

APPLICATION AND AUTHORISATION FOR PROVIDING A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH DAY-TO-DAY BANKING SERVICES

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Company Name _____ 1.2. Registration No. _____

Client contact information

1.3. Mobile phone No. _____ 1.4. E-mail* _____

For communication with the Client, BluOr Bank AS (hereinafter – the Bank) will use the Client's contact information indicated in this Application and the address of the registered office and/or actual residence indicated in the Questionnaire for a Domestic Legal Entity or Legal Formation with Complex Structure.

2. Internet Bank connection and payment card information

2.1. Please connect the Internet Bank to the Client accounts: Full mode Viewing mode Editing mode

Please also connect all subsequent Client accounts to the Internet Bank in the specified mode.

2.2. Authentication token information 2.2.1. Please issue a new Digipass token 2.2.2. Please connect: Blue KEY

The Client's representative signing this Application confirms receipt of the selected Authentication Tool _____
(Surname, name, identity code (if applicable)/date of birth)

Please send access data for the Blue KEY activation website to:

Mobile phone No. _____ E-mail _____

2.3. Password for Client authentication by phone

Voice password for receiving information about the status of any account of the Client, for blocking payment cards, as well as for performing transactions (*placing deposits, converting currencies, making transactions with financial instruments if a relevant service agreement has been concluded*) by phone (*please fill in Latin letters!*):
(from 4 to 15 characters)

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2.4. Mastercard Business Payment Card (hereinafter — Card) information:

2.4.1. Cardholder name and surname _____
(Please use Latin letters)

2.4.2. Company name on the card _____
(Please use Latin letters)

2.4.3. The cardholder will be: Authorised representative Owner Employee Other _____
(Please specify the relationship to the Client)

2.4.4. Cardholder's identity code (if applicable)/date of birth, identity document No.:

2.4.5. Is the cardholder a U.S. person? No Yes (Please fill out the U.S. Taxpayer Identification Form)

2.4.6. I want to set a limit on ATM cash withdrawals:
Standard Other (Please specify the amount): Daily _____ 30 days _____

2.4.7. I want to set a limit on card purchases:
Standard Other (Please specify the amount): Daily _____ 30 days _____

2.5. Receipt of the payment Card:
At the Bank By post (Actual address) Other (Please specify) _____

3. Client's representatives with signatory rights:

Surname, name of the Client's representative			
Personal identification number			
Date of birth			
Mobile phone No.			
E-mail			
No. and series of the personal identification document			
Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	No Yes	No Yes	No Yes
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 Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name)	Sole signature Joint signature Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name)	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 authorization)	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

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 payment 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.

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:

- 1) Are familiar with the content and extent of the Bank Authorisation and are aware of the nature and effects of the mandate;
- 2) Are informed that the Bank processes personal data in accordance with the Bank's Privacy 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 Privacy Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

4. Acknowledgements and confirmation

4.1. I want to open a Current Account, including:

4.1.1. (If the Client is a **financial institution** subject to the regulatory requirement of separate custody of the funds of a financial institution) open a Current Account (Current Accounts):

4.1.1.1. For conducting business activities

4.1.1.2. For holding the funds of users of the Client's services

4.2. I want to restore a Current Account

4.3. By signing this Application, I confirm my wish to use the services offered by the Bank in accordance with terms and conditions of the Agreement on Account opening and maintenance, hereinafter referred to as the Terms and Conditions of the Agreement, provisions of the Payment Card Agreement (if the Client has selected to receive a Card), and the Bank's General Terms of Business, I am acquainted with these documents and undertake to observe them. I confirm that, prior to signing the Application, I have become acquainted with the Bank's Pricelist and, if such service has been selected, the Digipass Manual and/or Blue KEY Manual, I acknowledge as binding and undertake to observe it.

4.4. I confirm that all the information provided in this application is complete and true (I undertake to inform the Bank immediately in writing of any changes to the information provided above).

4.5. I am aware that this Application, the Terms and Conditions of the Agreement, and, if the Client has selected to receive a card, then also provisions of the Credit Card Agreement, constitute the Agreement.

4.6. The Agreement between the Bank and the Client is deemed to be concluded when the Bank opens a Current Account for the Client.

4.7. I am informed that when applying for any of the Bank's services, the Bank processes personal data in accordance with the Bank's Privacy Policy. Data processing purpose: receipt of services from the Bank, client due diligence, compliance with international and national sanctions. Detailed information on the Bank's Privacy Policy is available in the Bank's website - <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

I consent 4.8. I consent to receive commercial notifications regarding the Bank's present and future services (including via e-mail, phone or mobile text messages). The purpose of data processing: receipt of commercial notifications. I am informed that I may revoke my consent at any time by submitting an application in a free form to the Bank by using the means specified in the Bank's Privacy Policy. I am aware that revocation of my consent shall not affect the lawfulness of data processing, which occurred before the receipt of revocation.

I do not consent

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

* The Client and the Bank hereby agree that electronic mail (e-mail) may be used for exchanging information and documents. The Client represents that they understand the risks inherent to use of e-mail, that the Bank has informed them about potential risks and explained their consequences, and that the aforementioned information is understood by the Client.

5. Client¹

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

5.2. Signature _____

5.3. Digipass key (S) _____

5.4. Place of signature _____
(country, city)

Date _____
dd/mm/yyyy

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

5.6. Signature _____

5.7. Digipass key (S) _____

5.8. Place of signature _____
(country, city)

Date _____ L.S.
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".

6. Representative of the Bank

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6.1. Internet Bank user name of the Client's representative

6.2. Digipass token No. of the Client's representative

6.3. Surname, name _____

6.4. Signature _____

Date _____ L.S.
dd/mm/yyyy