APPLICATION FOR RECEIVING AN ADDITIONAL PAYMENT CARD

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Client _____

(Individuals — name, surname; legal entities — company name and name, surname of the principal cardholder)

1.2. Payment Card Account No. (IBAN) with BluOr Bank AS, hereinafter — the Bank

`L V | | | C B B R | | | | | | | | | | | | | | | | | |`

2. Information on the cardholder of the additional payment card, hereinafter — the Card

2.1. Name, surname _____   2.2. Identity number/Date of Birth _____

2.3. Series and No. of identity document _____

2.4. Additional cardholder:

　2.4.1. Client's association with the additional cardholder _____

(Please specify)

2.5. Correspondence address _____

(Postal address — street, house, apartment, city, postcode, country)

2.6. Name, surname of the additional cardholder on the additional Card *(please fill in using Latin letters)*

2.7. Company name on the additional Card (for legal entities) *(please fill in using Latin letters)*

2.8. Voice password for identification over the phone (receiving the information on an additional Card, locking of an additional Card)

3. Additional information for applying to a transaction limit and connection of authentication token

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

　3.1.1. Standard 　3.1.2. Other: 　3.1.3. Daily _____ 　3.1.4. 30 days _____

(Please specify the amount) (Please specify the amount)

3.2. I want to set a limit on purchases with the additional card:

　3.2.1. Standard 　3.2.2. Other: 　3.2.3. Daily _____ 　3.2.4. 30 days _____

(Please specify the amount) (Please specify the amount)

3.3. Authentication tool for 3D authentication of online purchases required:

　3.3.1. Please connect Password+SMS authentication

　3.3.2. Please issue a new Digipass token

　3.3.3. Please connect Mobile Digipass

　3.3.4. Mobile phone number *(if option 3.3.1 or 3.3.3 is selected)* _____

　3.3.5. E-mail *(if option 3.3.3 is selected)* _____

4. Place of receipt of the additional Card and Priority Pass

　At the Bank 　By mail (To the specified Correspondence address), if Client identification is carried out

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

CONTINUATION

5. Confirmation and consent

5.1. 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.

5.2. I hereby confirm that, by signing this Application, I as the Client wish ask the Bank to issue an additional Card and service it in accordance with the terms and conditions of the Credit Card Agreement, hereinafter — Terms and Conditions. I have read the Terms and Conditions and the Bank's General Terms of Business, and undertake to follow them. I confirm that, prior to signing the Application, I have reviewed the Bank's Pricelist and the user manual of the authentication token, if such service is selected, I accept the mentioned documents as binding, undertake to follow them, and assume full responsibility 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.

5.3. I am aware that this Application and the Conditions constitute an Agreement.

5.4. 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 3.3.4 and 3.3.5 for the delivery of the initialisation password for Mobile Digipass and/or Password+SMS authentication, for the delivery of access data for the Mobile Digipass activation website, delivery of SMS notifications for the Password+SMS authentication (if such service is selected), and the delivery of the information on Card transactions.

5.5. If travel insurance is applied for, the Client agrees 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.

5.6. 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: issue and servicing of an additional Card. Detailed information on the Bank's Personal Data Processing Policy is available here: www.bluorbank.lv/en/information-on-processing-of-personal-data.

6. Client, Card user

6.1. Name, surname of the Client (Client's representative) _____

6.2. Signature of the Client (Client's representative) (or Digipass key (S))* _____

6.3. Name, surname of the additional cardholder _____

6.4. Signature of the additional cardholder (or Digipass key (S))* _____

Date* _____ dd/mm/yyyy   L.S.

(This field is mandatory!!!)

* 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)).

7. Representative of the Bank

FILLED-IN BY THE BANK

7.1. User's Digipass No. ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

7.2. Name, surname _____

7.3. Signature _____

Date _____ dd/mm/yyyy   L.S.