

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333

Registration No. 40003551060 E-mail: info@bluorbank.lv

SWIFT code: CBBRLV22

www.bluorbank.lv

QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH COMPLEX STRUCTURE

FILL IN CAPITAL LETTERS!

Following the laws and regulations of the Republic of Latvia and international standards governing the activities of credit institutions, please provide the required information below. BluOr Bank AS, hereinafter referred to as the Bank, ensures compliance

with regulatory requirements, confid					s tric barre,	chaires compliance		
1. Client information								
1.1. Company Name	1.2. Registration No.							
Registered address Actual address		(Address – street, buildi	ng and office	number, city, postal code, o	country)			
(if different from registered office) —	(Address – Street, building and office number, city, postar code, country)							
1.5. Corporate website address								
2. Beneficial owner (BO) inform	nation						
2.1. Surname, name								
2.2. Personal number								
2.3. Date of birth								
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)								
2.5. Relation to the Client (specify of	one of the c	options):						
 directly or indirectly owns percent (%) of 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 (nationality)								
2.7. Tax residence country (if not the Republic of Latvia)								
2.8. Tax payer number (if not the Republic of Latvia)								
2.9. Permanent residence address (street, building, apartment, city, postal code, country)								
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	No	PEP family member Close associate	No	PEP family member Close associate	No	PEP family member Close associate		
exposed person (PEP)?	Yes	of a PEP	Yes	of a PEP	Yes	of a PEP		



BluOr Bank AS	Smilšu iela 6, Rīga, LV-1050,	Latvija	Registration No	o. 40003551060	SWIFT code: CBBRLV22
	Dhono: +371 67 031 333	F-mail·i	info@bluorbank ly	I www.bluorbank.ly	

	business ac	tivity. Plea	se describe wha	it business activity	will be involved	d in account transaction	
IF THE CLIENT'S DECLARED ACTIVITY C ALSO BE COMPLETED.	ORRESPONDS T	O THE DEFIN	NITION OF A FINANC	CIAL INSTITUTION, TH	E FINANCIAL INSTI	TUTION QUESTIONNAIRE MU	
3.2. Does the Client's type of bu	siness activit	y require	special permits?	No Yes	s (if necessary, topy of the docu	the Bank may request ment)	
B.3. Is the Client a Passive Non-f i.e. more than 50% of the Client's ind ncome, interest income, royalties etc	financial Enti come is passive c. More informa	ty? e income – o ation is avai	dividends, investn lable on the Bank	nent margin, coupor			
3.4. Business activity (in years):		Less than 1		1 - 3	3 - 5	Over 5	
.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):			0 - 2	2 - 10		Over 50	
3.7. Does Client have accounts w	vith other cre	dit or fina	ncial institution	s?			
No							
Yes							
		(Please spe	cify the names of cre	dit or financial instituti	ons)		
3.8. MONTHLY Current Accoun Fotal number of payments on the (Check only one box)	e Client's acc			0.			
Up to 50 payments	50 -	100 paym	ents Mo	re than 100 paym		approximate number)	
Turnover of funds on the Client	Turnover of funds on the Client's account		to 000.00	From 15,000.01 to EUR 100,000.00		EUR 100,000.01 and more (specify sum)	
Planned maximum turnover of in payments	coming					EUR	
Planned maximum turnover of or payments	utgoing				_	EUR	
Diameter 1 1 1	h deposits,		EUF				
Planned maximum volume of cas including ATM cash deposits				•			
			EUF				
including ATM cash deposits Planned maximum volume of cas withdrawals, including ATM cash	ncoming account nancial e provider					EUR	
including ATM cash deposits Planned maximum volume of cas withdrawals, including ATM cash withdrawals Planned maximum turnover of it payments on the safeguarding (please fill in if the Client is a fir institution or a gambling service that plans to open a safeguardiaccount)	ncoming account nancial e provider ing	nartna	EUR			EUR	
including ATM cash deposits Planned maximum volume of cas withdrawals, including ATM cash withdrawals Planned maximum turnover of in payments on the safeguarding (please fill in if the Client is a fir institution or a gambling service that plans to open a safeguard	ncoming account nancial e provider ing	s partners	EUR			EUR	
including ATM cash deposits Planned maximum volume of case withdrawals, including ATM cash withdrawals Planned maximum turnover of in payments on the safeguarding (please fill in if the Client is a fire institution or a gambling service that plans to open a safeguardiaccount)	ncoming account nancial e provider ing	tion (EUR		urpose	Country of the credit financial institution (if known)	
including ATM cash deposits Planned maximum volume of case withdrawals, including ATM cash withdrawals Planned maximum turnover of in payments on the safeguarding (please fill in if the Client is a fire institution or a gambling service that plans to open a safeguardiaccount) Information on payment purposes.	ncoming account nancial e provider ing ses, business	tion (EUF		urpose	Country of the credit	
including ATM cash deposits Planned maximum volume of case withdrawals, including ATM cash withdrawals Planned maximum turnover of in payments on the safeguarding (please fill in if the Client is a fire institution or a gambling service that plans to open a safeguardiaccount) Information on payment purposes.	ncoming account nancial e provider ing ses, business	tion (EUF		urpose	Country of the credit	

Approved on 14.09.2023 | Valid as of 21.09.2023 | T1/B2.1-3033/08 | Page 2 of 3



Smilšu iela 6, Rīga, LV-1050, Latvija Registration No. 40003551060 BluOr Bank AS SWIFT code: CBBRLV22 Phone: +371 67 031 333 E-mail: info@bluorbank.lv www.bluorbank.lv CONTINUATION 3.10. Outgoing payments: Country of the credit/ Registration **Country of** Name of the partner Payment purpose financial institution No. registration (if known) Names of partners are currently unknown (please specify why and the purpose of a planned payment) 4. Information about cooperation with the Bank 4.1. What Bank products/services do you plan to use? 4.1.1. Asset management 4.1.3. Repo transactions 4.1.5. E-Commerce 4.1.7. Safe deposit boxes 4.1.8. Payment cards 4.1.2. Brokerage services 4.1.4. Loans 4.1.6. POS terminals (Planned number of cards 4.2. How did you learn about our Bank? 4.2.5. Print media and publications 4.2.1. From a cooperation partner 4.2.3. Advertising on the internet 4.2.2. Advertising on radio, TV 4.2.4. Outdoor advertising (billboards, 4.2.6. Elsewhere advertising on buses, trams, etc.) (please specify) 5. Confirmation and consent The Current Account, as well as other accounts of the Client in the Bank and the services provided by the Bank, will not be used for transactions relating to illegal activity, funds obtained as a result of illegal and criminal activity, as well as execution of transactions and the activities on the Current Account and other accounts of the Client do not violate the sanctions/ restrictions established by the Republic of Latvia and/or international organisations, and do not violate transaction restrictions; I am informed that in accordance with the requirements of the laws and regulations of the Republic of Latvia, which regulate the information exchange process in accordance with FATCA and OECD CRS standards, the Bank shall process the data of the Client/ Client's BO and transfer it to the State Revenue Service of the Republic of Latvia; I have indicated all countries where BO is a tax resident; The information indicated in this Questionnaire and in the documents submitted to the Bank is complete and true, and I am aware that in case of providing false information, I shall be liable in accordance with the applicable laws and regulations. I undertake to inform the Bank immediately in writing of any changes to the information provided above; I am acquainted with the terms and definitions used in this Questionnaire and their explanations, which are available at https:// www.bluorbank.lv/en/definitions. 5.2. I agree that the Bank has the right to verify the veracity of the submitted information, as well as it has the right to request additional information and documents from the Client confirming the above information, including the documents and information about the Client (including the Client's transactions) and the Client's beneficial owners, and the Client undertakes to submit the requested documents and information upon the first request of the Bank. Client's representative¹ 6.1. Surname, name 6.2. Signature 6.3. Digipass key (S) 6.4. Place of signature dd/mm/yyyy (country, city) 6.5. Surname, name 6.7. Digipass key (S) 6.6. Signature 6.8. Place of signature (country, city) 1 Ignore this section if the document has been drafted in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or 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 an electronic signature in accordance with the General Terms of Business.

If the document has been signed electronically using the "Digipass key (S)", please fill out the following fields only: "Surname, name", "Digipass key (S)", "Date". FILLED IN BY THE BANK 7. Representative of the Bank¹ 7.1. Surname, name 7.2. Signature _ dd/mm/yyyy The section shall not be filled in if the document is prepared in accordance with the laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or 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 an electronic signature in accordance with the General Terms of Business.

Approved on 14.09.2023 | Valid as of 21.09.2023 | T1/B2.1-3033/08 | Page 3 of 3