BluOr Bank

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

CLIENT NO.:

(Filled in by the Bank)

Initial
(completed upon opening an account)

Changes the current one
(upon signing a new Power of Attorney and the card of representatives with signatory rights, the previous Power of Attorney shall cease to be valid)

Supplements the current one
(the signature rights indicated in the supplemented Power of Attorney and in the card of representatives with signatory rights shall be viewed in conjunction with the initial document)

POWER OF ATTORNEY OF A LEGAL ENTITY, LIST OF REPRESENTATIVES WITH THE RIGHT TO SIGN

1. Client information

1.1. Company name _____   1.2. Registration No. _____

2. Client's representatives with signatory rights:

Surname, name			
Personal identification number			
Date of birth			
No. and series of the personal identification document			
Mobile phone No.			
E-mail address*			
Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
Is the Client's representative 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
Relationship with the Client	Official Employee Other _____ (commentary)	Official Employee Other _____ (commentary)	Official Employee Other _____ (commentary)
Type of signatory rights	Sole signature Joint signature with another representative	Sole signature Joint signature with another representative	Sole signature Joint signature with another representative
	Other _____ (Please indicate a specific combination of signature rights, specifying the name and surname of representative)		
Scope of signature rights (to be filled-in only in the event of establishment Bank authorisation)	Full rights Only I-Bank Other _____ (Please indicate the limits)	Full rights Only I-Bank Other _____ (Please indicate the limits)	Full rights Only I-Bank Other _____ (Please indicate the limits)
Representation period (to be filled-in only in the event of establishment Bank authorisation)	for a term of up to _____ dd/mm/yyyy Indefinite	for a term of up to _____ dd/mm/yyyy Indefinite	for a term of up to _____ dd/mm/yyyy Indefinite

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	Code calculator No.	Code calculator No.	Code calculator No.
Receipt of the code calculator (Digipass) (to be completed if the Client's representative is changed and an existing code calculator has been assigned to the new representative)	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode
	Code calculator No.	Code calculator No.	Code calculator No.
	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode	Date of receipt ___ dd/mm/yyyy Full mode Editing mode Viewing mode
Receipt of a new authentication tool	User name *(only Latin letters or numbers without spaces)* Full mode Editing mode Viewing mode All Client's accounts will be connected in the specified mode Enable 3D authentication for online purchases for all card accounts	User name *(only Latin letters or numbers without spaces)* Full mode Editing mode Viewing mode All Client's accounts will be connected in the specified mode Enable 3D authentication for online purchases for all card accounts	User name *(only Latin letters or numbers without spaces)* Full mode Editing mode Viewing mode All Client's accounts will be connected in the specified mode Enable 3D authentication for online purchases for all card accounts
Code calculator (Digipass)	Code calculator No.	Code calculator No.	Code calculator No.
Blue KEY	Send data for Blue KEY app activation to: Mobile Phone No. ___ E-mail	Send data for Blue KEY app activation to: Mobile Phone No. ___ E-mail	Send data for Blue KEY app activation to: Mobile Phone No. ___ E-mail

I hereby confirm and agree to authorise the aforementioned individuals to, in accordance with the specified type and amount of signatory rights and on behalf of the Client, open and close all types of accounts, to freely, with no restrictions on volume, frequency or otherwise, manage funds and securities on the Client's accounts, including submission of orders to BluOr Bank AS, hereinafter – the Bank, for transfer or withdrawal of funds, and to carry out other operations involving the Client's funds, including with funds in the Client's customer funds account, and securities held by the Client. The Power of Attorney, insofar as it does not contradict the above authorisation, gives the right to perform all the actions that the Client has the right to perform in accordance with the concluded agreement and the General Terms of Business, including the right to specify users of the relevant Bank services as set forth in the agreements.
This authorisation shall not apply to credit products and safe deposit boxes.
This Power of Attorney has been issued without the right of substitution and shall be binding upon the Bank until the term specified, or until the Client revokes or amends it.

3. I hereby confirm that all the information provided in this document is complete and correct
(I undertake to immediately inform the Bank in writing about any changes in the above information provided).

4. I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Client representatives' personal data to the Bank, and I certify that the Client representatives specified in Part II:
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 Privacy 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 Privacy Policy is available here: https://www.bluorbank.lv/en/information-on-processing-of-personal-data.

5. I confirm that I have read the instructions for use of the selected authentication means, understand, agree to it and undertake to comply with it (if such a service has been selected).

6. I confirm the receipt of the selected authentication means and I am informed that the Bank will use the specified mobile phone number and/or e-mail (if such a service has been selected) to send the Blue KEY authentication initialization password).

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CONTINUATION

7. I certify that I am familiar with the definitions and clarifications provided. Detailed information on the definitions is available at https://www.bluorbank.lv/en/definitions.

8. I confirm and agree that if the Application is filled out interactively in the electronic environment offered by the Bank – in the Client's Cabinet, where the actions performed (checked boxes), this shall mean giving consent and considered an Electronic Signature in accordance with the General Terms of Business.

*I agree that electronic mail (e-mail) may be used for the purpose of exchanging information and documents. I confirm that I am aware of the risks related to the use of e-mails and that the Bank has informed me about the possible risks, explained their consequences and the aforementioned information is understandable to me.

10. Client's representative[1]

10.1. Surname, name _____

10.2. Signature _____ 10.3. Code calculator (Digipass) or Blue KEY (S) _____

10.4. Place of signature _____ Date _____
        (country, city)   dd/mm/yyyy

10.5. Surname, name _____

10.6. Signature _____ 10.7. Code calculator (Digipass) or Blue KEY (S) _____

10.8. 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 execution of electronic documents and is signed with a secure electronic signature.

If the document is signed with the authentication means issued by the Bank, please **fill out** the following fields only: "Surname, name", "Code calculator (Digipass) or Blue KEY (S)", "Date".

11. Representative of the Bank*

11.1. Special remark _____

11.2. Surname, name _____ 11.3. Signature _____

         Date _____ L.S.
                dd/mm/yyyy

* **Ignore** this section if the document is prepared in accordance with the laws and regulations regarding the execution of electronic documents and is signed with a secure electronic signature.