

CLIENT NO.:
 (Filled in by the Bank)

Original
 (completed upon opening
 an account)

Changes the current one
 (upon signing a new Power of Attorney and
 the stamp specimen, the previous Power of
 Attorney shall expire)

Supplements the current one
 (the signature rights indicated in the supplemented Power of
 Attorney and stamp specimen shall be viewed in conjunction
 with the original Power of Attorney and stamp specimen)

POWER OF ATTORNEY OF A LEGAL ENTITY, LIST OF REPRESENTATIVES WITH THE RIGHT TO SIGN

1. Client information

1.1. Company name _____ 1.2. Registration No. _____

2. Client's representatives with signatory rights:

Surname, name			
Personal identification number			
Date of birth			
No. and series of the personal identification document			
Mobile phone No. (mandatory if the Power of Attorney is completed in the Internet Bank)			
E-mail address (mandatory if the Power of Attorney is completed in the Internet Bank)			
Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
Is the Client's representative 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
Relationship with the Client	Official Employee Other _____ (commentary)	Official Employee Other _____ (commentary)	Official Employee Other _____ (commentary)
Type of signatory rights	Sole signature Joint signature	Sole signature Joint signature	Sole signature Joint signature
	Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name)		
Scope of signature rights (to be filled-in only in the event of establishment Bank authorisation)	Full rights Only I-Bank Other _____ (commentary)	Full rights Only I-Bank Other _____ (commentary)	Full rights Only I-Bank Other _____ (commentary)
Representation period (to be filled-in only in the event of establishment Bank authorisation)	for a term of up to _____ dd/mm/yyyy Indefinite	for a term of up to _____ dd/mm/yyyy Indefinite	for a term of up to _____ dd/mm/yyyy Indefinite

CONTINUATION

Receipt of Digipass (to be completed if the client's representative is changed and the new representative has been assigned an existing Digipass device)	Digipass No. <input type="text"/> Receiving Date <input type="text"/> dd/mm/yyyy Full mode Editing mode Viewing mode	Digipass No. <input type="text"/> Receiving Date <input type="text"/> dd/mm/yyyy Full mode Editing mode Viewing mode	Digipass No. <input type="text"/> Receiving Date <input type="text"/> dd/mm/yyyy Full mode Editing mode Viewing mode
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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 orders to the Bank for transfer or withdrawal of funds, and to carry out other operations involving funds and securities held by the Client. The Authorisation gives the right to perform all the actions that the Client has the right to perform in accordance with the concluded agreement and the General Terms of Business, including the right to specify users of the relevant Bank services as set forth in the agreements. 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.

- 3. I hereby confirm that all the information provided in this document is complete and correct.**
 (I undertake to immediately inform the Bank in writing about any changes in the above information provided)
- 4. I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Client representatives' personal data to the Bank, and I certify that the Client representatives specified in Part II:**
- Are familiar with the content and extent of the Bank Authorisation and are aware of the nature and effects of the mandate;
 - Are informed that the Bank processes personal data in accordance with the Bank's Personal Data Processing 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 Personal Data Processing Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.
- 5. I hereby confirm my acquaintance with the definitions and clarifications provided.** Detailed information is available at – <https://www.bluorbank.lv/en/definitions>.

6. Client¹

6.1. Surname, name (Client's representative) _____

6.2. Signature _____

6.3. Digipass key (S) _____

6.4. Place of signature _____ Date _____
 (country, city) dd/mm/yyyy

6.5. Surname, name (Client's representative) _____

6.6. Signature _____

6.7. Digipass key (S) _____

6.8. Place of signature _____ Date _____ L.S.
 (country, city) 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). If the document has been signed electronically using "Digipass key (S)", please **fill out** the following fields only: "Surname, name (Client's representative)", "Digipass key (S)", "Date".

7. Representative of the Bank

7.1. Surname, name _____

7.2. Signature _____

Date _____ L.S.
 dd/mm/yyyy

8. Filled in by the Bank

(TO BE SPECIFIED IF THE DOCUMENT WILL BE SIGNED AND SUBMITTED TO THE BANK VIA ELECTRONIC MEANS OF COMMUNICATION)

8.1. Client _____ 8.2. Special remark _____
 (Surname, name)

8.3. Surname, name _____ 8.4. Position _____

8.5. Signature _____ Date _____ L.S.
 dd/mm/yyyy