

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333 | E-ma Registration No. 40003551060

SWIFT code: CBBRLV22

none: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

## **REGULAR PAYMENT EXECUTION APPLICATION**

FILL IN USING BLOCK CAPITALS!

<b>Client Inform</b>	mation	
Client		
	(For individuals - surname, name; for legal entities	- company name)
Payment De	etails	
Account from who	ich the payment will be made:	
Payment amount:	:	
Fixed	Amount in digits	Currency code
	Amount in words	
All balances	exceeding the amount stated in this Application	
	Amount in digits	Currency code
	Amount in words	
Please transfer the	e specified payment amount according to this Regular Paymen	t Execution Application to the following details.
If the paymen	t cannot be made according to the parameters specified in this	Application, please inform me via Internet Bank
Information	on Beneficiary	
Beneficiary owner		
Registration No./Id Date of birth	(For individuals - surname, name; for legal dentity code/	entities - company name)
Address		Country code
	(Full address - apartment/office, street, town, postal code, country)	
Beneficiary's acco	ount No. (IBAN):	
Information to ber	neficial owner	External payment code
Beneficiary bank (	(Name)	
Address		Country code
	(Full address - street, city, postal code, country)	
	T, BLZ (Germany), ABA ROUTING (USA), SORT CODE (UK)	
Signature of the C	lient (Client's representative)	
Intermediar	y Bank Details	
Intermediary bank	(Name)	
Address		Country code
Account No.	(Full address - street, city, postal code, country)	
Bank's code SWIFT, BLZ (Germ	nany), ABA ROUTING (USA), SORT CODE (UK)	



Registration No. 40003551060 BluOr Bank AS Smilšu iela 6, Rīga, LV-1050, Latvija SWIFT code: CBBRLV22 Phone: +371 67 031 333 E-mail: info@bluorbank.lv www.bluorbank.lv CONTINUATION Payment type (This field is mandatory!) Urgent Standard **Express** Commission **OUR** All the fees are paid by the sender **BEN** All the fees are paid by the beneficiary (OUR if not indicated) SHA The fees of BluOr Bank AS are paid by the sender, the fees of correspondent banks are paid by the beneficiary Regular Payment Execution Application valid: From Recuring Single Date Date dd/mm/yyyy dd/mm/yyyy First payment execution date Date dd/mm/yyyy With this Application I authorize BluOr Bank AS to perform regular payments by debiting the regular payment amount from the stated account and transferring it to the stated account as follows: Every banking business day (from 09:30am to 05:30pm) Once a week (on the weekday when the first payment was made (from 09:30am to 05:30pm)) Once a month (on the days when the first payment was made (from 09:30am to 05:30pm)) day (from 09:30am to 05:30pm) Every (Please specify the number of days after which payments If the date of a regular payment falls on a weekend or holiday, the payment will be executed on the next business day. I have read BluOr Bank AS General Terms of Business and Services Pricelist, acknowledge them as binding, and undertake to comply with the same. Surname, name of the Client (Client's representative) Signature of the Client (Client's representative) (This field is mandatory!) L.S. Digipass key (S) Date of signing dd/mm/yyyy (Please specify the key if this document will be signed and sent to the Bank electronically) Filled in by the Bank Surname, name Signature Date L.S. dd/mm/yyyy