

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

SWIFT code: CBBRLV22

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	gistration 1.3. Registration No				
Client contact information					
1.4. Surname, name of the Client's re	presentative		1	.5. Mobile phone No	
1.6. E-mail					
For communication with the Client, BluOr Bank A registered office and/or actual residence specific	•	•			on and the address of the
2. Information on Bank s	services (Acc	ount, Inte	net Bank	c, Payment Car	d)
2.1. I want to open a Current Ac	count, including:				
2.1.1. If the Client is a fi segregate customers'			ervice provid	der subject to the regula	atory requirement to
2.1.1.1. A Current A conducting busine				nt for segregating fund: guarding account)	s of the recipients
2.2. I want to restore a Current	Account				
2.3. Please connect the Interne	et Bank to the Clie	nt accounts:	Full mode	Viewing mode	Editing mode
Please also connect all subsequent Client	accounts to the Internet	Bank in the specified	mode.		
2.3.1. Name, surname of the specified in section 3 of the		Pr (one of the Client's	representatives v	vith the signatory right in the B	ank,
2.3.2. Preferred Internet Ba	nk user name of th	e Client's repres	entative (pleas	se use only Latin letters or num	bers without spaces):
2.4. Information regarding the	receipt of an auth	entication tool			
2.4.1. Please connect the	• • • • • • • • • • • • • • • • • • • •	•			
	nd the Blue KEY ap	•			
Mobile phone No	·	E-n	nail		
2.4.2. Please issue a co	ode calculator (Digi	pass)			
2.5. Password for Client auther Voice password for receiving in as for performing transactions (relevant service agreement has (from 4 to 15 characters)	formation about the placing deposits, o	e status of any a converting curre	ncies, making	transactions with finar	yment cards, as well ocial instruments if a
2.C. Mantauand Business Baum	+ O (stan Oand) in			
2.6. Mastercard Business Payn * Fill in the section if the card is issued to the Internet				red via the Internet Bank after act	ivating the Current Account.
2.6.1. Cardholder name (Please use Latin letters					
2.6.2. Client's name on (Please use Latin letter					
2.6.3. I want to set a lin					
Standard	Other (Please spe	cify the amount):	Daily	30 days _	
2.6.4. I want to set a lim	it on card purchas	es:			
Standard	Other (Please spe	ecify the amount):	Daily	30 days	



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CONTINUATION

2.7. Receipt of the payment card and/or code calculator:

2.7.1. Code calculator:

At the Bank

By post (Latvijas Pasts, no tracking option for shipment, only in EU countries) Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)

If delivery by post or courier delivery is selected, please fill in:

Actual address of the Client (Merchant)

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive code calculator by courier delivery, please specify the recipient's first and last name and phone number for the courier:

2.7.2. Card:

Same address as the code calculator delivery address

At the Bank

By post (Latvijas Pasts, no tracking option for shipment, only in EU countries) Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)

If delivery by post or courier delivery is selected, please fill in:

Actual address of the Client (Merchant)

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive the card by courier delivery, please specify the recipient's first and last name and phone number for the 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	No PEP family member	No PEP family member				
	Yes Close associate of a PEP	Yes Close associate of a PEP	Yes Close associate of a PEP				
	Official	Official	Official				
	Employee	Employee	Employee				
Relationship with the Client	Other	Other	Other				
	(commentary)	(commentary)	(commentary)				
Type of signatory rights	Sole signature	Sole signature	Sole signature				
	Joint signature	Joint 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	Full rights	Full rights				
	Only I-Bank	Only I-Bank	Only I-Bank				
	Other	Other	Other				
	(commentary)	(commentary)	(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	For a term of up to	For a term of up to				
	dd/mm/yyyy	dd/mm/yyyy	dd/mm/yyyy				
	Indefinite	Indefinite	Indefinite				

T1/B2.1 - 754/27



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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 representative's 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. More information about the Bank's Privacy Policy is available here: https://www.bluorbank.lv/en/information-on-processing-of-personal-data.

4. Confirmation and consent

- 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), Code Calculator (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.
- 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, the terms and conditions of the Credit Card Agreement (if the Client has selected to receive a card), General Terms of Business, and the Pricelist.
- 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.
- 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.
- The Agreement between the Bank and the Client is deemed to be concluded when the Bank opens a Current Account for the Client.
- I am informed that when applying for any of the Bank's services, each time the Bank will process personal data for the provision of Bank services, conducting client due diligence, ensuring 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.
- 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.
- I confirm that I have been presented with basic information on the protection of state-guaranteed deposits, including the amount and currency of the guaranteed compensation, the procedure and time of payment of the guaranteed compensation, the possibility of netting of claims obligations, as well as the contact details of the managing authority of the Deposit Guarantee Fund (Latvijas Banka). I am informed that more detailed information about the deposit guarantee can be found at https://www.bluorbank.lv/en/compliance.
- I do not agree

to receive commercial notifications regarding the Bank's present and future services (including via e-mails, calls, and text messages). 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 Privacy Policy. I am aware that revocation of my consent shall not affect the lawfulness of data processing, which occurred before the receipt of revocation.

- 4.10. 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.
- 4.11. In case of choosing to receive the code calculator (Digipass) and/or Card by post or by courier delivery, I confirm that I am aware of and accept all the risks associated with sending/handing over the code calculator (Digipass) and/or Card, including the risks related to the safety and delivery time of postal items and courier delivery. I am aware that the Bank shall not be liable for the loss or other expenses of the Client or third parties, which may arise due to the delay in issuing the Digipass and/or Card, its loss, damage or misuse, including disclosure of confidential information or other circumstances beyond the control of the Bank.
 - * 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) dd/mm/yyyy 5.5. Surname, name 5.6. Signature 5.7. Digipass key (S) 5.8. 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

6. Representative of the Bank ¹						
6.1. Surname, name	6.2. Signature _					
	Date	LS				

¹ The section **shall not be filled** in if (1) 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 (2) 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.