

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

SWIFT code: CBBRLV22

APPLICATION AND AUTHORISATION FOR PROVIDING AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION WITH DAY-TO-DAY BANKING SERVICES

FILL IN USING BLOCK CAPITALS!

1. Client information															
1.1. Company name															
1.2. Country of registration															
Client contact information															
1.4. Surname, name of the Client's representative	1.5. Mobile phone No.														
1.6. E-mail*															
*For communication with the Client and for sending commercial notifications, Blu this application and the registered office and/or actual address specified in the C													nforr	natioi	n indicated in
2. Information on Bank services (Accour	nt, Inte	ern	et	Вс	ank	, P	ay	me	en	t C	Cai	rd)			
2.1. I want to open a Current Account, including:															
2.1.1. If the Client is a financial institution or a g segregate customers' funds, please open:	gambling	g ser	vice	e pr	ovide	er sı	ubje	ect t	o th	ne re	egul	ato	ry r	equi	rement to
2.1.1.1. A Current Account for conducting business activities					count afeg						func	ls o	f th	e re	cipients
2.2. I want to restore a Current Account															
2.3. Please connect the Internet Bank to the Client acc	ounts in	:	F	ull	mode	9	٧	/iew	/ing	mo	de		Ed	liting	j mode
Please also connect all subsequent Client accounts to the Internet Bank in	the specifi	ed mo	de.												
2.3.1. Name, surname of the Internet Bank user (one of the Client's representatives with the signatory right 2.3.2. Preferred Internet Bank user name of the Client's															
2.3.2. Preferred internet Bank user hame of the one	int 3 repr	CSCII	tati	VC (piease	use	Offig	Latiii	i ietti	e13 U	i iiuii	ibei	S WIL	nout :	spaces)
2.4. Information regarding the receipt of an authentic	ation too	ol													
2.4.1. Please connect the Blue KEY app on a sm															
2.4.1.1. Please send the Blue KEY app acti	ivation da	ata to):												
Mobile phone No.**	E-m	nail a	ddr	ess											
**If Card is selected, this number will be used to send	SMS to con	nfirm p	urch	ases	with 3	DS.									
2.4.2. Please issue a code calculator (Digipass)															
2.5. Password for Client authentication by phone															
Voice password for receiving information by phone about as well as for performing transactions (converting curres service agreement has been concluded) (The password must consist of letters and numbers without symbols, be expected to the password must consist of letters.)	encies, m	nakin	g tr	ans	actio	ns \	with	fin	anc	ial					
2.6. Visa Business Payment Card (hereinafter — Card) *** Fill in the section if the card is issued to the Internet Bank user specific		tion:	***												
In other cases, a new card shall be ordered via the Internet Bank after		he Cur	rent	Acco	ount.										
2.6.1. Cardholder name and surname (Please use Latin letters)															
2.6.2. Client's name on the card (Please use Latin letters)															



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) | SWIFT

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CONTINUATION

2.7. Receipt of the payment card and/or code calculator:

2.7.1. Code calculator:

At the Bank

By post (Latvijas Pasts, no tracking option for shipment, only in EU countries) Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)

If delivery by post or courier delivery is selected, please fill in:

Actual address of the Client (Merchant)

Other

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive code calculator by courier delivery, please specify the recipient's first and last name and phone number for the courier:

2.7.2. Card:

Same address as the code calculator delivery address

At the Bank

By post (Latvijas Pasts, no tracking option for shipment, only in EU countries) Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)

If delivery by post or courier delivery is selected, please fill in:

Actual address of the Client (Merchant)

Other

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive the card by courier delivery, please specify the recipient's first and last name and phone number for the courier:

3. Client's representatives with signatory rights in the Bank:

Surname, name of the Client's representative								
Personal number								
Date of birth								
Mobile phone No.								
E-mail*								
No. and series of the personal identification document								
Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	No Yes		No	Yes	No	Yes		
Is the Client's representative a	No PEP fa		No	PEP family member	No	PEP family member		
politically exposed person (PEP)?	Yes Close of a P	associate EP	Yes	Close associate of a PEP	Yes	Close associate of a PEP		
	Official		Officia	al	Official			
	Employee		Emplo	yee	Employee			
Relationship with the Client	Other		Other		Other			
	(comment	ary)		commentary)	(commentary)			
	Sole signature		Sole s	ignature	Sole signature			
Type of signatory rights	Joint signatul any one repre			signature with ne representative	Joint signature with any one representative			
	Other							
(The Client indicates the specific combination of signature rights, and enters the first and last name)								
0	Full rights		Full ri	ghts	Full rights			
Scope of signatory rights (please fill in only if signatory rights are	Only I-Bank		Only l	-Bank	Only I-Bank			
granted according to this Bank's power of attorney)	Other		Other		Other			
	(Please specify any	limitations)	(Please s	pecify any limitations)	(Please specify any limitations)			
Term of signatory rights (please fill in only if signatory rights are	For a term of	up to	For a	term of up to	For a	term of up to		
granted according to this Bank's power of attorney)	dd/mm/yyyy	_	dd/r	mm/yyyy	dd/mm/yyyy			
	Indefinite		Indefi	nite	Indefi	nite		



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I hereby confirm and agree to authorise the aforementioned individuals, in accordance with the specified type and scope of signatory rights, to act on behalf of the Client to open and close accounts of all types (including current accounts, securities accounts, etc.), to freely manage funds and securities in the Client's accounts, without any restrictions on volume, frequency, or other limitations, including submitting payment orders to the Bank for the transfer or withdrawal of funds, and to carry out other operations with the Client's funds, including those in the Client's safeguarding account, as well as with the Client's securities. They are also authorised to receive from the Bank information and documents regarding concluded agreements, transactions, liabilities, and accounts, and to submit and complete all necessary information and documents on behalf of the Client. This Power of Attorney, insofar as it does not conflict with the authorisation provided above, grantsthe right to perform all actions that the Client is entitled to undertake under the agreements concluded between the Bank and the Client, and the General Terms of Business, including designating users of the relevant Bank services in accordance with the procedures specified in the agreements. I undertake to recognise the actions of the abovementioned authorised persons as binding upon myself.

This Authorisation shall not apply to credit products and safe deposit boxes.

This Authorisation has been issued without the right of substitution and shall be binding upon the Bank until the term specified, or until the Client revokes or amends it. I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Client representative's personal data to the Bank, and I certify that the Client representatives:

- 1) Are familiar with the content and extent of the Bank Authorisation and are aware of the nature and effects of the mandate;
- Are informed that the Bank processes personal data in accordance with the Bank's Privacy Policy. Purpose of data processing: preparation of the Power of Attorney, carrying out client due diligence and ensuring compliance with international and national sanction requirements. More information about the Bank's Privacy Policy is available here: https://www.bluorbank.lv/en/information-on-processing-of-personal-data.

4. Confirmation and consent

By signing this application:

- I confirm that, prior to signing this application, I have read the terms and conditions of the Agreement on Account Opening and Maintenance, the terms and conditions of the Credit Card Agreement (if the Client has chosen to receive a card), the General Terms of Business, and the Bank's Pricelist, understand them, agree to them, recognise them as binding upon myself, and undertake to comply with them;
- l agree and acknowledge that this application, the terms and conditions of the Agreement on Account Opening and Maintenance, the terms and conditions of the Credit Card Agreement (if the Client has chosen to receive a card), the General Terms of Business, and the Bank's Pricelist together constitute a service agreement between the Bank and the Client, hereinafter referred to as the Agreement;
- I am informed that the documents specified in paragraph 4.2 are available on the Bank's website www.bluorbank.lv or at the Client Service Centre; I confirm that I will use the services offered by the Bank in accordance with the terms of the Agreement;

- The Agreement is considered concluded at the moment the Bank opens a Current Account for the Client;
 I confirm that all information provided in this application is complete and true, and I acknowledge that in the event of providing false information, I will be liable in accordance with the applicable laws and regulations. I undertake to promptly notify the Bank in writing of any changes to the information provided in this application.
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- I have familiarized myself with the code calculator (Digipass) and/or Blue KEY user manual (if the Client has chosen this service);
 I am informed that when applying for any of the Bank's services, each time the Bank will process personal data for the provision of Bank services, conducting
- client due diligence, and ensuring compliance with international and national sanctions. Detailed information on the Privacy Policy is available here:

 https://www.bluorbank.lv/en/information-on-processing-of-personal-data;
 I confirm that I have been presented with basic information on the protection of state-guaranteed deposits, including the amount and currency of the guaranteed compensation, the procedure and time of payment of the guaranteed compensation, the possibility of netting of claims obligations, as well as the contact details of the managing authority of the Deposit Guarantee Fund (Latvijas Banka). I am informed that more detailed information about the deposit
- guarantee can be found at https://www.bluorbank.lv/en/compliance;
 4.10. I confirm that I have familiarized myself with the terms and definitions used in this application and their explanations, which are available at
- https://www.bluorbank.lv/en/definitions and in the General Terms of Business;

 4.11. In case of choosing to receive the code calculator (Digipass) and/or Card by post or by courier delivery, I confirm that I am aware of and accept all the risks associated with sending/handing over the code calculator (Digipass) and/or Card, including the risks related to the safety and delivery time of postal items and courier delivery. I am aware that the Bank shall not be liable for the loss or other expenses of the Client or third parties, which may arise due to the delay in issuing the code calculator (Digipass) and/or Card, its loss, damage or misuse, including disclosure of confidential information or other circumstances beyond the control of the Bank:
- 4.12. I certify and agree that if the application 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.
 - * I agree that electronic mail (e-mail) may be used for exchanging information and documents. I confirm that I am aware of the risks associated with the use of e-mail, and the Bank has informed me about the possible risks, explained their consequences, and that the information is understandable to me

5. Client's representative¹ 5.1. Surname, name 5.3. Code calculator (Digipass) key or Blue KEY (S) 5.2. Signature 5.4. Place of signature dd/mm/yyyy (country, city) 5.5. Surname, name____ 5.7. Code calculator (Digipass) key or Blue KEY (S) 5.6. Signature 5.8. Place of signature dd/mm/yyyy (country, city) 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;

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

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6.1. Surname, name	6.2. Signature				
	Data	1.0			

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.