

Dear Client,
 According to norms of the Law on Prevention of Money Laundering of the Republic of Lithuania, Resolutions and Guidelines on money laundering prevention", Clients of the Bank must submit to the Bank filled in and signed Statement about Actual Owners (Beneficiaries) including about third person. According to norms of the law Actual Beneficiary (AB) is a physical person **who owns capital stock or has ownership with voting right** (including participation obtained indirectly) or who controls (directly or indirectly) Client's of the Bank or in whose interests the legal arrangement is set up or transaction is made.

Actual Owner (Beneficiary) (AB) is a person who has 25% or more of **capital stock or ownership with voting right** (including participation obtained indirectly). Please fill in the Statement about Actual Owners (Beneficiaries) (AB). The Bank guarantees confidentiality of Clients' personal data, data on the Clients' accounts, deposits and deeds. Please FILL IN black or blue ink, in block letters where it is necessary.

Thank you for understanding!

(F) fills physical person (R) fills resident
 (J) fills legal person (N) fills nonresident

Client's ID

(To be filled by the Bank!)

1. INFORMATION ABOUT THE CLIENT

1.1. (J) Name / (F) Name, surname: _____
 1.1.1. (J) Certificate of registration No.: _____
 1.1.2. (F) (R) Identity code: - (F)(N) Date of birth: __/__/____/

2. INFORMATION ABOUT ACTUAL OWNER (BENEFICIARY) INCLUDING THIRD PERSONS (AB)

2.1. **AB is filling in this Statement**

2.1.1. **Name, surname:** _____
 (R) Identity code: - (N) Date of birth: __/__/____/
 (N) Identity document No.: _____ (N) Date of issue: __/__/____/
 (N) Institution issuing the document: _____

2.2. **AB is another person is pointed here:**

2.2.1. **Name, surname:** _____
 (R) Identity code: - (N) Date of birth: __/__/____/
 Address (street, building, city, country): _____
 (N) Identity document No.: _____ (N) Date of issue: __/__/____/
 (N) Institution issuing the document: _____
 Source of information (describe): _____

2.2.2. **Name, surname:** _____
 (R) Identity code: - (N) Date of birth: __/__/____/
 Address (street, building, city, country): _____
 (N) Identity document No.: _____ (N) Date of issue: __/__/____/
 (N) Institution issuing the document: _____
 Source of information (describe): _____

2.2.3. **Name, surname:** _____
 (R) Identity code: - (N) Date of birth: __/__/____/
 Address (street, building, city, country): _____
 (N) Identity document No.: _____ (N) Date of issue: __/__/____/
 (N) Institution issuing the document: _____
 Source of information (describe): _____

2.2.4. **Name, surname:** _____
 (R) Identity code: - (N) Date of birth: __/__/____/
 Address (street, building, city, country): _____
 (N) Identity document No.: _____ (N) Date of issue: __/__/____/
 (N) Institution issuing the document: _____
 Source of information (describe): _____

Signature: _____

2.3. (J) **There is no AB** (because nobody has more than 25%), **but I agree** to state owners known to me:

2.3.1. **I do not agree**

2.3.2. **I agree** (state): _____

2.3.2.1. Source of information (describe): _____

2.4. **AB is not known** (explain): _____

2.5. (J) **I refuse to provide written information about AB** (state reason): _____

3. INFORMATION ABOUT PERSON WHO FILLS IN THIS STATEMENT

I confirm by my signature that all information rendered is true and full and I undertake to notify the Bank in writing immediately about any changes in the mentioned information.

Note: you do not have to fill in the next point 3.1. if AB fills in this Statement and point 2.1. is filled in!

3.1. **Name, surname:** _____

(R) Identity code: - (N) Date of birth: ___/___/___/

(N) Identity document No.: _____ (N) Date of issue: ___/___/___/

(N) Institution issuing the document: _____

3.2. **Relations with Clients:** 3.2.1. (F) Client 3.2.2. Client's authorized person 3.2.3. AO (B) of Client

Date: ___/___/___/

Signature: _____

3.3. **Fill in if the Statement will be send to the Bank by fax:**
(Only for the existing Bank's clients)

Account No: _____

Digipass No: _____

Key 1: K _____

Key 2: _____

I, _____, **The Bank's employee (Bank's authorized person) has accepted the Statement.**
/Name, Surname/

Date: ___/___/___/

Signature, stamp: _____