

**Power of Attorney of an individual**

CLIENT NO.:        
 (Filled in by the Bank)

**Original**

**Changes the current one**  
 (upon signing a new Power of Attorney, the previous Power of Attorney shall expire)

**POWER OF ATTORNEY**

1. The Client, \_\_\_\_\_, hereinafter referred to as the Assignor,

2. Identity code/Date of birth \_\_\_\_\_

Identity verified based on identification document No. \_\_\_\_\_ issued \_\_\_\_\_,

issuing authority \_\_\_\_\_, issuing country \_\_\_\_\_,

**hereby authorises:**

<b>Surname, name</b>	_____, hereinafter referred to as the <b>Assignee</b>			
Identity code (for resident of Latvia) and/or date of birth	_____			
Identity verified based on the identification document No. (and series)	_____			
Date of issue	_____			
Issuing authority	_____			
Issuing country	_____			
Declared residence address (for resident of Latvia)	_____			
Actual residence address (unless as declared)	_____			
Mobile phone No.	_____			
E-mail	_____			
Is the Assignee a U.S. Person*? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes	No		
Is the Assignee a politically exposed person (PEP)**?	No	Yes, PEP	PEP family member	Close associate of a PEP
<b>Signature specimen of the Assignee</b>	_____			

**The extent of the assignment specified in this Power of Attorney refers to the following accounts:**

Account No.

Account No.

Account No.

**OR**

All of the Assignor's accounts (including those opened at a later date)

**Extent of the assignment:**

To, freely and with no restrictions whatsoever, dispose of the aforementioned accounts and perform **activities related to the receipt of everyday services** at **BluOr Bank AS, hereinafter — the Bank**, (including, but not limited to: account opening/maintenance/closure, card request/receipt, use of the Internet Bank in full mode, request/receipt of a Digipass):

- To receive and provide information and documents regarding the status of the aforementioned accounts, balances, operations on the accounts, any agreements and credit obligations entered into by the Assignor;
- To perform deposits and withdrawals of cash on behalf of the Assignor;
- To perform payments and transfers of funds on behalf of the Assignor;
- To conclude and terminate agreements on everyday services in connection with the aforementioned accounts and the use of funds held therein, including receipt of information on any agreements and credit obligations concluded by the Assignor;
- To open, renew, and close accounts;
- To conclude new deposit agreements and terminate concluded agreements (including those concluded by the Assignor) prematurely in accordance with the provisions of the deposit agreements;
- To receive cards and Digipasses due to the Assignor; the Assignor undertakes full liability, and undertakes not to require reimbursement by the Bank for any losses that might occur if the Assignee fails to deliver a payment card or Digipass to

- the Assignor, or if the Assignor disposes of a card arbitrarily;
- To terminate agreements on services of the Bank the termination of which is unrelated to filing new documentation (e.g. repayment of a consumer loan, credit limit).

**The assignment does not apply to credit products, financial instruments or individual safe deposit boxes!**

**OR**

To receive and provide information and documents regarding the status of the aforementioned accounts, balances, operations on the accounts, any agreements and credit obligations entered into by the Assignor.

**Validity term of the Power of Attorney:** Termless Until / / -/ / /   
 dd / mm / yyyy

**The power of attorney has been issued without the right of substitution.**

This Power of Attorney shall be binding on the Bank by the specified deadline or until the Bank receives its withdrawal.

**3. I hereby confirm that all the information provided in this document is complete and correct.**

(I undertake to immediately inform the Bank in writing about any changes in the above information provided)

**4. I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Assignee's personal data to the Bank, and I certify that the Assignee:**

- 1) Is familiar with the content and extent of the Bank Authorisation and are aware of the nature and effects of the mandate;
- 2) Are informed that the Bank processes personal data in accordance with the applicable personal data protection laws and regulations of the Republic of Latvia and the European Union, the General Terms of Business and the Bank's Personal Data Processing Policy. Purpose of data processing: preparation of the Power of Attorney, carrying out client due diligence and ensuring compliance with international and national sanction requirements. More information about the Bank's Personal Data Processing Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

**5. I confirm acquaintance with the following definitions and clarifications:**

\* **United States person** – any person meeting at least one of the following criteria: 1) The individual has citizenship or a valid residence permit (Green Card) in the U.S.; 2) The individual's tax residence country is the U.S.; 3) The individual was born in the U.S.; 4) The legal entity has a phone number with a U.S. country code; 5) The legal entity is registered in the U.S.; 6) The residential or correspondence address of the individual is in the U.S. (including a P.O. Box in the U.S.); 7) A Power of Attorney has been issued to an individual/legal entity with an address in the U.S.

\*\* **Politically exposed person (PEP):**

- 1) **A person** currently or formerly employed in major public office, including a supreme official of state government, head of a state administrative unit (municipal government), head of government, minister (deputy minister or deputy to the deputy minister, if the relevant country has such a position), state secretary, or other high-level official in government or a state administrative unit (municipal government), parliament deputy or member of an equivalent legislative body, member of the management body (board) of a political party, judge (member of a court institution) in a constitutional court, supreme court or other court instance, member of the board or council of a supreme audit institution, member of the board or council of a central bank, ambassador, charge d'affaires, senior officer of the armed forces, member of the board or council of a state corporation, executive (director, deputy director) or member of the board of an international organisation, or any person holding an equivalent position in such an organisation, within the Republic of Latvia, a member state or third country.
- 2) **A PEP family member:**
  - a) Spouse or equivalent. A person is considered an equivalent of a spouse only if the laws of the relevant state provide for such status;
  - b) Child, child of a spouse or equivalent, or their spouse or equivalent;
  - c) Parent, grandparent or grandchild;
  - d) Brother or sister.
- 3) **A close associate of a PEP** – an individual known to have business or other close ties to one of the aforementioned, to be a stockholder or shareholder in the same corporation as one of the aforementioned, or an individual that is the sole owner of a legal entity known to have been established for the actual benefit of one of the aforementioned.
- 4) I am informed that the Bank processes personal data in accordance with the applicable personal data protection laws and regulations of the Republic of Latvia and the European Union, the General Terms of Business and the Bank's Personal Data Processing Policy. Purpose of data processing: preparation of the power of attorney. More information about the Bank's Personal Data Processing Policy is available here: <https://www.bluorbank.lv/en/information-on-processing-of-personal-data>.

## 6. Assignor

6.1. Surname, name of the Client \_\_\_\_\_ 6.2. Signature \_\_\_\_\_

6.3. Filled out in \_\_\_\_\_ (Country, city) 6.4. Digipass key (Signature)<sup>1</sup> \_\_\_\_\_  
 (To be specified if the document will be signed and submitted to the Bank via electronic means of communication)

Date<sup>1</sup> \_\_\_\_\_  
 dd/mm/yyyy

<sup>1</sup> 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 (Signature)).

## Representative of the Bank identifying the Assignor and the Assignee

Surname, name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_  
 dd/mm/yyyy

## Filled in by the Bank

(TO BE SPECIFIED IF THE DOCUMENT WILL BE SIGNED AND SUBMITTED TO THE BANK VIA ELECTRONIC MEANS OF COMMUNICATION)

Client \_\_\_\_\_  
 (Name, Surname)

Surname, name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ L.S.  
 dd/mm/yyyy