**APPLICATION**

**for guaranteed compensation for deposit with**

**insolvent AS Latvijas Krājbanka**

|  |  |
| --- | --- |
| Riga | \_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_ |

**Depositor:**

|  |  |
| --- | --- |
| Full name/  Corporate name: |  |
|  | |
| Personal ID/  Company No |  |
|  | |
| Date of birth/  Date of registration |  |
|  | |
| Contact address/  Registered office: |  |
|  | (street name, house/block number, city, postal code, country) |
| Phone for contacts: |  |
|  | |
| Email address: |  |

**Document data for a natural person**\***:**

|  |  |  |  |
| --- | --- | --- | --- |
| Document (passport, ID), numerical designator/serial No: |  | Issuing country: |  |
|  | | | |
| Date of issue: |  | Expiry date: |  |
|  | | | |
| Issuing authority: |  | | |

*\* To be filled out only by natural persons.*

**Representative/Authorised representative** (if any)\*\***:**

|  |  |
| --- | --- |
| Full name: |  |
|  | |
| Personal ID: |  |
|  | |
| Date of birth: |  |
|  | |
| Legal basis for acting as a representative: |  |
|  | |
| Phone for contacts: |  |
|  | |
| Email address: |  |

*\*\* To be filled out only by a legal person or/and a natural person acting through an authorised representative*

**Please transfer the guaranteed compensation related to the deposit with insolvent AS Latvijas Krājbanka to my account detailed below**\*\*\***:**

|  |  |
| --- | --- |
| **Account number (IBAN):** |  |
|  | |
| **Bank name:** |  |
|  | |
| **Bank‘s/BIC/SWIFT code:** |  |
|  | |

*\*\*\* The account is opened* ***in the depositer’s name*** *at another credit or financial institution operating in the Single Euro Payments Area (SEPA.*

**I hereby confirm that I have not received my deposit from insolvent AS Latvijas Krājbanka and that the information provided in the application is complete and truthful.**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer/Representative/Authorised representative: | | Signature: |  |
| Full name: |  |
|  | |