Annex No. 3.1.

**Sanction Check Form**

(*private individual*)

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** | | |
|  | Name, surname: |  |
| Personal number in the Republic of Latvia *(if any)* : |  |
| Date of birth: |  |
| Information about passport of identity document: | |
| Series number of document: |  |
| Date of issuing: |  |
| Issuing authority: |  |
| Issuing country: |  |
| 1. **INFORMATION ABOUT ULTIMATE BENEFICIARY OF THE CLIENT** *(please fill in separately for each ultimate beneficiary)* | | |
|  | The ultimate beneficiary[[1]](#footnote-1) is:  The client  Other person (*please specify below*): | |
| Name, surname: |  |
| Personal number (for residents)/Date of birth (for nonresidents): |  |
| Data of passport or personal ID document: |  |
| Document series No.: |  |
| Date of issuing: |  |
| Issuing authority: |  |
| Issuing state: |  |
| Citizenship: |  |
| Country of usual residence: |  |
| Please substantiate the form of exercising control by the ultimate beneficiary: | |
|  | Publicly accessible website (if any) for verification of data: | |

The client certifies upon signing this survey that neither the client nor ultimate beneficiary (if any) of the client is a subject of sanctions imposed by the United Nations Organization, the European Union, any other international organization to which Latvia is a State Party, the Republic of Latvia, or a Member State of the European Union and the North Atlantic Treaty Organization.

The client hereby certifies it is duly authorized to execute this document.

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 form within 5 (five) days from such change.

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

1. Private individual on behalf, for the benefit and the in interests of which the proposed transaction shall be performed. [↑](#footnote-ref-1)