

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

CLIENT NO.:						
	(Filled	l in b	y the	Bank	()

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 (i.e. more than 50% of the Client's income is passive income, interest income, royalties etc. More informat	Entity? income – dividends, investment ma ion is available on the Bank's webs	rgin, coupon Ye	es No
1.3. Country of registration		1.4. Registration No.	
1.5. Taxpayer No.	1.6. VAT payer No	lease specify the number if assigned)	1.7. Primary tax residence country code
1.8. Registered office			
1.9. Business location address		ice, street, city, postar code, country)	
	(address	s – office, street, city, postal code, coun	ry)
1.10. Management location address (if any)	ladd	ress – office, street, city, postal code, co	nuntry)
1.11. Corporate website address			ound y)
1.12. Other tax residencies, if any:			
Country code 1.13. Please substantiat	e your relation with this tax	residence country	
2. Information on beneficie	al 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	c options,.		
capital/voting shares out of the total number of shares issued by the Client:	%	%	%

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CONTINUATION

						CONTINUAL
- type of control:	executiv	resentative of an we body or superior ement institution	executi	oresentative of an ve body or superior ement institution	execut	presentative of an ive body or superior ement institution
		pasis of an sation agreement		basis of an sation agreement		basis of an isation agreement
		gal entity as the /assignor/trustee		gal entity as the r/assignor/trustee		egal entity as the er/assignor/trustee
	otherwi	se (please specify)	otherw	ise (please specify)	otherw	rise (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	No	PEP family member	No	PEP family member	No	PEP family member
exposed person (PEP)?	Yes	Close associate of a PEP	Yes	Close associate of a PEP	Yes	Close associate of a PEP

3. Commercial activity profile

3.1. Information about the	Client's business activity
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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

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Planned maximum turnover of outgoing payments, including he maximum volume of cash deposits, including ATM cash deposits Planned maximum volume of cash withdrawals, including ATM cash withdrawals Planned maximum volume of cash withdrawals, including ATM cash withdrawals Planned maximum turnover of incoming payments on the safeguarding account (please fill in if the Client is a inancial institution or a gambling service provider that plans or open a safeguarding account) 2.2. 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 (if known) Purpose of payment 3. Information on business partners 4.3.1. Incoming payments: Partner name Registration No. Country of incorporation Purpose of payments Curred Country of the credit/ financial institution (if known) Curred Country of the credit/ financial institution (if known) Curred Country of the credit/ financial institution (if known) Curred Country of the credit/ financial institution (if known)									CONTINUATI
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CONTINUATION

5. Information about cooperation with the Ba
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5.1. What Bank products/services do you plan to use? 5.1.5. E-Commerce 5.1.7. Safe deposit boxes 5.1.1. Asset management 5.1.3. Repo transactions 5.1.8. Payment cards 5.1.2. Brokerage services 5.1.4. Loans 5.1.6. POS terminals (Planned number of cards 5.2. How did you learn about our Bank? 5.2.5. Print media and publications 5.2.1. From a cooperation partner 5.2.3. Advertising on the internet 5.2.2. Advertising on radio, TV 5.2.4. Outdoor advertising (billboards, 5.2.6. Elsewhere advertising on buses, trams, etc.) (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

71 Surname name

7.1. Garrianie, name			
7.2. Signature	7.3. Code calculato	r (Digipass) key or Blue KEY (S)	
7.4. Place of signature	(country, city)	Date	dd/mm/yyyy
7.5. Surname, name			
7.6. Signature	7.7. Code calculato	r (Digipass) key or Blue KEY (S)	
7.8. Place of signature	(country, city)	Date	dd/mm/yyyy
a secure electronic signature; or if the electronic document has the box) signify giving consent	nent has been prepared in accordance with the applicable been completed interactively in the environment provide, and is considered an <i>Electronic Signature</i> in accordancible authentication tool provided by the Bank, please fill o	ed by the Bank – in the <i>Client's Cabinet</i> , and e with the General Terms of Business.	d the actions performed in it (<i>checkin</i> g
FILLED IN BY THE BANK			
8. Representati	ve of the Bank ¹		
8.1. Surname, name		8.2. Signature	
		Date	1.9

dd/mm/yyyy

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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.