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Safe Deposit Box Use Agreement Annex No. 2

FILL IN USING BLOCK CAPITALS!
Riga,
d d m m y y y y
<u>Client information</u>
Client (name, surname)
Client No. Personal identification No./Registration No. (Country)
VAT registration No. (If applicable)
Account No. L V C B B R .
Information of the Safe Deposit Box
A new Safe Deposit Box Extension of the term of an existing Safe Deposit Box
Safe Deposit Box No.
Type and internal dimensions of the Safe Deposit Box (mm) S 50 x 480 x 310 M 75 x 480 x 310 L 300 x 480 x 310
Duration of the Agreement 12 months 24 months
The fee for the use of the Safe Deposit Box shall be charged according to the current price list (for the entire period of use).
The Key of the Client's Safe Deposit Box is kept:
With the Bank With the Client
An invoice required issued by the Bank for the payment of the Service fee:
No
Yes, please send the invoice to the e-mail address:
Signatures of Parties
CLIENT BANK
(Signature of the Client/Client's representative) (Signature of the Bank's representative)
/ /
Digipass key (Signature) (Signature)
(Fill in if this document will be signed and delivered to the Bank by using electronic means of communication)