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| 7. pielikums Finanšu un kapitāla tirgus komisijas 29.09.2020. normatīvajiem noteikumiem Nr. 179 |

### Paziņojums par apdrošināšanas pārvaldītājsabiedrības izpildinstitūcijas locekli

### Notification of the member of the executive body of the insurance holding company

#### Apdrošināšanas pārvaldītājsabiedrības nosaukums (firma), reģistrācijas numurs/Name (firm) of the insurance holding company, registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Kontaktpersona (vārds, uzvārds, amats, telefona un faksa numurs, e-pasta adrese)/Contact person (name, surname, phone and fax number, e-mail address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Paziņojuma sniegšanas iemesls/Reason for notification:

1) pirmreizējā iecelšana amatā/first appointment □

2) izmaiņas iepriekš sniegtajā informācijā/change in previous information □

3) amata maiņa/change of position □

Amatpersona (vārds, uzvārds, personas kods)/Official (name, surname, Identity No)\_\_\_\_\_\_\_\_\_\_\_\_

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Amats, kuram tiek izvirzīts/Post for which the person is being nominated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plānoto darba pienākumu īss apraksts/Planned responsibilities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dzimšanas datums un vieta/Date and place of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dzīvesvieta (adrese, telefona numurs)/Place of residence (address, phone number)\_\_\_\_\_\_\_\_\_\_\_\_

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Pilsonība (pavalstniecība)/Citizenship (nationality)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Izglītība/Education:

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| Izglītības iestāde un adrese/Educational institution; address | Iestāšanās un pabeigšanas gads/Year of entry and graduation | Iegūtā specialitāte un grāds/Type of qualification and degree obtained | Diploma izdošanas gads un numurs/Year of issue of diploma and its number |
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Kvalifikācijas celšana (kursi)/Professional training (courses):

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| Izglītības iestāde un adrese/Educational institution; address | Iestāšanās un pabeigšanas gads/Year of entry and graduation | Kursa programma/ Program of course | Diploma vai sertifikāta izdošanas gads un numurs/Year of issue of diploma/certificate; its number |
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Darbs apdrošināšanas jomā/Employment in the field of insurance:

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| Darba attiecību sākuma datums, mēnesis un gads un beigu datums, mēnesis un gads/Duration of employment relationship from/to (date/month/year) | Komercsabiedrības (darbavietas) nosaukums (firma), darbības veids un adrese/Sphere of activity, name (firm) and address of company (work place) | Amats un darba pienākumu īss apraksts/ Post and brief description of professional responsibilities | Papildu informācija, ko persona vēlas sniegt par iepriekšējām darbavietām/Additional information which the person wants to indicate regarding his/her previous work experience |
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Darbs citā finanšu jomā/Employment in another financial field:

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| --- | --- | --- | --- |
| Darba attiecību sākuma datums, mēnesis un gads un beigu datums, mēnesis un gads/Duration of employment relationship from/to (date/month/year) | Komercsabiedrības (darbavietas) nosaukums (firma), darbības veids un adrese/Sphere of activity, name (firm) and address of company (work place) | Amats un darba pienākumu īss apraksts/ Post and brief description of professional responsibilities | Papildu informācija, ko persona vēlas sniegt par iepriekšējām darbavietām/Additional information which the person wants to indicate regarding his/her previous work experience |
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Darbs citās jomās pēdējo 10 gadu laikā/Employment in another fields in the last 10 years:

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| --- | --- | --- | --- |
| Darba attiecību sākuma datums, mēnesis un gads un beigu datums, mēnesis un gads/Duration of employment relationship from/to (date/month/year) | Komercsabiedrības (darbavietas) nosaukums (firma), darbības veids un adrese/Sphere of activity, name (firm) and address of company (work place) | Amats un darba pienākumu īss apraksts/Post and brief description of professional responsibilities | Papildu informācija, ko persona vēlas sniegt par iepriekšējām darbavietām/Additional information which the person wants to indicate regarding his/her previous work experience |
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Vai persona ir bijusi notiesāta par tīša noziedzīga nodarījuma izdarīšanu (ja ir bijusi, tad kad, par ko, soda mērs)/Has the person ever been convicted of a deliberate criminal offence (if yes, when, what offence for, a sentence)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai persona ir bijusi notiesāta par tīša noziedzīga nodarījuma izdarīšanu, kaut arī atbrīvota no soda izciešanas sakarā ar noilgumu, apžēlošanu vai amnestiju (ja ir bijusi, tad kad, par ko)/Has the person ever been convicted of a deliberate criminal offence, even though released from serving a sentence due to limitation, clemency or amnesty (if yes, when, what offence for) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vai persona ir bijusi tāda persona, pret kuru uzsāktais kriminālprocess par tīša noziedzīga nodarījuma izdarīšanu ir izbeigts sakarā ar noilgumu vai amnestiju (ja ir bijusi, tad kad, par ko)/Have any criminal proceedings for a deliberate criminal offence been ever brought against the person that had been terminated due to limitation or amnesty (if yes, when, what offence for)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vai persona ir saukta pie kriminālatbildības par tīša noziedzīga nodarījuma izdarīšanu, bet kriminālprocess pret to ir izbeigts uz nereabilitējoša pamata (ja ir saukta, tad kad, par ko)/Has the person ever been called to criminal liability for committing a deliberate criminal offence, but the criminal process had been terminated on a non-vindicatory basis (if yes, when, what offence for)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai persona ir iesaistīta šobrīd izskatīšanā esošā kriminālprocesā (ja ir, tad sniedz vairāk informācijas par to)/Is the person involved in criminal proceedings still pending (if yes, more details are required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai persona ir bijusi vadītājs komercsabiedrībās, kuras iesaistītas maksātnespējas procesā (ja ir, tad norādīt nosaukumu (firmu), juridisko adresi, reģistrācijas numuru un valsti (teritoriju), atzīšanas par bankrotējušu datumu)/Has the person ever held a leading post at companies that had been involved in insolvency proceedings (if yes, name (firm), legal address, number of registration and state (territory), date of declaring the insolvency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai personai ir bijušas atņemtas tiesības veikt komercdarbību (jā/nē)/Has the person ever been deprived of a right to engage in commercial activity (yes/no)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vai persona kā atbildētājs ir piedalījusies vai piedalās civillietas tiesvedības procesā, kurā prasības summa ir vismaz 14 200 EUR (ja jā, tad norādīt tiesvedības procesa gala rezultātu)/Has the person participated or is participating as a defendant in civil proceedings, the amount of the claim of which is at least EUR 14 200 (if yes, the outcome of the proceedings)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai personai ir būtiska līdzdalība vai jebkura cita būtiska ietekme apdrošināšanas pārvaldītājsabiedrībā (ja jā, tad kāda)/Has the person had a qualifying holding or any other form of material effect on the insurance holding company (if yes, more details are required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai personai ir būtiska līdzdalība komercsabiedrībās (jā/nē)/Has the person had any qualifying holding in commercial companies (yes/no)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ja ir, tad norāda/If yes, then indicate:

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| --- | --- | --- |
| Komercsabiedrības nosaukums (firma), adrese, darbības joma/Name (firm) address and nature of activities of the company | Līdzdalības summa EUR/Participating fee in EUR | Īpatsvars pamatkapitālā procentos/Proportion in share capital as a percentage |
|  |  |  |
|  |  |  |

Vai cita uzraudzības institūcija ir piemērojusi personai kādas sankcijas (ja ir, norādīt iestādi un tās pieņemto lēmumu)/Has any other supervisory authority applied any sanctions (if yes, please indicate the institution and the adopted decision) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai cita uzraudzības institūcija ir veikusi personas reputācijas novērtēšanu (ja ir, norādīt iestādi, novērtēšanas datumu un tās pieņemto lēmumu)/Has any other supervisory authority conducted a reputation assessment (if yes, please indicate the institution and the adopted decision) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai cita ar finanšu sektoru nesaistīta iestāde ir veikusi personas reputācijas novērtēšanu (ja ir, norādīt iestādi, novērtēšanas datumu un tās pieņemto lēmumu)/Has any other non-financial sector institution conducted a reputation assessment (if yes, please indicate the institution and the adopted decision)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai persona ir atbrīvota no darba vai atbildīga amata (darba devēja uzticības zaudēšanas dēļ vai izteikts lūgums atkāpties no amata)/Has the person ever been dismissed or removed from a high-level executive position (due to loss of employer's confidence or a request to resign) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Informācija par personas tuviem radiniekiem, kuriem ir līdzdalība apdrošināšanas pārvaldītājsabiedrībā vai citā komercsabiedrībā, kurai ir līdzdalība apdrošināšanas pārvaldītājsabiedrībā/Information on the person's close relatives who have holdings in the insurance holding company or in any other company that has holding in the insurance holding company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Informācija par personas tuviem radiniekiem, kuriem ir finansiālas saistības pret apdrošināšanas pārvaldītājsabiedrību vai citu komercsabiedrību, kurai ir līdzdalība apdrošināšanas pārvaldītājsabiedrībā, kas var radīt interešu konfliktu (sniedz apstākļu aprakstu, kā arī plānu interešu konflikta novēršanai)/Information on the person's close relatives who have financial liabilities to the insurance holding company or any other company that has holding in the insurance holding company that may cause a conflict of interest\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai persona ir vadītājs komercsabiedrībā, kurā akcionāri vai dalībnieki to nav atbrīvojuši no atbildības/Is the person a head of the company where the shareholders or participants have not exempted him/her from liability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vai personai ir bijis atteikums veikt kādu reģistrāciju, izsniegt licenci (atļauju) veikt komercdarbību vai profesionālu darbību/Has the person received refusal to carry out registration, issue a licence (permit) to pursue business or professional activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Apdrošināšanas pārvaldītājsabiedrības veiktais piemērotības novērtējums/Fit and proper assessment performed by insurance holding company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(paraksts) (vārds, uzvārds) (datums)

(signature) (name, surname) (date)

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(paraksts) (vārds, uzvārds) (datums)

(signature) (name, surname) (date)

Paziņojuma pareizību ar parakstu apliecina pats kandidāts un apdrošinātāja vai pārapdrošinātāja akcionāru, dalībnieku vai biedru pilnvarotā persona vai vadītājs/The candidate himself/herself and a person authorized by shareholders, stockholders or members of the insurer or reinsurer or the head of the insurer or reinsurer shall certify correctness of the notification by his/her signature.