

QUESTIONNAIRE FOR AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION

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. Is the Client a Passive Non-financial Entity? Yes No
 (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)

1.3. Country of registration _____ 1.4. Registration No. _____

1.5. Taxpayer No. _____ 1.6. VAT payer No. _____ 1.7. Primary tax residence country code
 (Please specify the number if assigned)

1.8. Registered office _____
 (address – office, street, city, postal code, country)

1.9. Business location address _____
 (address – office, street, city, postal code, country)

1.10. Management location address _____
 (if any) (address – office, street, city, postal code, country)

1.11. Corporate website address _____

1.12. Other tax residencies, if any:

Country code	1.13. Please substantiate your relation with this tax residence country
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	

2. Information on 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 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 (<i>please specify</i>)	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 (<i>please specify</i>)	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 (<i>please specify</i>)
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

3.1.1. Full description of the Client's business activity and planned transactions on the Current Account (may be submitted separately):

IF THE CLIENT'S DECLARED ACTIVITY CORRESPONDS TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

3.1.2. I confirm that the declared business activity does not require licences or special permits in the country of carrying out the business activity.

3.1.3. The declared business activity requires licences and/or special permits in the country of carrying out the business activity.

3.2. Is the company required to prepare and submit financial statements to the competent state authorities in the country of registration?

Yes No

3.3. Are the financial statements publicly available?

Yes No

3.4. Business activity (in years):

Less than 1 1 - 3 3 - 5 Over 5

3.5. Number of employees in the company:

Less than 10 10 - 50 50 - 250 Over 250

3.6. Annual turnover of the company (M EUR):

0 - 2 2 - 10 10 - 50 Over 50

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

No

Yes _____

(Please specify the names of credit or financial institutions (where required, the Bank may request the Client to submit account statements from the relevant credit or financial institutions))

4. Information about planned transactions on the Current Account
4.1. 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, 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		
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

4.2. Source of first payment (Please provide information that is known at the time of filling out the Questionnaire):

Currency, amount	Payer	Name of credit/ financial institution	Country of the credit/ financial institution (if known)	Purpose of payment

4.3. Information on business partners
4.3.1. Incoming payments:

Partner name	Registration No.	Country of incorporation	Purpose of payments	Country of the credit/ financial institution (if known)	Currency

4.3.2. Outgoing payments:

Partner name	Registration No.	Country of incorporation	Purpose of payments	Country of the credit/ financial institution (if known)	Currency

5. Information about cooperation with the Bank

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

- | | | | |
|---------------------------|--------------------------|----------------------|---|
| 5.1.1. Asset management | 5.1.3. Repo transactions | 5.1.5. E-Commerce | 5.1.7. Safe deposit boxes |
| 5.1.2. Brokerage services | 5.1.4. Loans | 5.1.6. POS terminals | 5.1.8. Payment cards
(Planned number of cards _____) |

5.2. How did you learn about our Bank?

- | | | |
|-----------------------------------|---|--|
| 5.2.1. From a cooperation partner | 5.2.3. Advertising on the internet | 5.2.5. Print media and publications |
| 5.2.2. Advertising on radio, TV | 5.2.4. Outdoor advertising (billboards,
advertising on buses, trams, etc.) | 5.2.6. Elsewhere _____
(please specify) |

6. Confirmation and consent

6.1. 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.
- 6.2. 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.
- 6.3. 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.

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 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

8. Representative of the Bank¹

8.1. Surname, name _____ 8.2. 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.