

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

FILL IN CAPITAL LETTERS!

Dear Client,

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, confidentiality and non-disclosure of your data.

1. Client information

- 1.1. Company Name _____ 1.2. Registration No. _____
- 1.3. Registered address _____
 (Address – street, building and office number, city, postal code, country)
- 1.4. Actual address _____
 (if different from registered office) (Address – street, building and office number, city, postal code, country)
- 1.5. Corporate website address _____

2. Beneficial owner (BO) information

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 one of the 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 <i>otherwise (please specify)</i>	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 <i>otherwise (please specify)</i>	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 <i>otherwise (please specify)</i>
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 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

3.10. Outgoing payments:

Name of the partner	Registration No.	Country of registration	Payment purpose	Country of the credit/ financial institution (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 |
| 4.1.2. Brokerage services | 4.1.4. Loans | 4.1.6. POS terminals | 4.1.8. Payment cards
(Planned number of cards _____) |

4.2. How did you learn about our Bank?

- | | | |
|-----------------------------------|--|--|
| 4.2.1. From a cooperation partner | 4.2.3. Advertising on the internet | 4.2.5. Print media and publications |
| 4.2.2. Advertising on radio, TV | 4.2.4. Outdoor advertising (billboards, advertising on buses, trams, etc.) | 4.2.6. Elsewhere
(please specify) _____ |

5. Confirmation and consent

5.1. I confirm that:

- 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.

6. Client's representative¹

- 6.1. Surname, name _____
- 6.2. Signature _____
- 6.3. Digipass key (S) _____
- 6.4. Place of signature _____
 (country, city)
- Date _____
 dd/mm/yyyy
- 6.5. Surname, name _____
- 6.6. Signature _____
- 6.7. Digipass key (S) _____
- 6.8. 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

7. Representative of the Bank¹

- 7.1. Surname, name _____
- 7.2. 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.