

CLIENT NO.:
 (Filled in by the Bank)

**Questionnaire for a legal entity or legal formation registered in the Republic of Latvia
 Annex No. 1**

BENEFICIAL OWNER QUESTIONNAIRE

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Company Name _____ 1.2. Registration No. _____

2. Declaration of the Client's beneficial owners (BO)

2.1. Surname, name			
2.2. Personal identification 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:			
- 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 otherwise (please specify)	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 otherwise (please specify)	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 otherwise (please specify)
2.6. Citizenship			
2.7. Tax residence country (if not Republic of Latvia)			
2.8. Tax payer registration number (if not Republic of Latvia)			
2.9. Permanent residence (address — street name, building, apartment number, city, state, postal code)			
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

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

3. Client¹

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

3.2. Signature _____ 3.3. Digipass key (S) _____

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

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

3.6. Signature _____ 3.7. Digipass key (S) _____

3.8. 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**).

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 (Client's representative)", "Digipass key (S)", "Date".

4. Representative of the Bank

FILLED IN BY THE BANK

4.1. Surname, name _____ 4.2. Signature _____

Date _____ L.S.
dd/mm/yyyy