

Contact Persons Form

**THE TIMESTAMP OF THE ELECTRONIC SIGNATURE
BEARS THE DATE OF SIGNING THE DOCUMENT**

Date	
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Registered name of the participant	
Registered BIC	

List of contact persons

First name and surname* or function of the contact person	Telephone number	E-mail address	Available 24 hours a day, 7 days a week (24/7)
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**THE DOCUMENT HAS BEEN SIGNED ELECTRONICALLY WITH A SECURE
ELECTRONIC SIGNATURE AND COMPRISES A TIMESTAMP.**

(first name, surname and position of the person having the right to represent the participant)

* In accordance with Paragraph 59 of the "System Rules for Participation in the EKS" approved by the Council of Latvijas Banka, the participant's contact person specified in the contact persons list is entitled to update the information in the submitted contact persons list as well as to provide and receive files in exceptional circumstances or to provide information to Latvijas Banka on another person entitled to provide and receive files.