

APPLICATION AND AUTHORISATION FOR PROVIDING AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION WITH DAY-TO-DAY BANKING SERVICES

FILL IN CAPITAL LETTERS!

1. Client information

1.1. Company name _____

1.2. Country of registration _____

1.3. Registration No. _____

Client contact information

1.4. Surname, name of the Client's representative _____ 1.5. Mobile phone No. _____

1.6. E-mail* _____

For communication with the Client, BluOr Bank AS (hereinafter – the Bank) will use the Client's contact information indicated in this Application and the address of the registered office and/or actual residence specified in the Questionnaire for an International Legal Entity or Legal Formation.

2. Information on Bank services (Account, Internet Bank, Payment Card)

2.1. I want to open a Current Account, including:

2.1.1. If the Client is a **financial institution** or a **gambling service provider** subject to the regulatory requirement to segregate customers' funds, please open:

2.1.1.1. A Current Account for conducting business activities

2.1.1.2. An account for segregating funds of the recipients of services (**safeguarding** account)

2.2. I want to restore a Current Account

2.3. Please connect the Internet Bank to the Client accounts:

Full mode

Viewing mode

Editing mode

Please also connect all subsequent Client accounts to the Internet Bank in the specified mode.

2.4. Authentication token information

2.4.1. Please issue a code calculator (Digipass)

2.4.2. Please connect the Blue KEY app on a smartphone

The Client's representative signing this Application confirms receipt of the selected Authentication Tool _____

Surname, name, personal number (if any)/date of birth

2.4.3. Please send the Blue KEY app activation data to (2.4.3.1 and 2.4.3.2 must be filled in):

2.4.3.1. Mobile phone No. _____ 2.4.3.2. E-mail _____

2.5. Password for Client authentication by phone

Voice password for receiving information about the status of any account of the Client, for blocking payment cards, as well as for performing transactions (*placing deposits, converting currencies, making transactions with financial instruments if a relevant service agreement has been concluded*) by phone (*please fill in Latin letters!*): (from 4 to 15 characters)

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2.6. Mastercard Business Payment Card (hereinafter — Card) information:

2.6.1. Cardholder name and surname
(Please use Latin letters)

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2.6.2. Company name on the card
(Please use Latin letters)

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2.6.3. The cardholder will be:

Authorised representative

Owner

Employee

Other _____

(Please specify the relationship to the Client)

2.6.4. Cardholder's personal number (if any)/date of birth, identity document No. and series: _____

2.6.5. Is the cardholder a U.S. person?

No

Yes (Please fill out the U.S. Taxpayer Identification Form)

2.6.6. I want to set a limit on ATM cash withdrawals:

Standard

Other (Please specify the amount): Daily _____

30 days _____

2.6.7. I want to set a limit on card purchases:

Standard Other (Please specify the amount): Daily _____ 30 days _____

2.7. Receipt of the payment card:

At the Bank By post (Actual address of the Client (Company)) Other (Please specify, e.g., the actual postal address of the cardholder) _____

If you choose to receive the card by post, please specify the phone number for the postal courier: _____

3. Client's representatives with signatory rights in the Bank:

| | | | |
|---|---|---|---|
| Surname, name of the Client's representative | | | |
| Personal number | | | |
| Date of birth | | | |
| Mobile phone No. | | | |
| E-mail | | | |
| No. and series of the personal identification document | | | |
| Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form) | No Yes | No Yes | No Yes |
| Is the Client's representative 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 |
| Relationship with the Client | Official Employee Other (commentary) | Official Employee Other (commentary) | Official Employee Other (commentary) |
| Type of signatory rights | Sole signature Joint signature Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name) | Sole signature Joint signature Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name) | Sole signature Joint signature Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name) |
| Scope of signatory rights (please fill in only if signatory rights are granted according to this Bank's power of attorney) | Full rights Only I-Bank Other (commentary) | Full rights Only I-Bank Other (commentary) | Full rights Only I-Bank Other (commentary) |
| Term of signatory rights (please fill in only if signatory rights are granted according to this Bank's power of attorney) | For a term of up to _____ dd/mm/yyyy Indefinite | For a term of up to _____ dd/mm/yyyy Indefinite | For a term of up to _____ dd/mm/yyyy Indefinite |

I hereby confirm and agree to authorise the aforementioned individuals to, in accordance with the specified type of signatory rights and on behalf of the Client, open and close accounts (including current accounts, securities accounts etc.), to freely, with no restrictions on volume, frequency or otherwise, manage funds and securities on the Client's accounts, including submission of payment orders to the Bank for transfer or withdrawal of funds, and to carry out other operations involving funds and securities held by the Client, as well as receive from the Bank information and documents regarding concluded agreements, transactions, liabilities, accounts, submit and fill out on behalf of the Client all kinds of/ necessary information and necessary documents. The Authorisation gives the right to perform all the actions that the Client has the right to perform in accordance with the agreements concluded between the Bank and the Client, and the General Terms of Business, including the right to specify users of the relevant Bank services as set forth in the agreements. I undertake to recognise the actions of the abovementioned persons as binding on myself.

This Authorisation shall not apply to credit products and safe deposit boxes.

This Authorisation has been issued without the right of substitution and shall be binding upon the Bank until the term specified, or until the Client revokes or amends it.

I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Client representatives' personal data to the Bank, and I certify that the Client representatives:

- 1) Are familiar with the content and extent of the Bank Authorisation and are aware of the nature and effects of the mandate;
- 2) Are informed that the Bank processes personal data in accordance with the Bank's Privacy Policy. Purpose of data processing: preparation of the Power of Attorney, carrying out client due diligence and ensuring compliance with international and national sanction requirements. Detailed information on the Privacy Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

4. Confirmation and consent

- 4.1. I confirm that before signing this Application I have read the Bank's Pricelist and General Terms of Business, terms and conditions of the Agreement on Account Opening and Maintenance, hereinafter referred to as the Terms and Conditions of the Agreement, the terms and conditions of the Credit Card Agreement (if the Client has selected to receive a card), Digipass Manual and/or Blue KEY Manual (if the Client has chosen such a service), understand them, agree with them, recognise them as binding and undertake to comply with them. I am informed that all the aforementioned documents approved by the Bank and amendments thereto are available on the Bank's website www.bluorbank.lv or at the Client Service Centre.
- 4.2. I confirm that by signing this Application, I want to use the services offered by the Bank in accordance with the Terms and Conditions of the Agreement (if the Client has selected to receive a card), the terms and conditions of the Credit Card Agreement, General Terms of Business, and the Pricelist.
- 4.3. I confirm that all the information provided in this Application is complete and true, and I am aware that in the 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.
- 4.4. I am aware that this Application, the Terms and Conditions of the Agreement, the terms and conditions of the Credit Card Agreement (if the Client has selected to receive a card), General Terms of Business and the Bank's Pricelist constitute the Agreement.
- 4.5. The Agreement between the Bank and the Client is deemed to be concluded when the Bank opens a Current Account for the Client.
- 4.6. I am informed that when applying for any of the Bank's services, the Bank processes personal data in accordance with the Bank's Privacy Policy. Data processing purpose: receipt of services from the Bank, client due diligence, compliance with international and national sanctions. Detailed information on the Privacy Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.
- 4.7. I consent that the funds in the Current Account will be used to settle the debt obligations of other clients of the Bank – legal entities having the same beneficial owner as the Client – to the Bank. The Bank is entitled to, without giving prior warning or obtaining consent from the Client, debit the Current Account for any amount, which is necessary to settle the debt obligations of other clients of the Bank – legal entities having the same beneficial owner as the Client – to the Bank in connection with any services provided by the Bank.
- 4.8. I consent to receive commercial notifications regarding the Bank's present and future services (including via e-mails, calls, and text messages). The purpose of data processing: receipt of commercial notifications. I am informed that I may revoke my consent at any time by submitting an application in a free form to the Bank by using the means specified in the Bank's policy on personal data processing. I am aware that revocation of my consent shall not affect the lawfulness of data processing, which occurred before the receipt of revocation.

I consent I do not consent

- 4.9. I confirm that I am acquainted with the terms and definitions used in this Application and their explanations, which are available at <https://www.bluorbank.lv/en/definitions>.
- * I agree that electronic mail (e-mail) may be used for exchanging information and documents. I confirm that I am aware of the risks associated with the use of e-mail and that the Bank has informed me about the possible risks, explained their consequences, and that the information is understandable to me.

5. Client's representative¹

- 5.1. Surname, name _____
- 5.2. Signature _____
- 5.3. Digipass key (S) _____
- 5.4. Place of signature _____
(country, city)
- Date _____
dd/mm/yyyy
- 5.5. Surname, name _____
- 5.6. Signature _____
- 5.7. Digipass key (S) _____
- 5.8. Place of signature _____
(country, city)
- Date _____
dd/mm/yyyy

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

6. Representative of the Bank¹

- 6.1. Internet Bank user name of the Client's representative

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- 6.2. No. of the code calculator (digipass) of the Client's representative

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- 6.3. Surname, name _____
- 6.4. Signature _____
- Date _____
dd/mm/yyyy

¹ 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.