

CLIENT NO.:
 (Filled in by the Bank)

QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION

FILL IN CAPITAL LETTERS!

Client Questionnaire

Dear Client,
 Following the laws and regulations of the Republic of Latvia and international standards governing the activities of credit institutions, please provide the required information below. BluOr Bank AS, hereinafter referred to as the Bank, ensures compliance with regulatory requirements, confidentiality and non-disclosure of your data.

1. Client information

1.1. Company name _____ 1.2. Registration No. _____
 1.3. Registered address Street _____ Building No. _____ Office No. _____
 City _____ Postal code _____ Country _____
 1.4. Actual address (if different from registered office) Street _____ Building No. _____ Office No. _____
 City _____ Postal code _____ Country _____
 1.5. Corporate website address _____

2. Information on the Client's beneficial owners

2.1. The company owners are its ultimate beneficial owners
 Yes *(when required, the Bank may request the Client to fill out the Beneficial Owner Questionnaire (Annex No. 1))* No *(please fill out the Beneficial Owner Questionnaire (Annex No. 1))*
 2.2. Client's beneficial owners are U.S. persons No Yes *(please fill out the U.S. Taxpayer Identification Form)*
 2.3. Client's beneficial owners are politically exposed persons (PEPs) or PEP family members, or close associates of a PEP No Yes *(please fill out the Beneficial Owner Questionnaire (Annex No. 1))*
 2.4. Client's beneficial owner(s) is/are non-resident(s) of Latvia Yes *(please fill out the Beneficial Owner Questionnaire (Annex No. 1))* No
 2.5. Client is an association or foundation (fund) Yes *(please fill out the Beneficial Owner Questionnaire (Annex No. 1))* No

3. Commercial activity profile

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

IF THE CLIENT'S DECLARED ACTIVITY CORRESPONDS TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

3.2. Do the declared types of activity require special permits? No Yes (if necessary, the Bank may request a copy of the document)

3.3. 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):	0 - 2	2 - 10	10 - 50	Over 50

3.7. Does the Client have accounts with other credit or financial institutions?

No

Yes _____

(Please specify the names of credit or financial institutions)

3.8. MONTHLY Current Account turnover:

Total number of payments on the Client's account (incoming and outgoing):

(Check only one box)

Up to 50 payments

50 - 100 payments

More than 100 payments _____

(specify an approximate number)

Turnover of funds on the Client's account	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 turnover of incoming payments				_____ EUR
Planned maximum turnover of 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 turnover of incoming payments on the safeguarding account (please fill in if the Client is a financial institution or a gambling service provider that plans to open safeguarding account)				_____ EUR

Information on payment purposes, business partners

3.9. Incoming payments:

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

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

3.10. 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 do you plan 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 (Planned number of cards _____)

4.2. How did you learn about our Bank?

4.2.1. From a cooperation partner	4.2.3. Advertising on the internet	4.2.5. Print media and publications
4.2.2. Advertising on radio, TV	4.2.4. Outdoor advertising (billboards, advertising on buses, trams, etc.)	4.2.6. Elsewhere _____ (please specify)

5. Confirmation and consent

5.1. I confirm that:

- The Current Account, as well as other accounts of the Client in the Bank and the services provided by the Bank, will not be used for transactions relating to illegal activity, funds obtained as a result of illegal and criminal activity, as well as execution of transactions and the activities on the Current Account and other accounts of the Client do not violate the sanctions/restrictions established by the Republic of Latvia and/or international organisations, and do not violate transaction restrictions;
- I am informed that in accordance with the requirements of the laws and regulations of the Republic of Latvia, which regulate the information exchange process in accordance with FATCA and OECD CRS standards, the Bank shall process the data of the Client/ Client's BO and transfer it to the State Revenue Service of the Republic of Latvia;
- I have indicated all countries where beneficial owner is a tax resident;
- The information indicated in this Questionnaire and in the documents submitted to the Bank is complete and true, and I am aware that in case of providing false information, I shall be liable in accordance with the applicable laws and regulations. I undertake to inform the Bank immediately in writing of any changes to the information provided above;
- I am acquainted with the terms and definitions used in this Questionnaire and their explanations, which are available at <https://www.bluorbank.lv/en/definitions>.

5.2. I agree that the Bank has the right to verify the veracity of the submitted information, as well as it has the right to request additional information and documents from the Client confirming the above information, including the documents and information about the Client (including the Client's transactions) and the Client's beneficial owners, and the Client undertakes to submit the requested documents and information upon the first request of the Bank.

6. Client's representative¹

6.1. Surname, name _____	6.3. Digipass key (S) _____
6.2. Signature _____	
6.4. Place of signature _____ (country, city)	Date _____ dd/mm/yyyy
6.5. Surname, name _____	6.7. Digipass key (S) _____
6.6. Signature _____	
6.8. Place of signature _____ (country, city)	Date _____ dd/mm/yyyy

¹ Ignore this section if the document has been drafted in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature or 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 an *electronic signature* in accordance with the General Terms of Business. If the document has been signed electronically using the "Digipass key (S)", please fill out the following fields only: "Surname, name", "Digipass key (S)", "Date".

FILLED IN BY THE BANK

7. Representative of the Bank¹

7.1. Surname, name _____	7.2. Signature _____	Date _____ dd/mm/yyyy
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