

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

APPLICATION FOR OPENING A PAYMENT CARD ACCOUNT, ISSUING AND MAINTAINING A PAYMENT CARD OF AN INDIVIDUAL (LATVIAN RESIDENT)

FILL IN USING BLOCK CAPITALS

1.1 Cumana nama	1.2. Identity number/														
1.1. Surname, name) A N) -+ D - O D - A O			Da	ite of	Birth	_								
1.3. Current Account No. (IE hereinafter referred to a	as the Bank:	LIVIIC	B B R												
1.4. Name, surname of the of hereinafter — the Card															
FILL IN PARAGRAPH 7 "CARDHOLD	ER INFORMATION" IF THE C	ARDHOLDER IS OTHER	THAN THE 1	HE PERSO	ON REF	ERRE	о то	IN PA	RAG	RAP	H 1.1 (CLIE	ENT)		
2. Card information	on														
2.1. Card type:															
Mastercard Classic	Mastercard	Gold (In a package	with Priorit	y Pass)											
2.2. Card credit limit:															
2.2.1. Desired credi	2.2.1. Desired credit limit (Please specify the amount) 2.2.2. No credit limit														
PLEASE FILL OUT CLAUSE 3 IF YOU		ŕ													
3. Additional infor	mation to the	Application	for Re	eceiv	ing	a C	re	dit	t Li	mi	it				
3.1. Estimated monthly expe	enses (except credit li	ability payments),	EUR												
3.2. Family status:	Not married	Married	Cohab	itation v	withou	ut ma	ırria	ge							
Number of dependents	3														
3.3. Current credit obligat	ions														
3.3.1. Current monthly of	redit, lease payment (euro)													
3.3.2. Have you had cre	dit repayment or inter	est payment dela	ys longer	than 60	days	in th	e la	st 2	4 m	ontl	าร?				
No	Yes, but all payments	are currently settle	ed	Yes, I	have	then	n nc	W							
3.3.3. Do you currently	have loans from non-k	ank creditors?		No		Yes									
4. Additional info	mation for ap	plying to a	transa	ction	lim	it c	ind	o b	on	ne	cti	or	10	ft	he
4.1. I want to set a limit on A	TM cash withdrawals:														
4.1.1. Standard	4.1.2. Other:	4.1.3. Daily				1.4. 3	0 d	ays	<u>/m:</u>						.
4.2. I want to set a limit on p	ourchases with Card:	(Ple	ase specify t	he amoun	t)				(Ple	ase s	specif	y the	e amo	ount)
4.2.1. Standard	4.2.2. Other:	4.2.3. Daily	ase specify t	he amoun		2.4. 3	30 c	lays	(Ple	256	specif	v th	amı	nunt	<u>-</u>
4.3. Authentication tool for	3D authentication of o		. ,						(0		, рос	,	J 41111	J 4111	,
4.3.1. Please issue	a new Digipass token														
4.3.2. Please conne	ect: Blue KEY														
4.3.3. Mobile phone nui	mber (if option 4.3.2 is	selected)													
4.3.4. E-mail (if option 4	1.3.2 is selected)														
4.4. Please connect the Inte		Card Account (or				bank	us	ers;							
Full mode	Editing mode	View mode													

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Smilšu iela 6, Rīga, LV-1050, Latvija Registration No. 40003551060 BluOr Bank AS SWIFT code: CBBRLV22 Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv CONTINUATION 5. Additional services 5.1. I hereby authorise the Bank to replenish the balance of the Card Account using funds from the aforementioned Current Account, each business day of (Amount in digits and in words) the Bank, up to the following amount: 6. Receiving the Card and Priority Pass By post (if Client identification is carried out) At the Bank (Correspondence address) 7. Cardholder information IF THE CARDHOLDER IS OTHER THAN THE PERSON REFERRED TO IN PARAGRAPH 1.1 (CLIENT) 7.2. Identity number / Date of Birth 7.1. Name, surname 7.3. Series and No. of identity document 7.4. Relationship between the Client and the Cardholder 7.5. Correspondence address (Postal address — street, house, apartment/office, city, postcode, country) 7.6. Voice password for identification over the phone (receiving the information on an additional Card, locking of an additional Card) 8. Confirmation and consent By signing this Application with my signature, I confirm that: 8.1. All the information provided is complete and true, and I am aware of the liability in case of providing false information in accordance with applicable laws and regulations. 8.2. I wish to open the Card Account and use the Card offered by the Bank in accordance with the terms and conditions of the Agreement on Opening and Maintenance of a Current Account, Credit Card Agreement, and General Terms of Business that I have read and undertake to comply with them. I confirm that, prior to signing the Application, I have read the Bank's Pricelist and, if such service is selected, the authentication tool manual, I accept the mentioned documents as binding, undertake to follow them, and assume full responsibility for transactions carried out by the Cardholder. 8.3. I am informed that all the above documents approved by the Bank and amendments thereto together constitute an Agreement and are available on the Bank's website www.bluorbank.lv or at the Client Service Centre. The Agreement between the Bank and the Client shall be deemed to be concluded when the Bank opens a Current Account for the Client. 8.4. I have received the Authentication Tool selected in this Application and I am informed that the Bank will use the information specified by the Client in paragraphs 4.3.3 and 4.3.4 of this Application to send the Blue KEY authentication initialisation password, send access data to the Blue KEY activation website (if such service is selected) and information on Card transactions. 8.5. I am informed about the existence of a legal basis for data processing to transfer the data of the third parties indicated in the Application to the Bank, and that the specified third parties and the Client are informed that the Bank processes personal data in accordance with the Privacy Policy. The purpose of data processing: opening and servicing the card; assessment of creditworthiness and conclusion of a credit risk-related service agreement, if a service associated with a credit risk is selected. More detailed information about the Bank's Privacy Policy is available here: https://www.bluorbank.lv/en/ information-on-processing-of-personal-data. Fill in if the Card credit limit is requested: I am informed that the Bank has the right to submit and receive information from the Credit Register of the Bank of Latvia pursuant to the procedure provided for in the applicable legislation. I am aware that the Bank will provide information on violations of credit obligations to the Credit Register of the Bank of Latvia. I am informed that the Bank, on the basis of mutually concluded agreements, is entitled to request and receive through AS "Kredītinformācijas Birojs", reg. No. 40103673493, or other licensed credit information bureaus, information from the state information systems (SRS, SSIA) about the Client's income, paid pension, allowance and remuneration, as well as to provide, request and receive from AS "Kredītinformācijas Birojs" or other licensed credit information bureaus, information about the Client, their credit obligations and violations. I agree, upon the Bank's request, to submit a statement prepared by the State Social Insurance Agency (SSIA) and/or the State Revenue Service (SRS) regarding my income, pension, allowance and remuneration paid, or to submit a statement prepared by the tax administration of another state, equivalent in content, if the income is received in another state. 9. Client 9.2. Signature (or Digipass key (S))* – 9.1. Surname, name of the Client dd/mm/yyyy Document properties "Date of Signing" and "Signature" are not to be filled-in if an electronic document is prepared and signed in accordance with laws and regulations on drawing up of electronic documents and delivered to the Bank by using electronic means of communication, except if the document has been signed with an electronic signature (Digipass key (S)). 10. Representative of the Bank FILLED-IN BY THE BANK 10.1. Position, name, surname 10.2. Signature dd/mm/yyyy

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