

CLIENT NO.:
 (Filled in by the Bank)

Original

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

POWER OF ATTORNEY FOR CARRYING OUT OPERATIONS WITH FINANCIAL INSTRUMENTS

1. Client information

1.1. Client _____
 (for natural persons — name, surname, personal identity number or date of birth; for legal persons — name of merchant and registration No.)

1.2. Client Representative – for legal persons _____,
 (name, surname, personal identity number or date of birth, personal identification document No.)

hereinafter referred to as — **The Assignor**,
hereby authorises:

Surname, name	_____, hereinafter referred to as the Assignee			
Personal identification number	_____			
Date of birth	_____			
No. and series of the personal identification document	_____			
Mobile phone No.	_____			
E-mail	_____			
Is the Assignee a U.S. Person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes	No		
Is the Assignee a politically exposed person (PEP)?	No	Yes	PEP family member	Close associate of a PEP
Password for identifying the Client by phone <i>(to be filled in with Latin letters)</i>	_____			

The extent of the assignment specified in this Power of Attorney refers to the following **Financial Instruments (FIs)** accounts:

account No

account No

account No

OR

all of the Assignor's FI accounts (including those opened at a later date)

Extent of the assignment:

Buy, sell, swap and carry out other trading transactions in financial instruments; carry out Repo/Reverse Repo and financing transactions; participate in corporate events; perform currency conversion.

Validity term of the Power of Attorney: termless until / /
 (dd/mm/yyyy)

The Power of Attorney has been issued without the right of substitution.

This Power of Attorney shall be binding on BluOr Bank AS, hereinafter — the Bank, by the specified deadline or until the Bank receives its withdrawal.

1. I confirm that the information provided in this document is comprehensive and true.

(I undertake to immediately notify the Bank about any changes to the information specified herein)

2. I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Assignee's personal data to the Bank, and I certify that the Assignee:

- 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 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>.

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

2. Assignor¹

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

2.2. Signature _____ 2.3. Digipass key (S) _____

2.4. Place of signature _____ Date _____
(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".

Representative of the Bank

Surname, name _____ Signature _____
Date _____
dd/mm/yyyy

Filled in by the Bank

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

Client _____ Special remarks _____
(Name, Surname)

Surname, name _____ Position _____
Signature _____ Date _____ L.S.
dd/mm/yyyy