

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

(Filled in by the Bank)							
CLIENT NO.:							

QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION

FILL IN USING BLOCK CAPITALS!

~ 1:			. •		•
Clie	nt (Jue	stio	nn	aire

Dear Client,

Following the laws and regulations governing the activities of credit institutions in the Republic of Latvia, as well as international standards, we kindly request that you provide the necessary information. BluOr Bank AS, hereinafter referred to as the Bank, ensures compliance with regulatory requirements and guarantees confidentiality and non-disclosure of your data.

1. Client information					
1.1. Company name		1.2	2. Registration No.		
1.3. Registered office: Street	Bu	ilding No		Office No.	
City	Postal code	Co	ountry		
1.4. Actual address (if different from registered office) Street City				Office No	
1.5. Corporate website address			-		
2. Information on the Client's b	eneficial owners				
2.1. The company owner(s) is/are its ultimate be					
Yes (when required, the Bank m out the Beneficial Owner Qu			please fill out the Benefic Questionnaire (Annex No.		
2.2. Client's beneficial owner(s) is/are a U.S. per	rson(s)	No	Yes (please Identif	e fill out the U.S. Taxpayer ication Form)	
2.3. Client's beneficial owner(s) is/are a political or PEP family member(s), or close associate	lly exposed person(s) (PEP) e(s) of a PEP	No	Yes (please	e fill out the Beneficial Owner onnaire (Annex No. 1))	
2.4. Client's beneficial owner(s) is/are non-resid	Yes (please fill out the Benefic Questionnaire (Annex No.	cial Owner No No		
2.5. Client is an association or foundation (fund)		please fill out the Benefic Questionnaire (Annex No.			
3. Commercial activity profile					
3.1. Information about the Client's business activ	ity. Please describe what bus	siness activi	ty will be involved i	n account transactions:	
IF THE CLIENT'S DECLARED ACTIVITY CORRESPONDS TO 1 ALSO BE COMPLETED.	THE DEFINITION OF A FINANCIAL IN	ISTITUTION, TH	HE FINANCIAL INSTITUT	TION QUESTIONNAIRE MUST	
3.2. Do the declared types of activity require sp	ecial permits?	No	Yes (if necessa request a copy	ry, the Bank may of the document)	
3.3. Is the Client a Passive Non-financial Entity? (i.e. more than 50% of the Client's income is pas coupon income, interest income, royalties etc. N	ssive income – dividends, inv			o Yes	
3.4. Does the company manage funds belonging financial institutions, agents, property managers, notaries, etc.	• • • • • • • • • • • • • • • • • • • •		clude		
No Yes (must be filled in fir 'Yes' is selected) 3.4.1. prov	rides identification of these of	her persons	and the accounting	g of funds due to them	
	s not provide identification of th	ese other per	rsons and the accour	nting of funds due to them	
3.5. Annual turnover of the company (M EUR):	0 - 2	2 - 10	10 - 50	Over 50	

Approved on 29.09.2025 | Valid as of 02.10.2025 | T1/B2.1-3031/11 |

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Registration No. 40003551060 BluOr Bank AS Smilšu iela 6, Rīga, LV-1050, Latvija SWIFT code: CBBRLV22 Phone: +371 67 031 333 E-mail: info@bluorbank.lv www.bluorbank.lv CONTINUATION 3.6. Does the Client have accounts with other credit or financial institutions? Yes (Please specify the names of credit or financial institutions) 3.7. MONTHLY Current Account turnover: Total number of payments on the Client's account (incoming and outgoing): (Check only one box) Up to 50 payments 50 - 100 payments More than 100 payments (specify the approximate number) Up to EUR 50,000.00 From 50,000.01 to EUR 100,000.01 and Turnover of funds on the Client's account EUR 100,000.00 more (specify the sum) Planned maximum turnover of incoming payments **EUR** Planned maximum turnover of outgoing payments **EUR** Planned maximum volume of cash deposits, including ATM **EUR** cash deposits Planned maximum volume of cash withdrawals, including ATM **EUR** cash withdrawals Planned maximum turnover of incoming payments on the safeguarding account (please fill in if the Client is a **EUR** financial institution or a gambling service provider that plans to open safeguarding account) Information on payment purposes, business partners 3.8. Incoming payments: Country of the credit/ financial institution Registration Country of Name of the partner **Payment purpose** No. registration (if known) Names of partners are currently unknown (please specify why and the purpose of a planned payment) 3.9. Outgoing payments: Country of the Registration Country of servicing credit institution (if known) Name of the partner Payment purpose No. registration Names of partners are currently unknown (please specify why and the purpose of a planned payment)



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CONTINUATION

4.	4. Information about cooperation with the Bank							
4.1.	What Bank products/services do	you plan	to use?					
	4.1.1. Asset management	4.1.3. Re	epo transactions	4.1.5. E-Commer	ce	4.1.7. Safe deposit boxes		
	4.1.2. Brokerage services	4.1.4. Lc	ans	4.1.6. POS termir	nals	4.1.8. Payment cards (Planned number of cards)		
4.2.	How did you learn about our Ban	k?						
	4.2.1. From a cooperation partne	r 4.2	2.3. Advertising on	the internet	4.2.5. I	5. Print media and publications		
4.2.2. Advertising on radio, TV			4.2.4. Outdoor advertising (billboards, advertising on buses, trams, etc.)		4.2.6. Elsewhere (please specify)			

5. Confirmation and consent

- 5.1 L confirm that:
- The Current Account, as well as other accounts of the Client with the Bank and the services provided by the Bank, will not be used for transactions related to illegal activity, funds obtained through illegal or criminal activities. Additionally, activities and transactions conducted in on the Current Account and other accounts of the Client will not violate sanctions/ restrictions imposed by the Republic of Latvia and/or international organisations, nor will they breach transaction restrictions;
- I am aware that the Bank shall, in accordance with the requirements of the regulatory acts of the Republic of Latvia governing the information exchange process under FATCA and OECD CRS standards, process the data of the Client/ Client's BO and submit it to the State Revenue Service of the Republic of Latvia;
- The information provided in this questionnaire and in the documents submitted to the Bank is complete and true; I am aware that I am liable under applicable laws in the event of providing false information. I undertake to promptly inform the Bank in writing of any changes to the information provided in this questionnaire;
- I am familiar with the terms used in this questionnaire and their explanations, which are available at https://www.bluorbank.lv/en/definitions and in the General Terms of Business.
- 5.2. I agree that the Bank has the right to verify the accuracy of the submitted information, and the Bank is entitled to request additional information and documents from the Client to verify the information provided in this form, including documents and information about the Client, the Client's transactions and the Client's beneficial owners. The Client also undertakes to submit the requested documents and information upon the Bank's first request.
- 5.3. I certify and agree that if the questionnaire 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.

6. Client's representative¹ 6.1. Surname, name 6.3. Code calculator (Digipass) key or Blue KEY (S) 6.2. Signature 6.4. Place of signature (country, city) 6.5. Surname, name 6.7. Code calculator (Digipass) key or Blue KEY (S) 6.6. Signature ____ Date _____dd/mm/yyyy 6.8. Place of signature (country, city) FILLED IN BY THE BANK 7. Representative of the Bank¹ 7.1. Surname, name __ 7.2. Signature Date _____dd/mm/yyyy

L.S.

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".

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.