

5. Additional services

5.1. I hereby authorise the Bank to replenish the balance of the Card Account using funds from the aforementioned Current Account, each business day of the Bank, up to the following amount:

(Amount in digits and in words)

6. Receiving the Card and Priority Pass

At the Bank

By post (if Client identification is carried out)

(Correspondence address)

7. Cardholder information

FILL, IF THE CARDHOLDER IS OTHER THAN THE PERSON REFERRED TO IN PARAGRAPH 1.1 (CLIENT)

7.1. Name, surname _____ 7.2. Identity number / Date of Birth _____

7.3. Series and No. of identity document _____

7.4. Relationship between the Client and the Cardholder _____
(please comment)

7.5. Correspondence address _____
(Postal address — street, house, apartment/office, city, postcode, country)

7.6. Voice password for identification over the phone _____
(receiving the information on an additional Card, locking of an additional Card)

8. Confirmation and consent

By signing this Application with my signature, I confirm that:

- All the information provided is complete and true, and I am aware of the liability in case of providing false information in accordance with applicable laws and regulations.
- I wish to open the Card Account and use the Card offered by the Bank in accordance with the terms and conditions of the Agreement on Opening and Maintenance of a Current Account, Credit Card Agreement, and General Terms of Business that I have read and undertake to comply with them. I confirm that, prior to signing the Application, I have read the Bank's Pricelist and, if such service is selected, the authentication tool manual, I accept the mentioned documents as binding, undertake to follow them, and assume full responsibility for transactions carried out by the Cardholder.
- I am informed that all the above documents approved by the Bank and amendments thereto together constitute an Agreement and are available on the Bank's website www.bluorbank.lv or at the Client Service Centre. The Agreement between the Bank and the Client shall be deemed to be concluded when the Bank opens a Current Account for the Client.
- I have received the Authentication Tool selected in this Application and I am informed that the Bank will use the information specified by the Client in paragraphs 4.3.3 and 4.3.4 of this Application to send the Blue KEY authentication initialisation password, send access data to the Blue KEY activation website (if such service is selected) and information on Card transactions.
- I am informed about the existence of a legal basis for data processing to transfer the data of the third parties indicated in the Application to the Bank, and that the specified third parties and the Client are informed that the Bank processes personal data in accordance with the Privacy Policy. The purpose of data processing: opening and servicing the card; assessment of creditworthiness and conclusion of a credit risk-related service agreement, if a service associated with a credit risk is selected. More detailed information about the Bank's Privacy Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

Fill in if the Card credit limit is requested:

I am informed that the Bank has the right to submit and receive information from the Credit Register of the Bank of Latvia pursuant to the procedure provided for in the applicable legislation. I am aware that the Bank will provide information on violations of credit obligations to the Credit Register of the Bank of Latvia.

I am informed that the Bank, on the basis of mutually concluded agreements, is entitled to request and receive through AS „Kredītinformācijas Birojs”, reg. No. 40103673493, or other licensed credit information bureaus, information from the state information systems (SRS, SSIA) about the Client's income, paid pension, allowance and remuneration, as well as to provide, request and receive from AS „Kredītinformācijas Birojs” or other licensed credit information bureaus, information about the Client, their credit obligations and violations.

I agree, upon the Bank's request, to submit a statement prepared by the State Social Insurance Agency (SSIA) and/or the State Revenue Service (SRS) regarding my income, pension, allowance and remuneration paid, or to submit a statement prepared by the tax administration of another state, equivalent in content, if the income is received in another state.

9. Client

9.1. Surname, name of the Client _____ 9.2. Signature _____
(or Digipass key (S))* _____
Date* _____
dd/mm/yyyy

* 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)).

10. Representative of the Bank

FILLED-IN BY THE BANK

10.1. Position, name, surname _____ 10.2. Signature _____
Date _____
dd/mm/yyyy