

**APPLICATION**

**FOR STATE GUARANTEED DEPOSIT COMPENSATION DISBURSEMENT**

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

**Client:**

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

**Document data for non-resident natural person\*:**

|  |  |  |  |
| --- | --- | --- | --- |
| Document (passport, ID), numerical designator/serial No.: |  | Issuing country: |  |
|  | | | |
| Issue date: |  | Expiry date: |  |
|  | | | |
| Issuing authority: |  | | |

**\* *filled only by non-resident natural persons***

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

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

**\*\* *filled only by legal person or/and natural person acting through authorised representative***

**Please transfer the state guaranteed compensation owned to me due to Baltic International Bank SE to my following account:**

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

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