

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333 | E-ma

Registration No. 40003551060 E-mail: info@bluorbank.lv

www.bluorbank.lv

SWIFT code: CBBRLV22

INDIVIDUAL'S CLIENT DATA CHANGE FORM

FILL IN USING BLOCK CAPITALS!

Dear Client,

To ensure compliance with international standards and regulations for credit institutions, please provide the required information below. BluOr Bank AS, hereinafter referred to as the Bank, adheres to regulatory requirements, observes confidentiality, and safeguards your data.

Jui	name, name					
1.2. Ider (For d	ntity code lomestic clients)	1.3 Date of hirth				
1.4. Clie	nt No. (filled in by the Bank)					
THE CLIEN	IT SHOULD ONLY FILL OUT SECTIONS AFFECTED BY THI	E CHANGES, AS WELL AS THE CONFIRMATION SECTION!				
2. Ch	ange of the Client's addres	s and contact information				
2.1. Declared address of residence						
		(Address – apartment, street, city, postal code, country)				
2.2. Actual address (permanent address of residence)		(Address – apartment, street, city, postal code, country)				
2.3	3. Correspondence address	(Address – apartment, street, city, postal code, country)				
2.4. Mol	bile phone No.	2.5. E-mail				
	er tax residencies, if any	3.2.1 Illinary country of tax residence.				
	payer No.:	3.2. Primary country of tax residence:				
	·	lation to each tourselden as assumen, and effect				
Count	ry code 3.3.1. Please substantiate your re	lation to each tax residence country specified				
4. Ch	anges in Client's type of ac	tivity				
4.1. Typ	anges in Client's type of ac be of activity: ck all that apply)	tivity				
4.1. Typ (Che	De of activity: ck all that apply) Entrepreneur (Please specify type of business,	tivity				
4.1. Typ	De of activity: ck all that apply) Entrepreneur (Please specify type of business,	·				
4.1. Typ (Che 4.1.1. 4.1.2.	ce of activity: ck all that apply) Entrepreneur (Please specify type of business, company name, country and relation to the compar State or municipal official (Please specify the institution, country and your job position)	у)				
4.1. Typ (Che 4.1.1.	ce of activity: ck all that apply) Entrepreneur (Please specify type of business, company name, country and relation to the compar State or municipal official (Please specify the institution, country and your job position)	y)				



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	Phone: +371 67 031 33	33 E	-mail:	info@bluorbank.lv	'	www.bluorbank	lv				
5. Ch	ange of source of the Clie	ent's fur	ıds				CON	ITINUATIOI			
	INTERNATIONAL CLIENTS) k all that apply)										
5.1.											
5.2.	5 1 1/										
5.3.	District description of the transfer of										
5.4.	Cala of bald for an airl in strume and	;									
5.5.	Sale of equity (Please specify Company name and share of equity sold)										
5.6.	Sale of personal property (Please specify type and location of property)										
5.7.	Income from personal property rental (Please specify type and location of property)										
5.8.	Income from movable property/real estate transactions, sale of assets (Please specify the type of transaction)										
5.9.	Sale Or assets (rease specify the type of transaction)										
6 Ch	anges in planned Curren										
	-	Accou		ansactions							
	NTHLY Account turnover: al number of payments in your accoun	t (incomina	and o	ntaoina).							
	check one box only)	_									
1 2 Eo	Up to 20 payments 20– r Domestic clients	50 payment	:S	More than 5	0 payr		oximate number)				
		Up t	n	From EUR 5 000.	01 F	rom EUR 15 000.0	01 EUR 50 000.	01 and			
	accounts' turnover	EUR 5, 00		to EUR 15 000.0		to EUR 50 000.00					
incomir	d maximum total volume of the ng payments and maximum volume of a ncoming transaction							EUR			
paymer	d maximum total volume of the outgoing ats and maximum volume of a single ag transaction							EUR			
Planned	d maximum volume of cash deposits, ng ATM cash deposits		EUR				<u> </u>				
	d maximum volume of cash withdrawals,		EUR								
5.1.3. Fo	r International clients										
Clients accounts' turnover				Up to EUR 15, 000.00		m EUR 15,000.01 EUR 100,000.00	EUR 100,000.01 a (specify sun				
Planned maximum total volume of the incoming payments and maximum volume of a single incoming transaction								EUR			
Planned maximum total volume of the outgoing payments and maximum volume of a single outgoing transaction								EUR			
Planned maximum volume of cash deposits, including ATM cash deposits				EUR							
Planned maximum volume of cash withdrawals, including ATM cash withdrawals				EUR							
	or changes						J				
			(F	Please specify the reason	for chan	iges)					
INTERNAT	ormation on incoming payments IONAL CLIENTS ONLY) k all that apply)										
6.2.1.	Salary, remuneration	6.2.2.	Dividends and interest			6.2.3. Income from investment in financial instruments					
6.2.4.	Income from personal property rental		Other (Please s	pecify)							



10. Representative of the Bank

10.1. Name, surname

Registration No. 40003551060 BluOr Bank AS Smilšu iela 6, Rīga, LV-1050, Latvija SWIFT code: CBBRLV22 Phone: +371 67 031 333 E-mail: info@bluorbank.lv www.bluorbank.lv CONTINUATION Average planned monthly **Payer** Servicing credit institution turnover Surname, name/ Country Country **Amount** Name Currency Name of entity (code) (code) 6.3. Information about incoming funds in your account (FOR DOMESTIC CLIENTS) (Check all that apply) Salary Loans Inheritance Pension and/or benefits Scholarship Dividends/ Income from the rental interest of personal property (specify the type activity/property) (specify the type and location of the property) 6.4. Information about outgoing payments: (Check all that apply) Expenses for household and Investments in financial Repayment of credits, loans, 6.4.1. 6.4.2. 6.4.3 personal needs instruments lease payments Other Granting of loans 6.4.4. 6.4.5. (Please specify) Average planned monthly **Beneficiary Beneficiary credit institution** Surname, name/ Country Country Name Currency **Amount Company name** (code) (code) 7. Password for identifying the Client over the phone 7.1. Voice password for receiving information on the state of the current account, as well as for carrying out transactions (currency conversion, financial instrument transactions, if a respective service agreement has been concluded) by phone (fill in with letters of the Latin alphabet only!): 8. Confirmation 8.1. I confirm that the information provided herewith is complete and true, and I am aware of the liability for providing incomplete and false information under the applicable Law. I undertake to inform the Bank in writing without delay about any changes in the provided information. 9. Client¹ 9.1. Name, surname of the Client 9.3. Digipass key (S) 9.2. Signature dd/mm/yyyy ¹ Ignore this section if the document has been drafted and signed in accordance with the applicable legislation for formatting electronic documents (using a secure electronic If the document has been signed electronically using "Digipass key (S)", please fill out the following fields only: "Surname, name", "Digipass key (S)", "Date".

10.2. Signature

dd/mm/yyyy

L.S.