

APPLICATION FOR OPENING A PAYMENT CARD ACCOUNT, ISSUING AND MAINTAINING A PAYMENT CARD FOR AN INTERNATIONAL INDIVIDUAL

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Surname, name _____ 1.2. Date of birth _____

1.3. Current Account No. (IBAN) with BluOr Bank AS, hereinafter referred to as the Bank:

1.4. Name, surname of the Cardholder, as specified on the payment card, hereinafter — the Card (*please use letters of the Latin alphabet only*)

FILL IN PARAGRAPH 6 "CARDHOLDER INFORMATION" IF THE CARDHOLDER IS OTHER THAN THE THE PERSON REFERRED TO IN PARAGRAPH 1.1 (CLIENT)

2. Card information

2.1. Card type:

Mastercard Classic

Mastercard Gold (*In a package with Priority Pass*)

2.2. Card credit limit:

2.2.1. Desired credit limit _____
(Please specify the amount)

2.2.2. No credit limit

3. Additional information for applying to a transaction limit and connection of the Internet bank

3.1. I want to set a limit on ATM cash withdrawals:

3.1.1. Standard

3.1.2. Other: _____

3.1.3. Daily _____
(Please specify the amount)

3.1.4. 30 days _____
(Please specify the amount)

3.2. I want to set a limit on purchases with Card:

3.2.1. Standard

3.2.2. Other: _____

3.2.3. Daily _____
(Please specify the amount)

3.2.4. 30 days _____
(Please specify the amount)

3.3. Authentication tool for 3D authentication of online purchases (only for new users)

3.3.1. Please issue a new Digipass token

3.3.2. Please connect: Blue KEY

3.3.3. Mobile phone number (*if option 3.3.2 is selected*) _____

3.3.4. E-mail (*if option 3.3.2 is selected*) _____

3.4. Please connect the Internet bank for the new Card Account (only for current Internet bank users;

User name: - _____):

Full mode

Editing mode

View mode

4. Additional services

4.1. I hereby authorise the Bank to replenish the balance of the Card Account using funds from the aforementioned Current Account, each business day of the Bank, up to the following amount:

_____ (Amount in digits and in words)

5. Receiving the Card and Priority Pass

At the Bank

By post (*if Client identification is carried out*) _____

(Correspondence address)

6. Cardholder information

FILL, IF THE CARDHOLDER IS OTHER THAN THE PERSON REFERRED TO IN PARAGRAPH 1.1 (CLIENT)

6.1. Name, surname _____ 6.2. Identity number / Date of Birth _____

6.3. Series and No. of identity document _____

6.4. Relationship between the Client and the Cardholder _____
(please comment)6.5. Correspondence address _____
(postal address – Street, house, apartment/office, city, postcode, country)6.6. Voice password for identification over the phone
(receiving the information on an additional Card, locking of an additional Card)

7. Confirmation and consent

- 7.1. I confirm that all the information provided is complete and valid, and I am aware of the liability for providing incomplete or false information under the applicable Law.
- 7.2. I hereby confirm that, by signing this Application, 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 Servicing a Card Account, and the Terms and Conditions of the Credit Card Agreement, hereinafter — Terms and Conditions. I have read the Conditions, the Bank's General Terms of Business and Pricelist, and undertake full liability for transactions carried out by the Cardholder. I am aware that all the documents approved by the Bank and amendments thereto are available on the Bank's website www.bluorbank.lv or at the Customer Service Centre.
- 7.3. I am aware that this Application and the Conditions constitute an Agreement.
- 7.4. I confirm the receipt of the Authentication tool, as selected in this Application, and I am aware that the Bank will use the information specified by the Client in paragraph 3.3.3 and 3.3.4 for the delivery of the initialisation password for Blue KEY, for the delivery of access data for the Blue KEY activation website (if such service is selected), and the delivery of the information on Card transactions.
- 7.5. If travel insurance is applied for, I agree that the Bank reserves and/or charges the fee for a travel insurance policy from any account opened on my behalf with the Bank. I am aware that the terms of travel insurance are available on the Bank's website www.bluorbank.lv or in the Customer Service Centre.
- 7.6. I am aware that the Bank processes personal data of individuals in accordance with the applicable data protection laws of the Republic of Latvia and the European Union and the General Terms of Business and the Personal Data Processing Policy. Purpose of data processing: Opening and servicing of a Card and receiving a service associated with credit risk. Detailed information on the Bank's policy on personal data processing is available in the Bank's website: www.bluorbank.lv/en/information-on-processing-of-personal-data.
- 7.7. I am informed that the Bank has the right to provide and receive information from the Credit Register of the Bank of Latvia pursuant to the procedure provided for in the applicable legislation (if a service associated with a credit risk is selected). I am aware that, in the event of a violation of credit obligations, the Bank will provide data on such violation to the Credit Register of the Bank of Latvia.
- 7.8. I am informed that the Bank has the right to request and receive information about a loan applicant from AS "Kredītinformācijas Birojs", reg. No. 40103673493, (hereinafter — Credit Information Bureau) and to provide data on a loan applicant and their liabilities to the Credit Information Bureau (if a service associated with a credit risk is selected).

8. Client

8.1. Surname, name of the Client _____ 8.2. Signature
(or Digipass key (S))* _____
Date* _____ L.S.
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)).

9. Representative of the Bank

FILLED-IN BY THE BANK

9.1. Name, surname _____ 9.2. Signature _____

Date _____
dd/mm/yyyy