

APPLICATION FOR AUTOMATIC MAINTENANCE OF ACCOUNT BALANCE

Client Information

Client

(For individuals - surname, name; for legal entities - company name)

Account from which the payment will be made:

Current Account No. (IBAN):

L	V			C	B	B	R								
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Account where the relevant balance will be maintained:

Account No. (IBAN):

L	V			C	B	B	R								
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Maintained Balance Details

Amount of funds on the account where the relevant balance will be maintained:

Amount in digits _____ Currency code

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Amount in words _____

If the payment cannot be made according to the parameters specified in this Application, please inform me via Internet Bank

This Application is valid as of

d d	m m	y y y y
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 to

d d	m m	y y y y
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 Recuring Single

First payment execution date

d d	m m	y y y y
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With this Application I authorize BluOr Bank AS to replenish the balance on 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))

Every _____ day (from 09:30am to 05:30pm)
 (Please specify the number of days after which payments should be repeated)

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 Pricelist, acknowledge them as binding, and undertake to comply with the same.

Surname, name of the Client
 (Client's representative) _____

Signature _____

Digipass key (S) _____ (This field is mandatory!)
 (Please specify the key if this document will be signed and sent to the Bank electronically) Date of signing

d d	m m	y y y y
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 L.S.

Filled in by the Bank

No.

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Surname, name _____

Signature _____

Date

d d	m m	y y y y
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 L.S.