number of proposed transactions (*if applicable*): | | |  |
|  | Amount of proposed transaction (*if applicable*) | | |  |
|  |  | | | to be specified in the course of legal investigation/negotiations |
|  | Form of payment within the scope of proposed transaction (cash/wire transfer) (*if applicable*): | | |  |
|  | **Information about origin of the funds to be used in the proposed transaction** *(if applicable)***:**  Income from economic activity (*average of the most recent six months*):  Financing by credit institution  Income from other sources (*please also specify the source of income*):  Financing by the ultimate beneficiary  Other *(please specify):* | | | |

Please note that in the event of failure to provide the requested information or provision of incomplete or misleading information the advocate shall be entitled to abstain from commencement or discontinue the provision of legal assistance and demand fulfillment of the client’s obligations prior to their maturity. Provision of intentionally incorrect information about the ownership of funds and the ultimate beneficiary is subject to criminal liability.

The undersigned confirms by signing this survey that no criminal proceedings have been instituted against the client or the actual beneficiary (if any), and neither the client nor the ultimate beneficiary (if any) is convicted for money laundering or terrorism financing.

The client hereby confirms that all information stated in this survey is complete and reliable. The client hereby undertakes to promptly notify the advocate of any changes in the data provided in this survey within 5 (five) days from such change.

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| The Client:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [name, surname] | Date: |

1. A person who holds or has held a significant public office, including a higher official of the public authority, a head of the State administrative unit (local government), the Prime Minister, the Minister (the Deputy Minister or the Deputy of the Deputy Minister if there is such an office in the relevant country), the State Secretary or other official of high level in the government or State administrative unit (local government), a Member of Parliament, a member of the management entity (board) of the political party, a Judge, a council or board member of the Court of Auditors, a council or board member of the Central Bank, an ambassador, a chargé d'affaires, a high-ranking officer of the armed forces, a council or board member of a State capital company, a head (a director, a deputy director) and a board member of an international organization, or a person who holds equal position in such organization. [↑](#footnote-ref-1)
2. A person who is (a) a spouse or a person equivalent to spouse of a politically exposed person; (b) a child of a politically exposed person or a spouse or a person equivalent to spouse of a politically exposed person, or a spouse/partner of such child; (c) parent, grandparent or grandchild; or (d) brother or sister of a politically exposed person. [↑](#footnote-ref-2)
3. A person known to have business or other close relations with a politically exposed person or a stockholder or shareholder in the same commercial company with a politically exposed person, or a private individual who is the only owner of a legal entity known to be actually established for the benefit of a politically exposed person. [↑](#footnote-ref-3)