

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

LEGAL ENTITY'S OR FORMATION'S CLIENT DATA CHANGE FORM

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. Name			
1.2. Taxpayer No		1.3. Client No. [(filled in by the Bank)	
1.4. Is the Client a passive non-financial legal formation? (i.e., over 50% of the Client's income is passive, including dividends, investment returns, coupon payments, interest income, royalties, etc. More details are available on the Bank's website)	Yes	No	

THE CLIENT SHOULD ONLY FILL OUT SECTIONS AFFECTED BY THE CHANGES, AS WELL AS THE CONFIRMATION SECTION!

2. Change of the Client's address and contact information

2.1. Registered office	(Address – street, building and office number, city, posta	l code country)
2.2. Business location address Street	Building No.	Office No.
(if different from the registered office)	Postal code	Country
2.3. Management location address		
(For international clients)	(Address – street, building and office number, c	city, postal code, country)
2.4. Contact information of the Client's representat	tive: 2.4.1. Name, surname	
2.4.2. Mobile phone No.	2.4.3. E-mail*	
2.5. Company website		

*For communication with the Client and for sending commercial notifications, BluOr Bank AS (hereinafter – the Bank) will use the Client's contact information indicated in this application.

3. Change of tax residence of the Client

3.1. Tax payer No:

3.2. Primary country of tax residence (country code):

3.3. Other tax residence countries, if any:

Country code	Tax payer No.	Please substantiate your relation to each tax residence country specified

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4. Change of information regarding the Client's beneficial owners (BOs)

CONTINUATION

4.1. Surname, name			
4.2. Personal identity number			
4.3. Date of birth			
4.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
4.5. Rationale (specify one of the options):			
- directly or indirectly owns a percentage (%) of the capital/ voting shares out of the total number of shares issued by the Client:	%	%	%
- direct or indirect 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)
4.6. Citizenship (nationality)			
4.7. Tax residence country (if not the Republic of Latvia)			
4.8. Tax payer number (if not the Republic of Latvia)			
4.9. Permanent residence address (street, building, apartment, city, postal code, country)			
4.10. Mobile phone No.			
4.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
4.12. 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

4.1.1. The Client has more than 4 (four) BOs. Please fill out the Questionnaire on beneficial owners (Annex No. 1).

4.1.2. Reason for changes

(Please specify the reason for changing the BO)

5. Change of business activity (commercial activity profile)

5.1. Information on Client's business activities

5.1.1. Full description of the Client's business activities, scheme of planned Current Account transactions (this scheme may be submitted separately):



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CONTINUATION

5.1.2. I confirm that the aforementioned business activities and transactions do not require licences or special permits at the primary place of business.

5.1.3. The aforementioned business activities and transactions require licences and/or special permits at the primary place of business, and I attach copies of the licences and/or special permits.

5.1.4. Reason for changes

(Please specify the reason for changing the business activity)

IF THE CLIENT HAS DECLARED THE ACTIVITY TYPE CORRESPONDING TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

5.2. Change of business partners

5.2.1. Incoming payments:

Partner name	Registration No.	Country of incorporation (code)	Payment purpose	Country of the credit/ financial institution (if known)	Currency

5.2.2. Outgoing payments:

Partner name	Registration No.	Country of incorporation (code)	Payment purpose	Country of the credit/ financial institution (if known)	Currency

5.3. Changes in planned Current Account transactions

5.3.1. MONTHLY Current Account turnover:

Total number of payments in your account (incoming and outgoing): (Check only one)

Up to 50 payments 50–100 payments

More than 100 payments

(Please specify the approximate number)

Turnover of funds on the Client's account	Up to EUR 50,000.00	From EUR 50,000.01 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	
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 has or plans to open a safeguarding account)			EUR

5.3.2. Reason for changes

(Please specify the reason for changes)

5.4. Password for identifying the Client by phone

Voice password for receiving information by phone regarding the status of any of the Client's accounts, blocking payment cards, and performing transactions (such as currency conversion and transactions with financial instruments, provided that a relevant service agreement has been concluded) (*The password must consist of letters and numbers without symbols, be easy to pronounce, and contain at least 4 characters*)



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6. Confirmation

6.1. I confirm that the information provided herein is complete and accurate, and I acknowledge that in the event of providing incomplete and false information, I will be liable in accordance with the applicable laws and regulations. I am aware that the failure to fill in the required fields will be considered as the absence of this information. I undertake to inform the Bank in writing without delay about any changes in the provided information.

7. Client's representative¹

7.1. Surname, name			
7.2. Signature		7.3. Code calculator (Digipass) key or Blue KEY (S)	
7.4. Place of signature		Date	
	(country, city)		dd/mm/yyyy
7.5. Surname, name			
7.6. Signature		7.7. Code calculator (Digipass) key or Blue KEY (S)	
7.8. 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 regarding the execution of electronic documents and signed with a secure electronic signature. 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

8.	Representativ	ve of th	e Bank ¹

8.1. Surname, name	8.2. Signature	
	Date	L.S.
		dd/mm/yyyy

¹ 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.

^{6.2.} I confirm that 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.