

CLIENT NO.:
 (Filled in by the Bank)

QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH COMPLEX STRUCTURE

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. Company Name _____ 1.2. Registration No. _____
- 1.3. Registered office _____
 (Address – street, building and office number, city, postal code, country)
- 1.4. Actual address _____
 (if different from registered office) (Address – street, building and office number, city, postal code, country)
- 1.5. Corporate website address _____

2. Information on the Client's beneficial owners (BO)

2.1. Surname, name			
2.2. Personal identity number			
2.3. Date of birth			
2.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
2.5. Relation to the Client (specify one of the options):			
- directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %
- type of control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (please specify)
2.6. Citizenship (nationality)			
2.7. Tax residence country (if not the Republic of Latvia)			
2.8. Tax payer number (if not the Republic of Latvia)			
2.9. Permanent residence address (street, building, apartment, city, postal code, country)			
2.10. Mobile phone No.			
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
2.12. Is the BO 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

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. Does the Client's type of business activity require special permits? No Yes (if necessary, the Bank may request a copy of the document)

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. Annual turnover of the company (M EUR): 0 - 2 2 - 10 10 - 50 Over 50

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

No

Yes _____

(Please specify the names of credit or financial institutions)

3.6. 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 the approximate number)

Turnover of funds on the Client's account	Up to EUR 50,000.00	From 50,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify the 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 a safeguarding account)			_____ EUR

Information on payment purposes, business partners

3.7. 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) _____

3.8. Outgoing 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) _____

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 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 on the Current Account and other accounts of the Client 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 the data of the Client/Client's BO and submit it to the State Revenue Service of the Republic of Latvia;
 - 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.
- 5.2. 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 the Client to verify the information provided in this form, including documents and information about the Client, the Client's transactions and the Client's beneficial owners. The Client also undertakes to submit the requested documents and information upon the Bank's first request.
- 5.3. 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.

6. Client's representative¹

6.1. Surname, name _____

6.2. Signature _____ 6.3. Code calculator (Digipass) key or Blue KEY (S) _____

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

6.5. Surname, name _____

6.6. Signature _____ 6.7. Code calculator (Digipass) key or Blue KEY (S) _____

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

¹ **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

7. Representative of the Bank¹

7.1. Surname, name _____ 7.2. Signature _____

Date _____ L.S.
 dd/mm/yyyy

¹ 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.