

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333 | E-ma Registration No. 40003551060

SWIFT code: CBBRLV22

none: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

## INDIVIDUAL'S CLIENT DATA CHANGE FORM

FILL IN USING BLOCK CAPITALS!

Dear	C	lier	۱t

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.

	ty and non-disclo			eremanterr	eierred to as t	tne Bank, ensures compilance with regulatory requirements and guarantees		
1. Clier	nt informa	tion						
1.1. Surna	me, name							
	al identity num mestic clients)	nber ——			1.3. Date of birth  (For international clients)			
1.4. Client	No. (filled in by	the Bank) [						
THE CLIENT SH	OULD ONLY FILL OU	JT SECTIONS AF	FECTED BY THE CHA	ANGES, AS W	ELL AS THE CON	NFIRMATION SECTION!		
2. Char	nge of the	Client'	s address	and co	ontact i	nformation		
2.1. D	eclared addres	s of residen	ce					
					(Address – st	treet, building No., apartment, city, postal code, country)		
	ctual address nent address of resid	lence)		(Add	ress – street, bu	uilding No., apartment, city, postal code, country)		
2.3. 0	orrespondence	address _			Address – street	t, building No., apartment, city, postal code, country)		
2.4 Mobile	nhana Na			V				
2.4. MODIIE	phone No				2.5. E	-mail*		
	nge of tax ax payer No:	reside	nce of the	Client	t	3.2. Primary country of tax residence:		
3.3. C	ther tax reside	nce countri	es, if any:					
Country	Tax payer No.	Please su	bstantiate you	r relation	to each tax	residence country specified		
4. Char	nges in Cli	ient's ty	pe of acti	ivity				
4.1. Occup (Check a	ation: Il that apply)							
4.1.1.	Entreprener company name	<b>ur</b> (Please spec e, country and r	ify the type of busi elation to the comp	ness, any)				
4.1.2.	State or mu specify the insti	nicipal officitution, country	ial (Please and job position)					
4.1.3.	Self-employ the type of busi	yed person iness and coun	(Please specify try of operations)					
4.1.4.	Salaried sta employer, coun	ff at (Please sparter)	pecify the					
4.1.5.	Student	4.1.6.	Retiree	4.1.7.	Other (specify)			



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CONTINUATION

	ge of information a	bout incom	ing funds to th	e account			
(Check all that	C CLIENTS ONLY) apply)						
Salary	Loans	Inheritance	Pension and	or benefits	Scholarship		
Divide interes							
	e from leasing		company name and relation, so	ource of interest payments)			
person	al property —————		(Please specify the proper	ty type and location)			
Other			(Please specify)				
6 Char	as of information a	haut incom		to the account			
	ige of information a	ibout incom	ing payments	to the account			
	that apply)	of the ampleyer or					
6.1.	Salary, fees (Please specify name client, country of registration)	——					
6.2.	Inheritance (Please specify the type of inheritand	ce)					
6.3.	Dividends and interest (Pleas country of registration and relation,	se specify company name source of interest paymer	nts)				
6.4.	Sale of held financial instrui (Please specify types of financial inst	Sale of held financial instruments (Please specify types of financial instruments)					
6.5.	Sale of equity (Please specify co and share of equity sold)	mpany name					
6.6.	Sale of personal property (Please specify type and location of p						
6.7.	Income from personal property rental (Please specify type and location of property)						
6.8.	Income from movable prop	erty/real estate tra	nsactions,				
6.9.	sale of assets (Please specify the Other (specify)						
7 Chan	nge of information a						
7. Citati	Expenses for household		nvestments in financial		ment of credits, loans,		
	and personal needs Other	/· <del>∠</del> ·	nstruments		payments		
7.4.	(specify)						
0 Chan	nges in planned Cur	ront Accoun	t transactions				
	<u> </u>		t transactions				
8.1.1. To	HLY Current Account turnov otal number of payments in yo		ng and outgoing):				
"	neck only one)	20–50 payments	More than 50	) navments			
					specify the approximate number)		
8.1.2. F	or domestic clients						
Client's C	Client's Current Account turnovers		Up to EUR 15,000.00	From EUR 15,000.01 to EUR 50,000.00	EUR 50,000.01 and more (specify the amount)		
	aximum turnover of incoming p the maximum amount of a single				EUR		
	aximum turnover of outgoing p the maximum amount of a single				EUR		
Planned m	aximum volume of cash deposit ATM cash deposits			EUR	1		
Planned m	aximum volume of cash withdra	awals per month,		FUR			



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8.1.3. For international clients			CONTINUATION		
Client's Current Account turnovers	Up to EUR 15,000.00	From EUR 15,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify the amount)		
Planned maximum turnover of incoming payments per month, including the maximum amount of a single incoming payment			EUR		
Planned maximum turnover of outgoing payments per month, including the maximum amount of a single outgoing payment			EUR		
Planned maximum volume of cash deposits per month, including ATM cash deposits	EUR				
Planned maximum volume of cash withdrawals per month, including ATM cash withdrawals	EUR				
Reason for changes					
	Please specify the reas	on for changes)			
9. Password for identifying the Client by	phone				
agreement has been concluded) (The password must consist of letters and a confirmation  I confirm that the information provided herein is complete and a confirmation, I will be liable in accordance with the applicable delay about any changes in the provided information.	ccurate, and I ackr	nowledge that in the even	t of providing incomplete and		
11. Client <sup>1</sup>					
11.1. Surname, name					
11.2. Signature 11.3. Co	de calculator (Dig	ipass) key or Blue KEY (S)			
		Date	dd/mm/yyyy		
<sup>7</sup> <b>Ignore</b> this section if the document has been prepared in accordance with the appl secure electronic signature. If the document is signed with the authentication tool provided by the Bank, please (S)", "Date".	_		_		
FILLED IN BY THE BANK					
12. Representative of the Bank <sup>1</sup>					
12.1. Surname, name		12.2. Signature			
		Date _	dd/mm/yyyy		

<sup>&</sup>lt;sup>1</sup> The section shall not be filled in if the document is prepared in accordance with the laws and regulations on the execution of electronic documents and signed with a secure electronic signature.