

APPLICATION FOR EXECUTION OF ESCROW ACCOUNT AGREEMENT

Buyer:

Name, Surname / Company name _____
Personal ID number/ Registration number: _____
Representative (post, name, surname, personal ID number, passport No.): _____
Account No. with JSC _____
Is s/he a TKB client? Yes/No

Seller:

Name, Surname / Company name _____
Personal ID number/ Registration number: _____
Representative (post, name, surname, personal ID number, passport No.): _____
Account No. with JSC _____
Is s/he a TKB client? Yes/No

Authorized person specified in the Escrow Account

Name, Surname / Company name _____
Personal ID number/ Registration number: _____
E-mail _____

Transaction description

Transaction amount

_____ (_____)

Conditions:

- Date of transaction amount payment: _____. _____. _____ (including)
- Date for submission of documents: _____. _____. _____ (including)
- Verification of the Transaction:
 - Documents are submitted to the Bank
 - Buyer / Seller / Authorized person notifies the Bank about execution of the Transaction, the Bank verifies the information in public registers
- Other conditions

I hereby certify that the information provided by me is true and

I hereby authorize JSC TRASTA KOMERCBANKA to deduct the commission fee for the Application for Execution of Escrow Account Agreement from my account with JSC TRASTA KOMERCBANKA

undertake until _____. _____. _____ to pay the fee for consideration of the Application for Execution of Escrow Account Agreement according via bank transfer to the specified details

undertake until _____. _____. _____ to pay the fee for consideration of the Application for Escrow Account Agreement by cash payment at the cash desk of JSC TRASTA KOMERCBANKA according to the specified details

Applicant:

Name, Surname / Company name _____
Personal ID number/ Registration number: _____
Representative (post, name, surname, personal ID number, passport No.): _____
Tel. No. _____
E-mail _____
_____. _____. _____ (signature)

Bank employee _____ (name, surname) _____. _____. _____ (date)
(signature)

Date when the fee for consideration of the application is paid _____. _____. _____

PLEASE MAKE THE PAYMENT OF COMMISSION FEE _____ FOR CONSIDERATION OF THE
APPLICATION FOR ESCROW ACCOUNT AGREEMENT UNTIL ____ . ____ . _____

DETAILS:

Beneficiary / Saņēmējs: JCS TRASTA KOMERCBANKA

Registration number / Reģistrācijas numurs: 40003029667

Beneficiary's bank address / Saņēmējbankas adrese: Miesnieku Str. 9, Riga, Latvia, LV-1050

Account number / Konta numurs: LV53KBRB1P25490000389.

Payment details / Maksājuma mērķis: Commission fee for consideration of the Application for Escrow Account Agreement

Beneficiary's bank / Saņēmējbanka: AS TRASTA KOMERCBANKA

SWIFT: KBRBLV2X