



CCFBALTIJA

SIA CCF Baltija

Piedrujas iela 5a, Rīga, LV1073, Latvia

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Please find below the conditions, under which cooperation with CCF Baltija is possible

With reference to the Laws of the Republic of Latvia and the recommendations of the tax authorities, we have introduced a counterpart risk analysis system Know Your Client, and Anti Money Laundering Compliance Form (AML)

To start cooperation with CCF Baltija, it is necessary to receive the following documents

- Company Registration documents and VAT registration.
- Copy of ID card or passport of the Board Member/Director / Person in charge of enterprise. In the context of the protection of personal data, please cover all sensitive personal data such as passport number, date of birth, ID number, nationality, gender, etc. We inform you that a copy of the passport is required to determine the photograph, signature and nationality of the responsible person. You can hand write on scan of your document CONFIDENTIAL, ONLY FOR CCF BALTIJA USE, DATE/
- A carefully and fully completed Know Your Client (KYC) form. All fields in the form must be filled in. A form must be signed by the person with authorized signature rights (director, Member of the board)

I confirm that I am, below signed, is not in sanctions list (local or international) neither our company , neither any of beneficial owners are not subject to any of international published sanctions and restrictions

Signature & Company stamp /// Date of registration

Signing this form, I am, above signed, fully confirm that information above given is true!! I want to cooperate with CCF Baltija SIA with honest motives and intensions , with purpose of transparent and fair business relations !



APPLICATION FORM

Company Name

VAT Nr

Supplier

Registration Number

Customer

Company General Informations & Invoice Adress

Street/house nr/ appt N°

City post

Country Website

Telephone General email

Beneficial Owner Name Email

Accounting Contact Email

Sales Contact Direct tel Email

Mobile

Delivery Address + legal base for delivery

Warehouse Name Nr

Street Nr

City ZIP

Country

Telephone Delivery contact

Bank details

Bank Name Country

Tel CONTACT

IBAN Nr Account Nr.

SWIFT Code

In agreement (Signature Rights)

NAME (hand written) Position

Signature & Company stamp

Signing this form, I am, above signed, fully confirm that information above given is true!! I want to cooperate with CCF Baltija SIA with honest motives and intensions, with purpose of transparent and fair business relations !