

LEGAL ENTITY'S OR FORMATION'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.

1. Client information

1.1. Name

1.2. Taxpayer No. _____

1.3. Client No.
(filled in by the Bank)

1.4. Is the Client a passive non-financial legal formation?
(i.e. Over 50% of the Client's income is passive income — dividends, investment income, coupon income, interest income, royalties etc. More detailed information is available in the Bank's web-page.)

Yes No

THE CLIENT SHOULD ONLY FILL OUT SECTIONS AFFECTED BY THE CHANGES, AS WELL AS THE CONFIRMATION SECTION!

2. Change of registered office and contact information

2.1. Registered office _____
(Full address — office, street, town, postal code, country)

2.2. Actual address _____
(if different from the registered one)
(For domestic clients)

Street _____ House No. _____ Office No. _____
City _____ Postal code _____ Country _____

2.3. Management location _____
(Client's actual address)
(For International clients)
(Full address — office, street, town, postal code, country)

2.4. Place of business activity _____
(specify, if any)
(For International clients)
(Full address — office, street, town, postal code, country)

2.5. Contact information of the Client representative: 2.5.1. Name, Surname _____

2.5.2. Mobile phone No. _____ 2.5.3. E-mail _____

2.6. Company web-site _____

3. Change of Client's tax residency

3.1. Tax payer No.: _____ 3.2. Primary country of tax residence (country code)

3.3. Other tax residencies, if any:

Country code	3.3.1. Please substantiate your relation to each tax residence country specified
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	

4. Change of the Client's beneficial owners (BOs)

1. Name, surname			
2. Rationale:			
- directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %
- direct or indirect control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor /trustee otherwise (please specify)
3. Personal identification number			
4. Date of birth			
5. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
6. Citizenship			
7. Tax residence country (if not Republic of Latvia)			
8. Tax payer registration number (if not Republic of Latvia)			
9. Permanent residence (address — street name, building, apartment number, city, state, postal code)			
10. Mobile phone No.			
11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
12. Is the BO a politically exposed person (PEP)?	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP	No PEP family member Yes Close associate of a PEP

4.1.1. The Client has more than 4 (four) BOs. Please fill out the Questionnaire about the beneficial owners (Annex No. 1).

4.1.2. Reason for changes _____
(Please specify the reason for changing the BO)

5. Change of business activity (profile)

5.1. Information on Client's business activities

5.1.1. Full description of the Client's business activities, scheme of planned Current account transactions
(this scheme may be submitted separately):

CONTINUATION

5.1.2. I confirm that the aforementioned business activities do not require a licence or special permit at the place of business.

5.1.3. The aforementioned business activities require a licence or special permit at the place of business and I attach a copy of the licence and/or special permit.

5.1.4. Reason for changes _____

(Please specify the reason for changing the business activity)

IF THE CLIENT HAS DECLARED THE ACTIVITY TYPE CORRESPONDING TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

5.2. Change of business partners

5.2.1. Incoming payments:

Name of partner	Country of incorporation (code)	Payment purpose	Country of servicing credit institution, if known

5.2.2. Outgoing payments:

Name of partner	Country of incorporation (code)	Payment purpose	Country of servicing credit institution, if known

5.2.3. Reason for changes _____

(Please specify the reason for changes)

5.3. Changes in planned Current Account transactions

5.3.1. MONTHLY Account turnover:

Total number of payments in your account (incoming and outgoing):

(Must check one box only)

Up to 50 payments

50–100 payments

More than 100 payments _____

(specify approximate number)

Client accounts' turnover	Up to EUR 15,000.00	From EUR 15,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify sum)
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		
Planned maximum total volume of the incoming payments on the separate clients' funds account and maximum amount of a single incoming transaction (please fill if the Client is a financial institution)			_____ EUR

5.3.2. Reason for changes _____

(Please specify)

5.4. Password for identifying the Client over the phone

5.4.1. 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!*):

6. Confirmation

- 6.1. 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 am aware that the failure to specify an item of requested information will be interpreted as lack of corresponding data. I undertake to inform the Bank in writing without delay about any changes in the provided information.
- 6.2. I hereby confirm my acquaintance with the definitions and clarifications provided. Detailed information is available at – <https://www.bluorbank.lv/en/definitions>.

7. Client¹

- 7.1. Surname, name (Client's representative) _____
- 7.2. Signature _____
- 7.3. Digipass key (S) _____
- 7.4. Place of signature _____ Date _____
(country, city) dd/mm/yyyy
- 7.5. Surname, name (Client's representative) _____
- 7.6. Signature _____
- 7.7. Digipass key (S) _____
- 7.8. Place of signature _____ Date _____
(country, city) 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 signature**).

If the document has been signed electronically using "Digipass key (S)", please **fill out** the following fields only: "Surname, name (Client's representative)", "Digipass key (S)", "Date".

8. Representative of the Bank

FILLED IN BY THE BANK

- 8.1. Name, Surname _____
- 8.2. Signature _____
- Date _____ L.S.
dd/mm/yyyy