

Customer Questionnaire for Investment Services on Financial Instruments Markets

Dear customer!

Please provide us* the following information. Provided information will be used in certain cases, defined in Law on Financial Instruments Market of the Republic of Latvia.

Information about Customer (this section is obligatory)

Customer

☐

individual

☐

corporate entity

name, surname – for individuals, company name – for corporate entities

name, surname of the client's representative – for corporate entities

Current account No.

LV

AIZK

Have you been included in the list (register) of internal information holders, drafted by an issuer of financial instruments traded on the regulatory markets?

☐

Yes

☐

No

In case of an affirmative answer to the previous question specify the relevant issuers

Owner's Confirmation (this section is obligatory)

☐

I testify, that I will be the owner of all financial instruments on the financial instruments' account.

☐

I testify, that I will not be owner of financial instruments on the financial instruments' account, but I will be their holder. The financial instruments' account will be nominal, as defined by Article 130 Part 1 of "Law on Financial Instruments Market" of the Republic of Latvia.

IT IS NECESSARY TO FILL IN THE FOLLOWING SECTIONS IN ORDER TO IDENTIFY YOUR STATUS AS AN INVESTOR AND THE APPROPRIATENESS AND COMPLIANCE OF THE INVESTMENT SERVICE WITH YOUR INTERESTS. IN CASE OF INCOMPLETE OR INCORRECT FILLING IN OF THE QUESTIONNAIRE, AS WELL AS THE NON-PROVISION OF TOPICAL INFORMATION. WE WOULD BE UNABLE TO ASSESS THE APPROPRIATENESS OF THE REQUESTED INVESTMENT SERVICE TO YOUR INTERESTS.

* Information and certifications are presented to the following providers of investment services: JSC „Aizkraukles banka”, IBAS „AB.LV Capital Markets” and IPAS „AB.LV Asset Management”

Customer Questionnaire for Investment Services on Financial Instruments Markets

Information about Financial Instruments' Transactions

Purpose of the execution of financial instruments' transactions

Choose one or several options.

- ☐ single transaction
- ☐ long-term investments in financial instruments
- ☐ speculations on the financial instruments' market
- ☐ assets management
- ☐ other: _____

List of the planned financial instruments and planned regularity of the execution of financial instruments' transactions

Name of the financial instrument	Number of transactions per year	Average volume of one transaction (equivalent in US Dollars)
<input type="checkbox"/> Bonds	<input type="checkbox"/> <10	<input type="checkbox"/> <50 000
	<input type="checkbox"/> 10 - 49	<input type="checkbox"/> 50 000 - 99 999
	<input type="checkbox"/> 50+	<input type="checkbox"/> 100 000 - 499 999
		<input type="checkbox"/> 500 000+
<input type="checkbox"/> Stocks	<input type="checkbox"/> <10	<input type="checkbox"/> <10 000
	<input type="checkbox"/> 10 - 49	<input type="checkbox"/> 10 000 - 49 999
	<input type="checkbox"/> 50+	<input type="checkbox"/> 50 000 - 99 999
		<input type="checkbox"/> 100 000+
<input type="checkbox"/> Funds' investment certificates	<input type="checkbox"/> <10	<input type="checkbox"/> 5 000 - 50 000
	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 50 000 - 99 999
	<input type="checkbox"/> 25+	<input type="checkbox"/> 100 000 - 499 999
		<input type="checkbox"/> 500 000+

Customer Questionnaire for Investment Services on Financial Instruments Markets

<input type="checkbox"/> Options	<input type="checkbox"/> <10	<input type="checkbox"/> <5 000
	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 5 000 - 24 999
	<input type="checkbox"/> 25 - 49	<input type="checkbox"/> 25 000 - 49 999
	<input type="checkbox"/> 50+	<input type="checkbox"/> 50 000+
<input type="checkbox"/> Futures (the average volume is measured on the basis of the number of contracts of one transaction)	<input type="checkbox"/> <10	<input type="checkbox"/> <10
	<input type="checkbox"/> 10 - 24	<input type="checkbox"/> 10 - 49
	<input type="checkbox"/> 25 - 49	<input type="checkbox"/> 50 - 100
	<input type="checkbox"/> 50+	<input type="checkbox"/> 100+
<input type="checkbox"/> Other _____ indicate, which instruments	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Experience in financial instruments' transactions

☐ No experience in financial
instruments' transactions

<input type="checkbox"/> Bonds	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor
<input type="checkbox"/> Stocks	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor
<input type="checkbox"/> Funds' investment certificates	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor
<input type="checkbox"/> Options	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor

Customer Questionnaire for Investment Services on Financial Instruments Markets

<input type="checkbox"/> Futures	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor
<input type="checkbox"/> Other _____ name of financial instruments	<input type="checkbox"/> I have no experience in financial instruments' transactions
	<input type="checkbox"/> I have been executing financial instruments' transactions for ____ years
	<input type="checkbox"/> I am a professional investor

Details of Customer's Financial Position

To be filled in by a customer - an individual

Type of occupation

☐ hired employee

☐ self-employed person

☐ other _____
specify

Place of work

name of enterprise/institution

address of enterprise/institution

main areas of activities of the enterprise/institution

Position

Is your previous or existing work experience related to financial instruments?

☐ Yes☐ No

Education

☐ higher economic or financial☐ other higher _____
specify☐ other _____

Average annual income (equivalent in US Dollars)

☐ <50 000☐ 50 000 - 149 999☐ 150 000 - 299 999☐ 300 000 - 499 999☐ 500 000 - 999 999☐ 1 000 000+

Customer Questionnaire for Investment Services on Financial Instruments Markets

To be filled in by a customer - a corporate entity

Main areas of activities

Equity capital (EUR)

<input type="checkbox"/> <2 000 000	<input type="checkbox"/> 2 000 000 - 4 999 999	<input type="checkbox"/> 5 000 000 - 9 999 999	<input type="checkbox"/> 10 000 000+
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Net turnover (EUR)

<input type="checkbox"/> <20 000 000	<input type="checkbox"/> 20 000 000 - 39 999 999	<input type="checkbox"/> 40 000 000 - 99 999 999	<input type="checkbox"/> 100 000 000+
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Balance value (EUR)

<input type="checkbox"/> <5 000 000	<input type="checkbox"/> 5 000 000 - 19 999 999	<input type="checkbox"/> 20 000 000 - 50 000 000	<input type="checkbox"/> 50 000 000+
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Representation

Hereby I affirm that the information provided in all sections of the questionnaire is accurate as of the moment of provision. I undertake to inform JSC "Aizkraukles banka", IBAS "AB.LV Capital Markets" and IPAS "AB.LV Asset Management" about any significant changes in the mentioned information.

I have been warned that by filling in the questionnaire incorrectly or incompletely, as well as by not providing topical information, the provider of investment services will be unable to assess the appropriateness of the requested service to my interests.

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year			

signature of the customer/customer's representative,
deciphering of the signature, seal

test-key

Notes of the Service Provider

CHECKED

Customer is assigned the following status

<input type="checkbox"/>	retail customer
<input type="checkbox"/>	professional customer
<input type="checkbox"/>	eligible counterparty

Authorized officer

signature and personal stamp of an authorised officer of IBAS "AB.LV Capital Markets"

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
day	month	year			