

## QUESTIONNAIRE FOR A DOMESTIC INDIVIDUAL

FILL IN USING BLOCK CAPITALS!

Dear Client,

Following the laws and regulations governing the activities of credit institutions in the Republic of Latvia, as well as international standards, we kindly request that you provide the necessary information. BluOr Bank AS, hereinafter referred to as the Bank, ensures compliance with regulatory requirements and guarantees confidentiality and non-disclosure of your data.

### 1. Client information

1.1. Surname \_\_\_\_\_ 1.2. Name \_\_\_\_\_ 1.3. Personal identity number \_\_\_\_\_

1.4. Date of birth \_\_\_\_\_ (dd/mm/yyyy) 1.5. Country of birth \_\_\_\_\_

1.6. Declared place of residence: Street \_\_\_\_\_ Building No./name \_\_\_\_\_ Flat \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

1.7. Actual residence: (if different from declared) Street \_\_\_\_\_ Building No./name \_\_\_\_\_ Flat \_\_\_\_\_  
City/Municipality \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

1.8. Are you a tax resident in the Republic of Latvia? Yes No

1.9. Are you a tax resident in other countries? No Yes (Please specify below)  
Tax residence country code , taxpayer No. \_\_\_\_\_  
Tax residence country code , taxpayer No. \_\_\_\_\_

1.10. Are you a U.S. person? No Yes (please fill out the U.S. taxpayer identification form)

1.11. Do you qualify as a Politically exposed person (PEP), or a PEP family member, or a PEP close associate?  
No Yes, PEP Yes, a PEP family member Yes, a close associate of a PEP

### 2. Client's occupation and planned transactions on the account

#### 2.1. Occupation

Salaried staff at \_\_\_\_\_ (Company name, job title)

Entrepreneur \_\_\_\_\_ (Company name, registration No.)

Self-employed person \_\_\_\_\_ (Activity type, registration No.)

Student Retiree Other \_\_\_\_\_ (Please specify)

#### 2.2. Average monthly income, EUR \_\_\_\_\_

#### 2.3. Information about incoming funds to your account

Salary	Loans	Inheritance	Pension and/or welfare	Scholarship
Dividends/interest _____ (Please specify company name and relation, source of interest payments)				
Income from leasing personal property _____ (Please specify the property type and location)				
Income from movable property/ real estate transactions, sale of assets _____ (Please specify the type of transaction)				
Other _____ (Please specify)				

#### 2.4. Incoming funds are expected from:

Latvia	The European Union and/or Iceland, Liechtenstein, Norway, Switzerland	Other countries (Please specify) _____
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#### 2.5. Are you planning transfers of financial instruments? No Yes \_\_\_\_\_ (please specify the value EUR)

The transfer will be made from a Latvian credit institution/financial institution

The transfer will be made from a foreign credit institution/financial institution

## 2.6. Information about outgoing payments from your account?

Household and/or personal needs      Loan repayment      Other (Please specify) \_\_\_\_\_

## 2.7. MONTHLY Current Account turnover

Total number of payments in your account (incoming and outgoing): (Must check one box only)

Up to 20 payments      20-50 payments      More than 50 payments \_\_\_\_\_  
 (specify the 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	EUR 50,000.01 and more (specify the sum)
Planned maximum turnover of incoming payments, including the maximum amount of a single incoming payment			_____ EUR
Planned maximum turnover of outgoing payments, including the maximum amount of a single outgoing payment			_____ EUR
Planned maximum volume of cash deposits, including ATM cash deposits	_____ EUR		
Planned maximum volume of cash withdrawals, including ATM cash withdrawals	_____ EUR		

## 3. Information about cooperation with the Bank

### 3.1. Are you the manager or owner of a company that is an existing client of the Bank?

(a manager or owner (entrepreneur) is defined as an individual who, according to the data of the relevant state enterprise register, is the owner, beneficial owner, or authorized representative (member of the board or council, or procurator) of a current business client (legal entity) of the Bank))

No      Yes \_\_\_\_\_  
 (Please specify company registration number)

### 3.2. What Bank products/services do you plan to use?

I plan to open an account with a related company      Asset management      E-Commerce, POS terminals  
 Standard deposit over EUR 1 000      Brokerage services      Safe deposit boxes  
 Subordinated deposit over EUR 1 000      Mortgage loan      None of the above  
 Overnight deposit over EUR 5 000

### 3.3. How did you learn about our Bank?

From a cooperation partner      Advertising on the internet      Print media and publications  
 Advertising on radio, TV      Outdoor advertising (billboards, advertising on buses, trams, etc.)      Elsewhere (please specify) \_\_\_\_\_

## 4. Confirmation

### 4.1. I confirm that:

- I am the true and actual owner of the funds in my accounts, and I do not intend to conduct transactions on behalf of or in the interests of third parties;
- The Current Account, as well as my other accounts with the Bank and the services provided by the Bank, will not be used for transactions related to illegal activity, funds obtained through illegal or criminal activities. Additionally, activities and transactions conducted in the Current Account and my other accounts will not violate sanctions/restrictions imposed by the Republic of Latvia and/or international organisations, nor will they breach transaction restrictions;
- I am aware that the Bank shall, in accordance with the requirements of the regulatory acts of the Republic of Latvia governing the information exchange process under FATCA and OECD CRS standards, process Client data and submit it to the State Revenue Service of the Republic of Latvia;
- I have listed all countries in which I am a tax resident;
- The information provided in this questionnaire and in the documents submitted to the Bank is complete and true; I am aware that I am liable under applicable laws in the event of providing false information. I undertake to promptly inform the Bank in writing of any changes to the information provided in this questionnaire;
- I am familiar with the terms used in this questionnaire and their explanations, which are available at <https://www.bluorbank.lv/en/definitions> and in the General Terms of Business.

4.2. I agree that the Bank has the right to verify the accuracy of the submitted information, and the Bank is entitled to request additional information and documents from me to verify the information provided in this form, including documents and information about me and my transactions. I also undertake to submit the requested documents and information upon the Bank's first request.

4.3. I certify and agree that if the questionnaire has been completed interactively in the electronic environment provided by the Bank — the Client's Cabinet, where actions (such as ticking a checkbox) have been performed, this constitutes giving consent and is considered an Electronic Signature in accordance with the General Terms of Business.

## 5. Client<sup>1</sup>

5.1. Surname, name \_\_\_\_\_

5.2. Signature \_\_\_\_\_ 5.3. Code calculator (Digipass) key or Blue KEY (S) \_\_\_\_\_

5.4. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy

<sup>1</sup> **Ignore** this section if the document has been prepared in accordance with the applicable laws and regulations on the execution of electronic documents and signed with a secure electronic signature;  
or  
if the electronic document has been completed interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) signify giving consent, and is considered an *Electronic Signature* in accordance with the General Terms of Business.  
If the document is signed with the authentication tool provided by the Bank, please **fill out** the following section fields: "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", "Date".

FILLED IN BY THE BANK

## 6. Representative of the Bank<sup>1</sup>

6.1. Surname, name \_\_\_\_\_ 6.2. Signature \_\_\_\_\_

Date \_\_\_\_\_ L.S.  
dd/mm/yyyy

<sup>1</sup> The section **shall not be filled in** if (1) the document is prepared in accordance with the laws and regulations on the execution of electronic documents and signed with a secure electronic signature or (2) 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*) signify giving consent, and is considered an *Electronic Signature* in accordance with the General Terms of Business.