

CLIENT NO.:        
 (Filled in by the Bank)

## QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH COMPLEX STRUCTURE

FILL IN USING BLOCK CAPITALS!

Dear Client,

In order 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. Company Name \_\_\_\_\_ 1.2. Registration No. \_\_\_\_\_
- 1.3. Registered office \_\_\_\_\_  
 (Address – street, building and office number, city, postal code, country)
- 1.4. Actual residence \_\_\_\_\_  
 (if different from registered office) (Address – street, building and office number, city, postal code, country)
- 1.5. Corporate website address \_\_\_\_\_

### 2. Beneficial owner information (BO)

<b>2.1. Name, surname</b>			
<b>2.2. Relation to the Client:</b>			
- 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)
2.3. Personal identification number			
2.4. Date of birth			
2.5. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
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

### 3. Business profile

3.1. Information about the Client's business activity. Please describe what business activity will be involved in account transactions:

IF THE CLIENT HAS DECLARED THE ACTIVITY TYPE CORRESPONDING TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

3.2. Does the Client's business activity requires special license/permits?  No  Yes, copies of relevant licenses and/or special permits attached to the application

3.3. Is the Client a Passive Non-financial Entity? (i.e. more than 50% of the Client's income is passive income – dividends, investment margin, coupon income, interest income, royalties etc. More information is available on the Bank's website)  No  Yes

3.4. Business activity (in years):  Less than 1  1 - 3  3 - 5  Over 5

3.5. Number of employees in the company:  Less than 10  10 - 50  50 - 250  Over 250

3.6. Annual turnover of the company (M EUR):  Less than 0.1  0.1–0.5  0.5–2  2–10  10–25  Over 25

3.7. Balance sheet assets of the company (M EUR):  Less than 0.1  0.1–0.5  0.5–2  2–10  10–25  Over 25

3.8. Do you hold accounts with other credit or financial institutions?

No

Yes \_\_\_\_\_

(Please specify the names of the credit or financial institutions)

3.9. Banking services used so far:

Asset management, brokerage services, Repo transactions \_\_\_\_\_

(Please, specify the names of credit institutions)

Crediting \_\_\_\_\_

(Please, specify the names of credit institutions)

E-Commerce, POS terminals \_\_\_\_\_

(Please, specify the names of credit institutions)

Safe deposit boxes \_\_\_\_\_

(Please, specify the names of credit institutions)

#### 3.10. MONTHLY Account turnover:

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

(Must check one box only)

Up to 50 payments

50–100 payments

More than 100 payments \_\_\_\_\_

(specify approximate number)

Client accounts' turnover	Up to EUR 15,000.00	From EUR 15,000.01 to EUR 50,000.00	From EUR 50,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify sum)
Planned maximum total volume of the incoming payments				_____ EUR
Planned maximum total volume of the outgoing payments				_____ EUR
Planned maximum volume of cash deposits, including ATM cash deposits	_____ EUR			
Planned maximum volume of cash withdrawals, including ATM cash withdrawals	_____ EUR			
Planned maximum total volume of the incoming payments on the separate <b>clients' funds</b> account and maximum amount of a single incoming transaction (please fill if the Client is a financial institution)				_____ EUR

## Information on payment purposes, business partners

### 3.11. Incoming payments:

Name of the partner	Registration No.	Country of registration	Payment purpose	Country of the servicing credit institution (if known)

Names of partners are currently unknown (please specify why and the purpose of a planned payment) \_\_\_\_\_

### 3.12. Outgoing payments:

Name of the partner	Registration No.	Country of registration	Payment purpose	Country of the servicing credit institution (if known)

Names of partners are currently unknown (please specify why and the purpose of a planned payment) \_\_\_\_\_

## 4. Information about cooperation with the Bank

### 4.1. What Bank products/services are you planning to use?

- |                           |                          |                      |  |
|---------------------------|--------------------------|----------------------|--|
| 4.1.1. Asset management   | 4.1.3. Repo transactions | 4.1.5. E-Commerce    | 4.1.7. Safe deposit boxes                                |
| 4.1.2. Brokerage services | 4.1.4. Loans             | 4.1.6. POS terminals | 4.1.8. Payment cards<br>(Planned number of cards: _____) |

## 5. Confirmation

5.1. I confirm that the Current Account will not be used for transactions related to criminal activity or assets, violating sanctions/restrictions set by international organisations or individual countries, or transactions related to circumvention of transaction restrictions.

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

## 6. Client<sup>1</sup>

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

<sup>1</sup> 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".

## 7. Representative of the Bank

FILLED IN BY THE BANK

7.1. Surname, name \_\_\_\_\_ 7.2. Signature \_\_\_\_\_

Date \_\_\_\_\_ L.S.  
 dd/mm/yyyy