

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333 | E-ma Registration No. 40003551060

SWIFT code: CBBRLV22

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JENT NO.:							
	(Filled in by the Bank)						

Questionnaire for a domestic legal entity or legal formation
Annex No. 1

FILL IN USING BLOCK CAPITALS!

BENEFICIAL OWNER QUESTIONNAIRE

1. Client information											
1.1. Company Name				1.2. Registration No							
2. Information on the Client's beneficial owners (BO)											
2.1. Surname, name											
2.2. Personal identity number											
2.3. Date of birth											
2.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)											
2.5. Relation to the Client:											
 directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client: 	%			%		%					
- type of control:	as a representative of an executive body or superior management institution		as a representative of an executive body or superior management institution		as a representative of an executive body or superior management institution						
	on the basis of an authorisation agreement			basis of an isation agreement	on the basis of an authorisation agreement						
	via a legal entity as the founder/assignor/trustee		via a legal entity as the founder/assignor/trustee		via a legal entity as the founder/assignor/trustee						
	otherw	vise (please specify)	otherv	vise (please specify)	otherv	vise (please specify)					
2.6. Citizenship (nationality)											
2.7. Tax residence country (if not the Republic of Latvia)											
2.8. Tax payer number (if not the Republic of Latvia)											
2.9. Permanent residence address (street, building, apartment, city, postal code, country)											
2.10. Mobile phone No.											
2.11. Is the BO a U.S. person? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	Yes	No	Yes	No	Yes	No					
2.12. Is the BO a politically exposed person (PEP)?	No	PEP family member	No	PEP family member	No	PEP family member					
	Yes	Close associate of a PEP	Yes	Close associate of a PEP	Yes	Close associate of a PEP					



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CONTINUATION 3. Client's representative¹ 3.1. Surname, name _____ 3.3. Code calculator (Digipass) key or Blue KEY (S) ___ 3.2. Signature 3.4. Place of signature dd/mm/yyyy (country, city) 3.5. Surname, name___ 3.7. Code calculator (Digipass) key or Blue KEY (S) 3.6. Signature __ 3.8. Place of signature __ Date _ dd/mm/yyyy (country, city) FILLED IN BY THE BANK 4. Representative of the Bank¹ 4.2. Signature __ 4.1. Surname, name Date _ dd/mm/yyyy

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

or 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".

¹ Ignore this section if