

QUESTIONNAIRE FOR A DOMESTIC INDIVIDUAL

FILL IN USING BLOCK CAPITALS!

Dear Client, to ensure compliance with international standards and regulations for credit institutions, please provide the required information below. BluOr Bank AS, hereinafter referred to as the Bank, adheres to regulatory requirements, observes confidentiality, and safeguards Your data.

1. Client information

1.1. Surname _____ 1.2. Name _____ 1.3. Identity code _____

1.4. Date of birth _____
dd/mm/yyyy

1.5. Country of birth _____

1.6. Declared place of residence: Street _____ Building No./name _____ Flat _____
 City/Municipality _____ Postal code _____ Country _____

1.7. Actual residence:
(if different from declared) Street _____ Building No./name _____ Flat _____
 City/Municipality _____ Postal code _____ Country _____

1.8. Are you a tax resident in the Republic of Latvia? Yes No

1.9. Are you a tax resident in other countries? No Yes *(Please specify below)*
 Tax residence country code , taxpayer No. _____
 Tax residence country code , taxpayer No. _____

1.10. Are you a U.S. person? No Yes *(please fill out the U.S. taxpayer identification form)*

1.11. Do you qualify as a Politically exposed person (PEP), or a PEP family member, or a PEP close associate?
 No Yes, PEP PEP family member Close associate of a PEP

2. Information on the Client's activity and planned transactions on the account

2.1. Occupation

Salaried staff at _____
(Company name, job title)

Entrepreneur _____
(Company name, registration No.)

Self-employed person _____
(Activity type, registration No.)

Student Unemployed Retiree Other _____
(Please specify)

2.2. Average monthly income, EUR _____

2.3. Information on account income

Salary Loans Inheritance Pension and/or welfare Scholarship
 Dividends/
 interest _____
(Please specify relevant business/source) Income from leasing
 personal property _____
(Please specify the property type and location)

Income from movable property/
 real estate transactions, sale of assets _____
(Please specify the type of transaction)

Other _____
(Please specify)

2.4. Incoming funds are expected from:

Latvia The European Union and/or Iceland, Liechtenstein, Norway, Switzerland Other countries
(Please specify) _____

2.5. Information about outgoing payments from your account

Household and/or personal needs Loan repayment Issue of loans Other
(Please specify) _____

2.6. MONTHLY account turnover

Total number of payments in your account (incoming and outgoing):

(Must check one box only)

Up to 20 payments

20-50 payments

More than 50 payments

_____ (specify approximate number)

Are you planning transfers of financial instruments?

No

Yes

_____ (please specify value (EUR))

| Client accounts' turnover | Up to EUR 5,000.00 | From EUR 5,000.01 to EUR 15,000.00 | From EUR 15,000.01 to EUR 50,000.00 | EUR 50,000.01 and more (specify sum) |
|---|--------------------|------------------------------------|-------------------------------------|--------------------------------------|
| Planned maximum total volume of the incoming payments and maximum volume of a single incoming transaction | | | | _____ EUR |
| Planned maximum total volume of the outgoing payments and maximum volume of a single outgoing transaction | | | | _____ EUR |
| Planned maximum volume of cash deposits, including ATM cash deposits | _____ EUR | | | |
| Planned maximum volume of cash withdrawals, including ATM cash withdrawals | _____ EUR | | | |

3. Confirmation

3.1. I hereby confirm my acquaintance with the definitions and clarifications provided. Detailed information is available at – <https://www.bluorbank.lv/en/definitions>.

3.2. I confirm that the information provided in this questionnaire is complete and true and I am responsible under the applicable law in the event of any false information.

3.3. I undertake to inform the Bank immediately of any changes in the information provided in this questionnaire.

4. Client¹

4.1. Surname, name of the Client _____

4.2. Signature _____

4.3. Digipass key (S) _____

4.4. Place of signature _____
(country, city)

Date _____
dd/mm/yyyy

¹ Ignore this section if the document has been drafted and signed in accordance with the applicable legislation for formatting electronic documents (using a secure electronic signature).

or if 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 a digital signature in accordance with the General Terms of Business.

If the document has been signed electronically using "Digipass key (S)", please fill out the following fields only: "Surname, name", "Digipass key (S)", "Date".

5. Representative of the Bank

5.1. Surname, name _____

5.2. Signature _____

Date _____
dd/mm/yyyy