

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija | Registration No. 40003551060 | Phone: +371 67 031 333 | E-mail: info@bluorbank.lv | www.bluorbank.lv

| SWIFT code: CBBRLV22

APPLICATION AND AUTHORISATION FOR PROVIDING A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH DAY-TO-DAY BANKING SERVICES

Company Name 1.2. Registration No							
Client contact information							
.3. Surname, name of the Client's representative							
.4. Mobile phone No	1.5. E-mail*						
For communication with the Client and for sending commercial notifi his application and the registered office and/or actual address speci							
2. Information on Bank services (Ad	ccount, In	ternet Bank,	Payment Card)				
2.1. I want to open a Current Account, including	g:						
			der, or manages funds belonging to othe list be kept separate from their customer				
2.1.1.1. A Current Account for conducting business activities			t for segregated storage ds (<i>safeguarding</i> account)				
2.2. I want to connect the Internet Bank to the	Client accour	ite:					
Please fill in the sections below if you cho							
Surname, name of the Internet Bank user		-					
(One of the Client's representatives with the signatory ri	ght in the Bank, sp	ecified in Section 3 of this	s application and signing this application)				
Access mode to the Client's accounts:	Full mode	Viewing mode	Editing mode				
2.2.1. This person does not have a Bluc	Or Bank Intern	et Bank username o	or wants a new one:				
Preferred Internet Bank username (At least 6 characters, letters and numbers only, no	o spaces)						
Preferred Internet Bank authentication (Your Current Account comes with one free authent		onal tools are available for	a fee, as set out in the Bank's Pricelist)				
Blue KEY (authentication solution	integrated int	o the Internet Bank	application)				
(Single payment or daily payment limit for signification for signification for signification with the signification of the significant signification of the significant signif			quivalent in another currency. For higher				
Please send the Blue KEY activation da	ata to the User	's:					
Mobile phone No.**		il address					
** If Card is selected, this number will be used to se	nd SMS to confirm	purchases with 3DS.					
Code calculator (Digipass)							
2.2.2. This person already has a BluOr to access the Client's profile and	Bank Internet d accounts:	Bank username and	d wishes to use it				
User's existing Internet Bank username	: (if multiple userna	ames exist, specify)					
2 Panking carriage burkers							
2.3. Banking services by phone Voice password for receiving information by phone re making transactions (such as currency conversion an been concluded) (Create a password that is easy to pronounce as	d transactions	with financial instru	uments if a relevant service agreement h				



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2.4.1. Cardholder name and surname																	
(Please use Latin letters)																	J
2.4.2. Client's name on the card (Please use Latin letters)																	
5. Receipt of the payment card and/or code calculato	r:																
5.1. Card:		2.5.2. Code calculator:															
				S	ame	ad	ddre	ess	as	the	e ca	ard	del	live	ry a	ado	dress
At the Bank			At the Bank														
By post (Latvijas Pasts, no tracking option for shipment, only in EU countries)			By post (Latvijas Pasts, no tracking option for shipment, only in EU countries)														
Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)			Courier delivery (worldwide; commission fee according to the Bank's pricelist, and the Client additionally covers actual expenses)														
If delivery by post or courier delivery is selected, please fill in:			If delivery by post or courier delivery is selected, please fill in:														
Actual address of the Client (Company)			Actual address of the Client (Company)														
Other			Other														
(Please specify, e.g., the actual postal address of the cardholder)			(PI	leas	se spe	ecif	y, e.	g., t	he a	actu	al p	osta	l ad	dres	s o	f the	e cardh
If you choose to receive the card by courier delivery, please specify the recipient's full name and phone number for the courier:				у, р	olea	se	spe	eci	fy	the	re	cipi					oy co ame a

3. Client's representatives with signatory rights in the Bank:

Surname, name of the Client's representative								
Personal number								
Date of birth								
Mobile phone No.								
E-mail*								
No. and series of the personal identification document								
Is the Client's representative a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	No	Yes	No	Yes	No	Yes		
Is the Client's representative a	No	PEP family member	No	PEP family member	No	PEP family member		
politically exposed person (PEP)?	Yes	Close associate of a PEP	Yes	Close associate of a PEP	Yes	Close associate of a PEP		
	Official		Offici	al	Official			
	Emplo	oyee	Emplo	oyee	Employee			
Relationship with the Client	Other	r	Other	r	Other			
		(commentary)		(commentary)	(commentary)			
	Sole signature		Sole	signature	Sole signature			
Type of signatory rights		signature with ne representative		signature with ne representative		Joint signature with any one representative		
	Othe							
		(The Client indicates th	e specific co	mbination of signature right	s, and enters	the first and last name)		



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Scope of signatory rights (please fill in only if signatory rights are granted according to this Bank's power of attorney)	Full rights Only I-Bank Other (Please specify any limitations)	Full rights Only I-Bank Other (Please specify any limitations)	Full rights Only I-Bank Other (Please specify any limitations)
Term of signatory rights (please fill in only if signatory rights are granted according to this Bank's power of attorney)	For a term of up to dd/mm/yyyy Indefinite	For a term of up to dd/mm/yyyy Indefinite	For a term of up to dd/mm/yyyy Indefinite

I hereby confirm and agree to authorise the aforementioned individuals, in accordance with the specified type and scope of signatory rights, to act on behalf of the Client to open and close accounts of all types (including current accounts, securities accounts, etc.), to freely manage funds and securities in the Client's accounts, without any restrictions on volume, frequency, or other limitations, including submitting payment orders to the Bank for the transfer or withdrawal of funds, and to carry out other operations with the Client's funds, including those in the Client's safeguarding account, as well as with the Client's securities. They are also authorised to receive from the Bank information and documents regarding concluded agreements, transactions, liabilities, and accounts, and to submit and complete all necessary information and documents on behalf of the Client. This Power of Attorney, insofar as it does not conflict with the authorisation provided above, grantsthe right to perform all actions that the Client is entitled to undertake under the agreements concluded between the Bank and the Client, and the General Terms of Business, including designating users of the relevant Bank services in accordance with the procedures specified in the agreements. I undertake to recognise the actions of the abovementioned authorised persons as binding upon myself.

This Authorisation shall not apply to credit products and safe deposit boxes.

This Authorisation has been issued without the right of substitution and shall be binding upon the Bank until the term specified, or until the Client revokes or amends it.

I certify the existence of legitimate grounds for the processing of personal data and the transfer of the Client representative's personal data to the Bank, and I certify that the Client representatives:

- 1) Are 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 Bank's Privacy 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 Privacy Policy is available here: https://www.bluorbank.lv/en/information-on-processing-of-personal-data.

4. Confirmation and consent

By signing this application:

- 4.1. I confirm that, prior to signing this application, I have read the terms and conditions of the Agreement on Account Opening and Maintenance, the terms and conditions of the Credit Card Agreement (if the Client has chosen to receive a card), the General Terms of Business, and the Bank's Pricelist, understand them, agree to them, recognise them as binding upon myself, and undertake to comply with them;
- 4.2. I agree and acknowledge that this application, the terms and conditions of the Agreement on Account Opening and Maintenance, the terms and conditions of the Credit Card Agreement (if the Client has chosen to receive a card), the General Terms of Business, and the Bank's Pricelist together constitute a service agreement between the Bank and the Client, hereinafter referred to as the Agreement;
- 4.3. I am informed that the documents specified in paragraph 4.2 are available on the Bank's website www.bluorbank.lv or at the Client Service Centre.
- 4.4. I confirm that I will use the services offered by the Bank in accordance with the terms of the Agreement;
- 4.5. The Agreement is considered concluded at the moment the Bank opens a Current Account for the Client;
- 4.6. I confirm that all information provided in this application is complete and true, and I acknowledge that in the event of providing false information, I will be liable in accordance with the applicable laws and regulations. I undertake to promptly notify the Bank in writing of any changes to the information provided in this application.
- 4.7. I have familiarized myself with the code calculator (Digipass) and/or Blue KEY user manual (if the Client has chosen this service):
- 4.8. I am informed that when applying for any of the Bank's services, each time the Bank will process personal data for the provision of Bank services, conducting client due diligence, and ensuring compliance with international and national sanctions. Detailed information on the Privacy Policy is available here:

 https://www.bluorbank.lv/en/information-on-processing-of-personal-data;



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4.9. I confirm that I have been presented with basic information on the protection of state-guaranteed deposits, including the amount and currency of the guaranteed compensation, the procedure and time of payment of the guaranteed compensation, the possibility of netting of claims obligations, as well as the contact details of the managing authority of the Deposit Guarantee Fund (Latvijas Banka). I am informed that more detailed information about the deposit guarantee can be found at https://www.bluorbank.lv/en/compliance;

4.10. I confirm that I have familiarized myself with the terms and definitions used in this application and their explanations, which are available at

https://www.bluorbank.lv/en/definitions and in the General Terms of Business;

- 4.11. In case of choosing to receive the code calculator (Digipass) and/or Card by post or by courier delivery, I confirm that I am aware of and accept all the risks associated with sending/handing over the code calculator (Digipass) and/or Card, including the risks related to the safety and delivery time of postal items and courier delivery. I am aware that the Bank shall not be liable for the loss or other expenses of the Client or third parties, which may arise due to the delay in issuing the code calculator (Digipass) and/or Card, its loss, damage or misuse, including disclosure of confidential information or other circumstances beyond the control of the Bank;
- 4.12. I certify and agree that if the application has been completed interactively in the electronic environment provided by the Bank the Client's Cabinet, where actions (such as ticking a checkbox) have been performed, this constitutes giving consent and is considered an Electronic Signature in accordance with the General Terms of Business.
 - *I agree that electronic mail (e-mail) may be used for exchanging information and documents. I confirm that I am aware of the risks associated with the use of e-mail, and the Bank has informed me about the possible risks, explained their consequences, and that the information is understandable to me.

5. Client's representati	ve ¹			
5.1. Surname, name		_		
5.2. Signature	5.3. Code calc	culator (Digipass) key or Blue KEY (S)		
5.4. Place of signature			Date	dd/mm/yyyy
	(country, city)			dd/mm/yyyy
5.5. Surname, name				
5.6. Signature	5.7. Code calc	culator (Digipass) key or Blue KEY (S)		
5.8. Place of signature			Date	
	(country, city)			dd/mm/yyyy
FILLED IN BY THE BANK				
6. Representative of the	e Bank ¹			
6.1. Surname, name		6.2. Signature		
			Date	
				dd/mm/yyyy

¹ lanore 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

the application has been completed interactively in the environment provided by the Bank – in the Client's Cabinet.

If the document is signed using the authentication tool provided by the Bank, please **complete** the following fields in the 'Client' section: "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", "Date".

Approved on 29.09.2025 | Valid as of 02.10.2025 | T1/B2.1 - 3009/18

L.S.