BluOr Bank AS | Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | SWIFT code: CBBRLV22
Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

PAYMENT CARD INFORMATION CHANGE APPLICATION

FILL IN USING BLOCK CAPITALS!

1. Client Information

Client _____
(For individuals – surname, name; for legal entities – company name and Cardholder's name)

Payment Card Account No. (IBAN) L V _ _ C B B R _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Payment Card, hereinafter – the Card, No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

2. Requested Changes (please specify as applicable)

☐ **Close the Card**

☐ **Block the Card due to:** ☐ Theft ☐ Loss ☐ Other _____ (Please specify)

☐ **Unblock the Card** ☐ **Issue a new Card and new PIN code**

☐ **Change daily limit:**
- ☐ For purchases _____
- ☐ For cash withdrawal _____

☐ **Change monthly limit:**
- ☐ For purchases _____
- ☐ For cash withdrawal _____

3. Confirmation and consent

3.1. If travel insurance is applied for, I agree that the Bank reserves and/or charges the fee for a travel insurance policy from any account open for me at the Bank. I am informed that I can read travel insurance conditions at the Bank's website www.bluorbank.lv or at the Customer Service Centre.

3.2. I am informed that the Bank processes personal data of individuals in accordance with the applicable data protection laws of the Republic of Latvia and the European Union, the General Terms of Business and the Bank's Personal Data Processing Policy. Purpose of data processing: Change of Card information. Detailed information on the Bank's Personal Data Processing Policy is available on the Bank's website: www.bluorbank.lv/en/information-on-processing-of-personal-data.

4. Client, Card user

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

4.2. Signature (or Digipass key (S))* _____

4.3. Surname, name of the Cardholder _____

4.4. Signature (or Digipass key (S))* _____

Date* _____ (dd/mm/yyyy) L.S.

* Document properties "Date of Signing" and "Signature" are not to be filled-in if an electronic document is prepared and signed in accordance with laws and regulations on drawing up of electronic documents and delivered to the Bank by using electronic means of communication, except if the document has been signed with an electronic signature (Digipass key (S)).

5. Representative of the Bank

FILLED-IN BY THE BANK

5.1. Name, surname _____

5.2. Signature _____

Date _____ (dd/mm/yyyy)