

1.9. Has the Company any representative offices, branches, parent companies, subsidiaries or other affiliates?

No Yes (please fill in the table)

Full name	Country of registration	Country of actual business	Operating activities	Website address

1.10. Please provide information about all accounts of the Company opened in other credit institutions:

Bank's name	Bank's country	Account number	Type of account
			<input type="checkbox"/> for Company's funds <input type="checkbox"/> for client funds
			<input type="checkbox"/> for Company's funds <input type="checkbox"/> for client funds
			<input type="checkbox"/> for Company's funds <input type="checkbox"/> for client funds
			<input type="checkbox"/> for Company's funds <input type="checkbox"/> for client funds
			<input type="checkbox"/> for Company's funds <input type="checkbox"/> for client funds

1.11. Has the Company drawn up a financial report and submitted it with the financial authority at the Company's country of registration?

No (please explain) _____

Yes (please submit)

1.12. Does the Company carry out an independent external audit of internal regulations in the AML/CFT⁴ area to assess / control the efficiency of the internal control system?

No Yes (please indicate the date of the last audit, auditor's name, subject and result of the audit)

⁴ AML/CFT – Anti Money Laundering and Combating the Financing of Terrorism, international term

X

(signature of Company's Representative)

1.13. Date and result of the last inspection carried out by the supervisory authority? _____

1.14. Has the competent authorities imposed any administrative coercion measure on the Company, its parent company, subsidiary and/or branches in the last 5 years due to violations of legislation, internal regulations in the area of monitoring the client transactions, in the AML/CFT area and for the violation of international and national sanctions?

- No
- YES (please indicate specific information on the established violations, administrative measures imposed and performed activities in the elimination of violations)

1.15. Have the respective structural units been established in the Company, and persons in charge of the activities in the AM/CFT area been appointed?

- No
- YES (please indicate full name of the structural unit, name, surname, position and contact information of the designated persons)

1.16. Does the Company use outsourcing services in the AML/CFT area?

- No
- YES (please indicate full name of the service provider and list of services)

1.17. The Company uses the following information technologies (IT) in the AML/CFT area:

- automated verification (screening) systems against international and national sanctions lists, lists of terrorists and other "black" lists
- automated systems for AML/CTF risk reduction and risk management and restriction activities
- automated AML/CFT risk identification and assessment systems (risk-scoring)
- access control systems, electronic data storage and automated deletion systems
- automated systems for identification and documentation of unusual and/or suspicious transactions
- other systems (please specify) _____

1.18. Has an independent inspection (audit) of IT used for AML/CFT purposes been carried out?

- No
- YES (please indicate the date of last audit, auditor's name, subject and results of the audit)

X

(signature of Company's Representative)

PART II. INFORMATION ON THE CLIENT BASE STRUCTURE

2.1. Company's client base structure:

private individuals _____ % residents of Company's country of registration _____ %
legal entities _____ % non-residents of Company's country of registration _____ %
politically exposed persons _____ % shell companies _____ %
clients subject to in-depth analysis _____ %

2.2. Does the Company cooperate with shell banks? No Yes

2.3. Does the Company provide an anonymous account opening and/or servicing? No Yes

2.4. Countries of registration and carrying out economic activity of the Company's clients: _____

2.5. Types of activities of the Company's clients: _____

2.6. Has the Company any restriction in respect of servicing of clients who carry out specific business activity, come from specific regions, fall into a specific category etc.?

No Yes (please specify) _____

2.7. Does the Company render or plan to render payment services to another payment institution or electronic money institution?

No Yes (please indicate names of partners, % of total turnover / please submit a schematic description of mutual payments in a separate appendix)

2.8. Does the Company provide payment services to the clients subject to an in-depth analysis, and whose total planned or actual turnover exceed 30% of the total credit turnover of the customer base?

No Yes

2.9. Does the Company carry out mutual payments with other payment institutions or electronic money institutions?

No Yes

2.10. Does the Company cooperate or plan to cooperate with the partners whose activities in the country of registration do not require a licence, but a licence is required for carrying out such activities in the Republic of Latvia or in the EEA?

No Yes

X

(signature of Company's Representative)

PART III. AML/CFT POLICIES AND PROCEDURES OF THE COMPANY

3.1. Name of main laws and regulations in the AML/CFT area in the Company's country of registration, date of adoption (date of entry into force) thereof and website address where such laws are published:

3.2. Has the Company developed and approved the internal regulations that regulate the AML/CFT area?

No Yes

3.3. Does the Company comply with laws and regulations of the Republic of Latvia, USA, European Union, United Nations Organization that include and/or are related to the application of sanctions and other restrictions in respect of a number of persons, jurisdictions and territories, including, but not limited to: Iran, Syria, North Korea, Crimea, North Sudan, Burma (Myanmar)?

No Yes

Partly (please indicate which are not complied with) _____

3.4. Has the Company developed and approved internal regulations that govern the compliance with national and international sanctions and control thereof?

No Yes (please indicate the sanctions of which international organisations and national authorities are adopted for execution)

3.5. Submit policies and procedures that regulate:

- client identification and analysis, transaction monitoring and control, identification and approval of beneficial owners;
- reporting on unusual and/or suspicious transactions to respective institutions;
- AML/CFT risk groups of clients and the criteria of formation thereof;
- compliance with the international and national sanctions;
- setting of limits and other restrictions for client transactions;
- evaluation and control of the efficiency of the internal control system in the AML/CFT area;
- determination of the status of PEP⁵, a family member of the PEP and a person closely related to the PEP, and the adoption of the decision on commencement of the business relationship;
- training of employees;
- evaluation of the AML/CFT policies and procedures of the clients-payment service providers;
- AML/CFT risk reduction and management activities;
- prohibition to cooperate with shell banks;
- prohibition to open and keep anonymous accounts.

3.6. Does the Company before opening of an account /during account opening carry out a compulsory identification of its clients and retain their identification data?

No Yes

3.7. Does the Company carry out identification of the clients' beneficial owner until a private individual is identified?

No Yes

3.8. Specify a minimum shareholding (%) starting from which the Company requests to provide information on the beneficial owners? _____

⁵ PEPs – Politically Exposed Person, international term

X

(signature of Company's Representative)

3.9. Does the Company further define the type of activity of its clients, information on clients' business reputation, partners, planned account transactions, turnover etc.?

No Yes

3.10. Does the Company update information on its clients on a periodical basis?

No Yes

3.11. Do the designated employees of the Company carry out an analysis of client transactions and find out an economic purpose of these transactions, and the compliance of the transactions with the declared activity of the client?

No Yes

3.12. Are clients of the Company, upon the request of the Company, obliged to provide additional information and documents supporting their transactions?

No Yes

3.13. Does the Company carry out additional inspections aimed at obtaining a complete picture of activities of high-risk clients and the nature of transactions of these clients? Has the Company developed the criteria for conducting the client due diligence, the performance measures of such analysis and procedure of compliance thereof?

No Yes

3.14. Has the Company developed internal regulations which stipulate identification of a PEP / determination of PEP status, adopting of decision on commencing / continuing of cooperation with PEPs, and relationship with PEPs, their family members and/or persons closely related to PEPs?

No Yes

3.15. Does the Company carry out additional inspections and/or additional monitoring, when opening accounts of PEPs or members of the family of a PEP and/or persons who are related to PEP, examine the origin of their income and wealth, and carry out constant monitoring of their transactions?

No Yes

3.16. Is the Company obliged to notify the competent supervisory authorities of its country about the unusual and/or suspicious transactions and about the transactions that exceed the limit specified in the laws?

No Yes

3.17. Has the Company developed and approved internal regulations that stipulate the procedure of identification and elimination of unusual and/or suspicious transactions and, if any, the procedure of providing information to the supervisory authorities?

No Yes

3.18. Does the Company classify its clients and their transactions according to risk groups?

No Yes (please describe the procedures you apply to determine your clients' risk levels)

3.19. What criteria the Company use to determine the risk level of every client?

3.20. How often the previously established risk levels of the clients are reviewed in the Company?

3.21. Do the internal regulations of the Company stipulate AML/CFT risk reduction activities, and the procedure and criteria of application thereof?

No (please explain) _____

Yes (please specify such AML/CFT risk reduction activities, and the procedure and criteria of application thereof) _____

X

(signature of Company's Representative)

3.22. Do the internal regulations of the Company allow the application of limits and restrictions on client transactions?

No Yes (please specify which) _____

3.23. Do the internal regulations of the Company stipulate the requirements for evaluation of the internal control system?

No Yes (please specify which) _____

3.24. Does the Company open anonymous accounts / accounts without a name or accounts to clients who use false names and refuse to reveal their real names or names of the persons who are beneficial owners?

No Yes

3.25. Do the internal regulations of the Company prohibit (implicitly and unconditionally) the establishment of correspondent relationship with shell banks, the opening of any accounts and/or provision of any services to them?

No Yes

3.26. Has the Company developed the process of evaluation of AML/CFT policies and procedures of the client – financial institution?

No Yes

3.27. Does the Company during the cooperation with clients – financial institutions collect and evaluate information about the origin of the funds and economic substance of the transactions?

No Yes

3.28. Does the Company provide training of employees in the AML/CFT area?

No

Yes (please specify the periodicity) _____

I hereby confirm that the information provided is true.

The Company undertakes to immediately inform JSC "Rietumu Banka" in writing about any changes in the provided information.

I hereby confirm that I am informed about the liability, including criminal liability, for making false declarations or concealing of information.

I acknowledge that I have read and agree to the Client Personal Data Protection Notice (available on the website www.rietumu.com).

Company's representative _____
(name, surname)

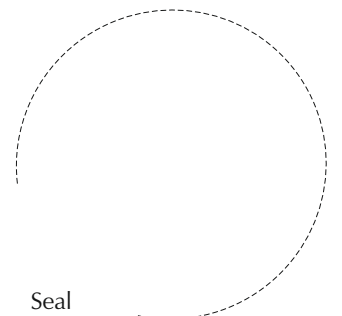
(position)

X _____
(signature)

Rietumu ID

Test key _____

Seal



TO BE COMPLETED BY BANK EMPLOYEE

I confirm the identity and signature of the Company's Representative

Passport / Identity document No. _____

(name, surname) X _____
(signature)

Date / / 20

Documents are checked by

(name, surname) X _____
(signature)

Date / / 20

Bank's notes _____