

BluOr Bank AS | Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | SWIFT code: CBBRLV22 Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

MERCHANT QUESTIONNAIRE

FILL IN USING BLOCK CAPITALS!

1. Basic information

2. Services requested from the Bank 2.1. Acceptance of payment cards VISA 2.2. E-commerce (check all that apply) Cyclical (regular) payments 3D secure/ Verified by Visa Yes

Input of card data 2.3. POS Terminals 2.4. BankPay – payment initiation service

MOTO (Mail order/Telephone order) transactions

 VISA
 Mastercard

 Yes
 No

 Yes
 Yes

 Yes
 Yes

 Yes
 Yes

 Yes
 Yes

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*Payment Initiation Service Provider *Account Information Service Provider

3. Information on company products and services

31	Brief	descri	ntion	ofthe	anods	/services	sold
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Functionality

lease specify) Payment currency
Planned
pensive good/service – amount, currency
(Please specify)
% of monthly)
actions (% of monthly)
lease specify)
US & Canada Asia Other
Yes
Yes



						CONTINUATIO
(E-MERCHANTS ONLY) 3.13. Demo access creden	tialc	llsername		Pa	ssword	
3.14. Address of storing go						
3.15. Describe your transa						
5.15. Describe your trainsa			Uncy			
3.16. What customer iden	tification and trar	isaction data a	ire stored			
3.17. Will data on paymen No Yes			ansactions are executed	l in your system?		
3.18. Is the company PCI D		-	e Payment Card Industry	/ Data Security Standard)? No	Yes
3.19. Is an <i>Affiliate</i> prograr	nme in use?	No Ye	es (please specify)			
4. Payment card	processing	location	(point of sale)			
4.1. Website (active since), dd/mm/yyyy	website				
4.2. How many websites a						
4.3. Activity type/preferre	ed MCC (Merchant	Category Cod	le)			
4.4. Identifier(s)		n a cardholder's acc c identifier	count statement, up to 25 chara	cters)		
(POS MERCHANTS ONLY)						
4.5. Point of sale (store loo	cation/address)					
4.6. Open for business:	days			hours		
5. Transaction m	onitoring					
(E-MERCHANTS ONLY) 5.1. Please describe the vendors, outsourcin				it transactions (proced	lure, monitorii	ng system
I HEREBY CERTIFY THE INFORM	IATION PROVIDED AN	ID UNDERTAKE TO	O NOTIFY THE BANK IMMEDI	ATELY IF ANY CHANGES TO TH	HE INFORMATION A	RE MADE
6. Client ¹						
6.1. Surname, name of the	e Client's represen	tative				
6.2. Signature				6.3. Digipass key (S)		
6.4. Place of signature				6.5. Date	dd/mm/yyyy	-
¹ Ignore this section if the docun signature) . If the document has been signed	nent has been drafted	and signed in acco		islation for formatting electroni	c documents (using	