**APPLICATION of a authorized person about natural person for the receipt of Credit Register data to the official electronic address**

*(only if official electronical address is activated in* [*www.latvija*](http://www.latvija)*.lv)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name, surname  *(mandatory)* | |  | |
| Person's identity No.  *(mandatory)* | |  | |
|  | |  | |
| **Information about authorized person** | | | |
| Person's identity No.  *(mandatory)* | |  | |
| Power of attorney registration number | |  | |
| Power of attorney is valid till | |  | |
| Telephone number | |  | |
| E-mail address | |  | |
| Please prepare the report in the following language: Latvian  English | | | |
|  | | | |
| Signature |  | |
| Signatory |  | |
| Date |  | |

The position "signature" herein need not be filled in where the application has been drafted as an electronic document in accordance with the legislative requirements governing the execution of electronic documents.