

**Customer No.** \_\_\_\_\_  
(to be filled out by the bank)

A Bank: JS "TRASTA KOMERCBANKA", united registration No. 40003029667, legal address: 9 Miesnieku Str., Riga, LV-1050, Latvia

of the one part and Customer:

**Customer's name, surname** \_\_\_\_\_

**Personal ID number/ date of birth** \_\_\_\_\_

Preferred authorized credit limit (amount in figures and in words) \_\_\_\_\_

**Collateral**

Without collateral: (for residents only)

i. Work place / position held \_\_\_\_\_

ii. Work experience \_\_\_\_\_

iii. Guarantees on other liabilities \_\_\_\_\_

iv. Existing liabilities, remainder, monthly payment (incl. credit limits/ overdrafts/ leasing/ consumer loans) \_\_\_\_\_

v. Property owned:  house  flat  land  car  company's shares  other \_\_\_\_\_

vi. Number of family members \_\_\_\_\_, incl., number of dependents \_\_\_\_\_

vii. Income EUR \_\_\_\_\_

viii. Additional income EUR \_\_\_\_\_

ix. Income from lease of owned real estate (supporting documents must be provided) \_\_\_\_\_

x. Income credited to the Bank account:  yes  no

Guarantee:

i. Guarantor's name, surname/ company name \_\_\_\_\_

ii. Personal ID number/ date of birth/ registration No. \_\_\_\_\_

iii. Address, telephone number \_\_\_\_\_

Other: \_\_\_\_\_

Bank is entitled to process my and Cardholder's personal data, including to request and obtain personal information about me and the Cardholder's from any third parties and from databases established according to the procedure prescribed by regulatory enactments, from public registers and institutions, including from the Credit Register of Latvijas Banka if the Bank deems it is necessary for establishing legal relations between the Customer and the Bank or for fulfillment of obligations.

On the basis of the Personal Data Protection Law, Section 7, Paragraph 1,

I give my consent to the State Social Insurance Agency to provide my personal data for the last six months prior to the date of information request as follows:

- Information about the social insurance contributions and insurance periods;
- Information about the amounts of pension/benefit/reimbursement sent for payment;
- Information about the amounts of granted pension/benefit/reimbursement.

I do not give my consent to the State Social Insurance Agency to provide the above mentioned data. I undertake to submit personally the information from the State Social Insurance Agency.  
Data usage goal: solvency assessment.

Customer \_\_\_\_\_ « \_\_\_\_\_ » 20\_\_\_\_. Bank \_\_\_\_\_ « \_\_\_\_\_ » 20\_\_\_\_.  
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