**VSIA “Latvijas proves birojs”**

**Assay Office of Latvia**

**Application**

### **for the registration of places where economic activity involving precious metals, precious stones and their articles is performed**

**The information on the performer of economic activity:**

Name, Surname

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Personal code: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | fax |  |

|  |  |  |  |
| --- | --- | --- | --- |
| e-mail |  | homepage |  |

**The information on the place of economic activity:**

Adress

|  |
| --- |
|  |

**Types of economic activity**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | retail trade | wholesale trade | storage | purchase | production | repair | processing | Customer service. Acceptance of orders and delivery of manufactured articles |
| precious stones |  |  |  |  |  |  |  |  |
| precious metals  |  |  |  |  |  |  |  |  |
| articles of precious stones and/or metals |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **The type of the place of economic activity** |  |

(Kiosk, shop, point of sale, point of sale in a pawn shop, point of sale and repair work in a pawn shop, point of sale and production in a pawn shop, antique store, online store, wholesale point, storage point, warehouse, production plant, workshop, shop-workshop, reception and delivery point, production place, buying point, coin trading place, etc.)

**Working hours**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| from | to | from | to | from | to | from | to | from | to | from | to | from | to |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I agree that abovementioned information is to be published  |  |  |  |
|  | yes |  | no |
| Please prepare the extract from the Register of the places of economic activity |  |  |  |
|  | yes |  | no |

**I certify that I have been informed of the requirements laid down in laws and regulations for the prevention of money laundering and terrorism financing possibilities and undertake to comply with them.**

|  |  |  |  |
| --- | --- | --- | --- |
| Performer of individual work |  |  |  |
|  | (signature)\* |  | (Name, Surname) \* |

|  |  |
| --- | --- |
| Date\* |  |

\* Shall be not indicated if the application is signed by digital signature and contains the timestamp