

PAYMENT CARD INFORMATION CHANGE APPLICATION

FILL IN USING BLOCK CAPITALS!

1. Client Information

Client _____
(For individuals – surname, name; for legal entities – company name and Cardholder's name)

Payment Card Account No. (IBAN) L V _____ C B B R _____

Payment Card, hereinafter – the Card, No. _____

2. Requested Changes (please specify as applicable)

Close the Card

Block the Card due to: Theft Loss Other _____
(Please specify)

Unblock the Card

Issue a new Card and new PIN code

Change daily limit:

For purchases _____

For cash withdrawal _____

Change monthly limit:

For purchases _____

For cash withdrawal _____

3. Confirmation and consent

3.1. I am informed that the Bank processes personal data in accordance with the Bank's Privacy Policy. The purpose of data processing is to change Card information. More detailed information about the Bank's Privacy Policy can be found here: www.bluorbank.lv/en/information-on-processing-of-personal-data.

4. Client, Card user¹

4.1. Surname, name of the Client _____
(Client's representative)

4.2. Signature _____

4.3. Code calculator (Digipass) key or Blue KEY (S) _____

4.4. Surname, name of the Cardholder _____

4.5. Signature _____

4.6. Code calculator (Digipass) key or Blue KEY (S) _____

Date _____
dd/mm/yyyy

¹ Ignore this section if the document has been prepared in accordance with the applicable laws and regulations regarding the execution of electronic documents and signed with a secure electronic signature.
If the document is signed with the authentication tool provided by the Bank, please fill out the following section fields: "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", "Date".

FILLED-IN BY THE BANK

5. Representative of the Bank¹

5.1. Name, surname _____

5.2. Signature _____

Date _____
dd/mm/yyyy

L.S.

¹ The section shall not be filled in if the document is prepared in accordance with the laws and regulations on the execution of electronic documents and signed with a secure electronic signature.