

BluOr Bank AS

Smilšu iela 6, Rīga, LV-1050, Latvija Phone: +371 67 031 333

Registration No. 40003551060 E-mail: info@bluorbank.lv

www.bluorbank.lv

SWIFT code: CBBRLV22

QUESTIONNAIRE FOR A DOMESTIC LEGAL ENTITY OR LEGAL FORMATION WITH COMPLEX STRUCTURE

FILL IN USING BLOCK CAPITALS!

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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	requireme	nts and guarantees	confidentia	ality and non-disclos	ure of you	data.
1. Client information						
1.1. Company Name				1.2. Registratio	on No	
1.3. Registered office						
1.4. Actual address (if different from registered office) —				umber, city, postal code, c		y)
1.5. Corporate website address			-			•
2. Information on the C	lient's k	eneficial ow	ners (B	0)		
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 (specify of	one of the o	options):				
 directly or indirectly owns percent (%) of capital/voting shares out of the total number of shares issued by the Client: 		%		%		%
- type of control:	execut manag on the author via a le founde	presentative of an ive body or superior ement institution basis of an isation agreement egal entity as the er/assignor/trustee vise (please specify)	execut manag on the author via a le founde	presentative of an ive body or superior lement institution basis of an isation agreement egal entity as the er/assignor/trustee	execu manag on the author via a le founde	epresentative of an tive body or superior gement institution basis of an risation agreement egal entity as the er/assignor/trustee 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 Yes	PEP family member Close associate of a PEP	No Yes	PEP family member Close associate of a PEP	No Yes	PEP family member Close associate of a PEP

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3. Cor	nme	rcia	l activity	profile								CONTINUATION
3.1. Inforr	mation	about	the Client's bu	siness activ	ity. Pleas	e describe	e what bu	siness act	ivity will	be involv	ed in acc	ount transactions
IF THE CLI			D ACTIVITY CORR	ESPONDS TO	THE DEFINI	ITION OF A F	FINANCIAL	NSTITUTION	, THE FINA	NCIAL INS	TITUTION G	UESTIONNAIRE MUS
3.2. Does	s the C	lient's	type of busine	ss activity	require s	pecial per	mits?	No	Yes (if r	necessar	y, the Bar cument)	nk may request
3.3. Is th i.e. more ncome, in	e Clien than 50 iterest in	t a Pa: % of th	ssive Non-fina e Client's income royalties etc. Me	ncial Entity? e is passive ir ore information	on is availa	ividends, in able on the	vestment Bank's we	margin, cou bsite)			No	Yes
			ny manage fund , property managei		_	•	•	' '	y include			
No	Ye	s (mus if "Ye	t be filled in s" is selected)	3.4.1. prov	vides ider	ntification	of these o	ther perso	ns and t	he accou	nting of fu	ınds due to them
				3.4.2. does	s not prov	ide identifi	cation of t	nese other	persons a	and the ac	counting o	of funds due to ther
3.5. Annı	ual turn	over	of the company	/ (M EUR):		0 - 2		2 - 10	1	0 - 50		Over 50
3.6. Does	s Client	t have	accounts with	other credi	t instituti	ions or fin	ancial ins	titutions?				
No												
Yes												
					lease speci	fy the names	of credit o	financial ins	titutions)			
			nt Account tui ents on the Cli		ınt (incor	ning and o	outgoing)	: (Check onl	y one box)			
	Up to	50 pa	yments	50 - 100) paymer	nts	More th	ıan 100 pa	yments	(specify th	e approxima	ate number)

Turnover of funds on the Client's account	Up to EUR 50,000.00	From 50,000.01 to EUR 100,000.00	EUR 100,000.01 and 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 cash deposits		EUR	
Planned maximum volume of cash withdrawals, including ATM cash withdrawals		EUR	
Planned maximum turnover of incoming payments on the safeguarding account (please fill in if the Client is a financial institution or a gambling service provider that plans to open a safeguarding account)			EUR

Information on payment purposes, business partners

3.8. Incoming payments:

Name of the partner	Registration No.	Country of registration	Payment purpose	Country of the credit/ financial institution (if known)

Names of partners are currently unknown (please specify why and the purpose of a planned payment)

3.9. Outgoing payments:

Name of the partner	me of the partner Registration No.		Payment purpose	Country of the credit/ financial institution (if known)

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													CONTINU	JATION
	Names of p (please spe	artners cify wh	are currer y and the	ntly unkn purpose	own of a pl	anned payn	nent)							
4. I	nformo	atior	ı aboı	ıt co	ope	ration	with the	e Bank						
4.1. V	Vhat Bank	produ	ıcts/servi	ces do <u>y</u>	you pl	lan to use?	ı							
	4.1.1. Asse	t mana	agement		4.1.3	. Repo trar	nsactions	4.1.5. E-0	Commerce	9	4.1.7. Safe	•		
	4.1.2. Brok	erage	services		4.1.4	. Loans		4.1.6. PO	S termina	ls	4.1.8. Pay (Planned	ment car number (ds of cards)
4.2.	How did y	ou lear	n about o	our Banl	k?									
	4.2.1. Fron	n a cod	peration	partne	r	4.2.3. Adv	vertising on	the internet		4.2.5.	Print media	a and put	olications	
	4.2.2. Adv	ertisin	g on radi	o, TV				tising (billboa , trams, etc.)	ards,		Elsewhere e specify)			
5 . C	Confirn	natio	on and	d con	sen	t								
- - 5.2. 5.3.	and tra restrict I am av governi Client's The inf aware t Bank in I am far https:// I agree addition and infe to subn I certify Bank —	insactions in ions; ware the ing the BO ar ormation within the the information that I a writin that the interior and a the C t and i	nat the Be informand submit on provide milable ug of any of with the telephormation on about requeste gree that Client's C s consider	ducted by the sank shartion except the control of t	in on Repulall, in change Stat his quoplicals to the definiting to the ments uestion where Electrical in the Electrical in the ments uestion where Electrical in the Electrical in the ments uestion where Electrical in the E	the Curreblic of Laraccordance process e Revenue estionnair ble laws in e informat this questions and ir overify the Client's and informatre has e actions (ent Account tvia and/or ce with the sunder FAT e Service of the event of the event of connaire and on the General e accuracy e Client to vertical transactions mation upon such as tick	requirement requirement requirement requirement reduce e documents of providing fid in this quest their explanal Terms of B of the submit verify the info s and the Clinathe Bank's folleted interacking a check ordance with	accounts of the representation of the repres	of the ations, regulator and ards of the mation. In the mation, a provided efficial or st. The elect is been provided before the been provided the st.	Client will nor will the ry acts of s, process e Bank is condended available a and the Bain this fortwhers. The ronic environment,	not violate here the Repute the data complete to promet mat in a complete to complete to promet mat in a complete to complete to promet produced to complete to co	ate sance transact ublic of I of the C and true ptly infor tled to reing docurso under provided I	tions/action _atvia client/ ; I am m the quest nents takes by the
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								ator (Digipass	s) kev or B	lue KEY	(S)			
	Place of si							. 31	,			Date _.		
	Signature							ator (Digipass	s) key or B	lue KEY	(S)			
						try, city)							dd/mm/y	

FILLED IN BY THE BANK

7. Representative of the $Bank^1$

7.1. Surname, name _ 7.2. Signature _ Date _ dd/mm/yyyy

L.S.

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

the document has been prepared in accordance with the application 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".