BluOr Bank

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

APPLICATION FOR EVERYDAY SERVICING OF AN INDIVIDUAL CLIENT (INTERNATIONAL)

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Surname, name _____

1.2. Identity number/Date of birth _____   1.3. Place of birth _____
(city, country)

1.4. Identity document No. and series _____

1.5. Mobile phone No. _____   1.6. E-mail* _____

BluOr Bank AS (hereinafter — the Bank) will use the information provided by the Client in paragraphs 1.5. and 1.6. for communicating with the Client, for delivering login data for the Blue KEY activation website, and notifications about payment card (hereinafter — Card) transactions (depending on the service chosen).

* The Client and the Bank agree that, for the purposes of exchanging information and documents, electronic mail (e-mail) may be used. The Client confirms awareness of risks related with the use of e-mail, and confirms that the Bank has informed them about the potential risks and clarified the consequences, and this information is understood by the Client.

2. Internet Bank connection and card information

2.1. Please connect the Internet Bank in full mode to all accounts opened at a later date

2.2. The Internet Bank connection is not required

2.3. Select the Authentication token:
(upon opening a Current Account, connection of one Authentication Tool is free of charge)

2.3.1. Digipass   2.3.2. Blue KEY

2.4. Voice password for identification over the phone

Voice password for Client identification by phone (password should be easy to pronounce and can contain letters and numbers (from 4 to 15 characters))

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2.5. Payment Card (hereinafter — Card) information:

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

2.5.1. Cardholder's name, surname   ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(please use the Latin alphabet)

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

Standard   Other *(Please specify the* amount): Daily _____   30 days _____

2.5.3. I want to set a limit on card purchases:

Standard   Other *(Please specify the* amount): Daily _____   30 days _____

2.6. Receipt of the card and Priority Pass:

At the Bank   By post *(correspondence address, as stated in the Individual (International Client) questionnaire)*   Other _____
(Please specify)

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CONTINUATION

3. Confirmation and consent

☐ I want to open a Current Account ☐ I want to restore a Current Account

By signing this Application with my signature, I confirm that:

3.1. All the information provided is complete and true, and I am aware of the liability in case of providing false information in accordance with applicable laws and regulations.

3.2. I wish to use the services offered by the Bank in accordance with the terms and conditions of the Agreement on Opening and Maintenance of a Current Account, Credit Card Agreement (if the Client has requested a Card), and General Terms of Business that I have read and undertake to comply with them. I confirm that, prior to signing the Application, I have read the Bank's Pricelist and, if such service is selected, the authentication tool manual, I accept the mentioned documents as binding, undertake to follow them, and assume full responsibility for transactions carried out by the Cardholder.

3.3. I am informed that all the above documents approved by the Bank and amendments thereto together constitute an Agreement and are available on the Bank's website www.bluorbank.lv or at the Client Service Centre. The Agreement between the Bank and the Client shall be deemed to be concluded when the Bank opens a Current Account for the Client.

3.4. I have received the Authentication Tool selected in this Application and I am informed that the Bank will use the information specified by the Client in paragraphs 1.5 and 1.6 of this Application to send the Blue KEY authentication initialisation password, send access data to the Blue KEY activation website (if such service is selected) and information on Card transactions.

3.5. I am informed that when applying for any service of the Bank, the Bank will process personal data every time in accordance with the Bank's Privacy Policy. The purpose of data processing: receipt of Bank services, conducting client due diligence, and compliance with international and national sanctions requirements. More detailed information about the Bank's Privacy Policy is available here: https://www.bluorbank.lv/en/information-on-processing-of-personal-data.

☐ I consent
☐ I do not consent

to the receipt of commercial notifications about the Bank's present and future services (including via e-mail, phone or mobile text messages). The purpose of data processing: receipt of commercial notifications. I am aware that I am entitled to withdraw the consent given here at any time by submitting an application to the Bank in free form in the ways specified in the Bank's Privacy Policy. I am informed that the withdrawal of consent does not affect the lawfulness of the data processing that took place before the receipt of the withdrawal.

4. Client[1]

4.1. Surname, name of the Client _____

4.2. Signature _____ 4.3. Digipass key (S) _____

4.4. 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)**.
or
if the electronic document is filled in interactively in the environment provided by the Bank – in the *Client's Cabinet*, and the actions performed in it (*checking the box*) indicate consent, and is considered as a *digital signature* in accordance with the General Terms of Business.
If the document has been signed electronically using **"Digipass key (S)"**, please **fill out** the following fields only: "Surname, name", "Digipass key (S)", "Date".

5. Representative of the Bank

5.1. The Client's username in the Internet Bank ☐☐☐☐☐☐☐☐☐☐

5.2. The Client's Digipass No. ☐☐☐☐☐☐☐☐☐☐

5.3. Position, name, surname _____ 5.4. Signature _____

Date _____
dd/mm/yyyy