

CLIENT NO.:        
 (Filled in by the Bank)

## QUESTIONNAIRE FOR AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION

FILL IN USING BLOCK CAPITALS!

Dear Client,

To ensure compliance with international standards and regulations for credit institutions, please provide the required information below. BluOr Bank AS, hereinafter referred to as the Bank, adheres to regulatory requirements, observes confidentiality, and safeguards your data.

### 1. Client information

#### 1.1. Client information

#### 1.2. Type of legal entity

(joint-stock company, limited liability company, foundation, trust, fund, non-profit etc.)

#### 1.3. Is the Client a Passive Non-financial Entity?

(i.e. more than 50% of the Client's income is passive income – dividends, investment margin, coupon income, interest income, royalties etc. More information is available on the Bank's website)

Yes

No

#### 1.4. Country of registration

#### 1.5. Registration №

#### 1.6. Taxpayer

registration No.

#### 1.7. VAT payer No.

(Please specify the number if assigned)

#### 1.8. Primary tax

residence country

 

#### 1.9. Registered office

(address – office, street, city, postal code, country)

#### 1.10. Management location

(the Client's actual address)

(address – office, street, city, postal code, country)

#### 1.11. Business activity location

(if any)

(address – office, street, city, postal code, country)

#### 1.12. Corporate website address

#### 1.13. Other tax residencies, if any:

Country code	1.14. Please substantiate your relation to each tax residence country specified
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	

### 2. Declaration of the Client's beneficial owners (BO)

<b>2.1. Surname, name</b>			
<b>2.2. Personal identification number</b>			
<b>2.3. Date of birth</b>			
<b>2.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)</b>			
<b>2.5. Relation to the Client (specify one of the options):</b>			
- directly or indirectly owns capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %

- type of control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)
2.6. Citizenship			
2.7. Tax residence country (if not Republic of Latvia)			
2.8. Tax payer registration number (if not Republic of Latvia)			
2.9. Permanent residence (address — street name, building, apartment number, city, state, postal code)			
2.10. Mobile phone No.			
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
2.12. Is the BO a politically exposed person (PEP)?	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP
2.13. Please specify the monthly amount the client intends to pay to the BO via the account held with BluOr Bank AS. If the client does not intend to pay remuneration to the BO, please explain how BO will receive financial benefit from the company's business	No _____ (please comment)  Yes _____ (please specify the amount)	No _____ (please comment)  Yes _____ (please specify the amount)	No _____ (please comment)  Yes _____ (please specify the amount)

### 3. Business profile

#### 3.1. Information about the Client's business activities

3.1.1. Full description of the business, structure of planned transactions on the Current Account (may be submitted separately):

IF THE CLIENT HAS DECLARED THE ACTIVITY TYPE CORRESPONDING TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

3.1.2. I confirm that the aforementioned business activities do not require a licence or special permit at the place of business.

3.1.3. The aforementioned business activities require a licence and/or special permit at the place of business and I attach a copy of the licence and/or special permit.

**3.2. Is the company required to provide its financial statements to official authorities at the place of its registration or activities?**

Yes No

**3.3. Are the financial statements publicly available?**

Yes No

**3.4. Business activity (in years):**

Less than 1 1 - 3 3 - 5 Over 5

**3.5. Number of employees in the company:**

Less than 10 10 - 50 50 - 250 Over 250

**3.6. Annual turnover of the company (M EUR):**

Less than 0.5      0.5 - 1      1 - 2      2 - 5      5 - 10      10 - 25      25 - 50      Over 50

**3.7. Balance sheet assets of the company (M EUR):**

Less than 0.5      0.5 - 1      1 - 2      2 - 5      5 - 10      10 - 25      25 - 50      Over 50

**3.8. Do you hold accounts with other credit or financial institutions?**

No

Yes

(Please specify names of credit or financial institutions (where required, the Bank may request the Client to submit account statements from the relevant credit or financial institutions))

**3.9. Banking services used so far:**

Asset management, brokerage services, Repo transactions \_\_\_\_\_  
 (Please, specify the names of credit institutions)

Crediting \_\_\_\_\_  
 (Please, specify the names of credit institutions)

E-Commerce, POS terminals \_\_\_\_\_  
 (Please, specify the names of credit institutions)

Safe deposit boxes \_\_\_\_\_  
 (Please, specify the names of credit institutions)

**4. Information about planned transactions on the Current Account**
**4.1. MONTHLY Account turnover:**

Total number of payments in your account (incoming and outgoing):

(Must check one box only)

Up to 50 payments      50-100 payments      More than 100 payments \_\_\_\_\_  
 (specify approximate number)

Client accounts' turnover	Up to EUR 15,000.00	From 15,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify sum)
Planned maximum total volume of the incoming payments			_____ EUR
Planned maximum total volume of the outgoing payments			_____ EUR
Planned maximum volume of cash deposits, including ATM cash deposits	_____ EUR		
Planned maximum volume of cash withdrawals, including ATM cash withdrawals	_____ EUR		
Planned maximum total volume of the incoming payments on the separate <b>clients' funds</b> account and maximum amount of a single incoming transaction (please fill if the Client is a financial institution)			_____ EUR

**4.2. Source of first payment** (Please provide information that is known upon opening the account):

Currency, amount	Payer	Name of servicing credit institution	Country of servicing credit institution Payment reference	Payment reference

**4.3. Information on Business partners**
**4.3.1. Incoming payments:**

Name of partner	Registration No.	Country of incorporation (code)	Brief description of the economic essence of planned transactions	Country of servicing credit institution (code)	Currency

#### 4.3.2. Outgoing payments:

Name of partner	Registration No.	Country of incorporation (code)	Brief description of the economic essence of planned transactions	Country of servicing credit institution (code)	Currency

## 5. Information about cooperation with the Bank

5.1. What Bank products/services are you planning to use?

5.1.1. Asset management      5.1.3. Repo transactions      5.1.5. E-Commerce      5.1.7. Safe deposit boxes  
5.1.2. Brokerage services      5.1.4. Loans      5.1.6. POS terminals      5.1.8. Payment cards  
(Planned number of cards: \_\_\_\_\_)

## 6. Confirmation

6.1. I confirm that the Current Account will not be used for transactions related to criminal activity or assets, violating sanctions/restrictions set by international organisations or individual countries, or transactions related to circumvention of transaction restrictions.

6.2. I hereby confirm my acquaintance with the definitions and clarifications provided. Detailed information is available at – <https://www.bluorbank.lv/en/definitions>.

## 7. Client<sup>1</sup>

7.1. Surname, name (Client's representative) \_\_\_\_\_  
7.2. Signature \_\_\_\_\_ 7.3. Digipass key (S) \_\_\_\_\_  
7.4. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy  
7.5. Surname, name (Client's representative) \_\_\_\_\_  
7.6. Signature \_\_\_\_\_ 7.7. Digipass key (S) \_\_\_\_\_  
7.8. Place of signature \_\_\_\_\_ Date \_\_\_\_\_ L.S.  
(country, city) dd/mm/yyyy

<sup>1</sup> Ignore this section if the document has been drafted and signed in accordance with the applicable legislation for formatting electronic documents (using a secure electronic signature).

or if the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (checking the box) indicate consent, and is considered as a *digital signature* in accordance with the General Terms of Business.

If the document has been signed electronically using "Digipass key (S)", please fill out the following fields only: "Surname, name (Client's representative)", "Digipass key (S)", "Date".

## 8. Representative of the Bank

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8.1. Surname, name \_\_\_\_\_ 8.2. Signature \_\_\_\_\_  
Date \_\_\_\_\_ L.S.  
dd/mm/yyyy