

COMPANY-MERCHANT QUESTIONNAIRE

____/____/20____

Complete in BLOCK CAPITALS

Approved by the Board of JSC „Rietumu Banka” on 29 July 2011, Minutes No. 26

Company name _____
(hereinafter referred to as “the Company”) (full name)

Registration No. _____ **Registration date** ____/____/____

Legal address (street, house, city, zip code, country) _____

Telephone _____ Fax _____

E-mail _____

Web sites used by the Company for e-commerce _____

Number of employees _____

Company’s economic activity description _____

Must such economic activity be licensed? Yes No

Does the Company have a licence/permission? Yes No

Is the Company’s economic activity connected to Latvia? Yes _____
(please specify)
 No

Main business partners _____

Income sources:

loans income from the economic activity dividends/interest income
 investments other (please specify) _____

Main suppliers come from (name the countries) _____

Company’s customers are mostly residents of (name the countries) _____

Main countries of business transactions _____

Company’s contact person _____
(name, surname)

Telephone, fax _____ E-mail _____

▪ Company’s registration certificate must be enclosed

INFORMATION ON THE COMPANY'S AUTHORISED PERSONS

Authorised person _____
(name, surname)

Position _____

Is entitled to represent the Company alone
 together with _____

Contact details (phone, e-mail) _____

Politically exposed person Yes No

- a copy of the passport must be enclosed
- documents proving rights of representation must be enclosed (a copy of the decision on appointment, a reference from public register, other)

INFORMATION ON THE COMPANY'S SHAREHOLDERS WHOSE SHAREHOLDING IS EQUAL OR EXCEEDS 25%

(all persons shall be mentioned)

1 **Legal entity's name/name, surname** _____

Registration No/personal ID/personal code _____

Shareholding in the Company _____ %

2 **Legal entity's name/name, surname** _____

Registration No/personal ID/personal code _____

Shareholding in the Company _____ %

3 **Legal entity's name/name, surname** _____

Registration No/personal ID/personal code _____

Shareholding in the Company _____ %

INFORMATION ON BENEFICIAL OWNER OF THE COMPANY

Name, surname _____

Telephone _____ **E-mail** _____

Place of residence (street, house, city, zip code, country) _____

Date of birth ____/____/____

Income sources:

- royalties/rewards private property sale rent
- dividends/interests inheritances/gifts
- own capital share (stocks) sale other (please specify) _____

Form of participation in the Company

- direct owner according to agreement (trust, other)
- other (please specify) _____

Politically exposed person Yes No

- a copy of the passport must be enclosed

INFORMATION ON THE COMPANY'S PRODUCT/SERVICE

Description of the product/service

What will be sold? _____

Marketing strategy

How are target customers attracted? _____

Name of the transaction processing company used at the moment

Data protection

What customer and transaction data are stored? _____

Additional information

INFORMATION ABOUT TRANSACTION MONITORING RESOURCES

Please describe your experience in transaction monitoring

(monitoring system vendor, outsourced service, other) _____

INFORMATION ABOUT TURNOVER DATA

	Actual turnover	Estimated turnover
Average monthly turnover (min-max)		
Average number of transactions per month (min-max)		
Average volume of a transaction (min-max)		
Number of Chargebacks		
Volume (sum) of Chargebacks		
Transactions currency		

INFORMATION ACKNOWLEDGEMENT

By affixing my signature I hereby confirm that the Company is not involved in servicing of other products or services than described in this Questionnaire. Should the range of services increase I shall inform the Bank immediately.

By affixing my signature I hereby represent that the information specified hereof is truthful and undertake to immediately inform the Bank in writing about any changes in the above information.

By affixing my signature I hereby confirm that the mentioned authorised persons are entitled to represent the Company and sign legally binding documentation on behalf of the Company.

By affixing my signature I hereby confirm that I am aware of liability including criminal liability for providing false or incomplete information.

On behalf of the Company _____ Position _____
(name, surname)

Signature _____ Date ____/____/20____