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APPLICATION AND AUTHORISATION FOR PROVIDING AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION WITH DAY-TO-DAY BANKING SERVICES

FILL IN USING BLOCK CAPITALS!

1. Client information

1.1. Company name _____

1.2. Country of registration _____ 1.3. Registration No. _____

Client contact information

1.4. Surname, name of the Client's representative _____ 1.5. Mobile phone No. _____

1.6. E-mail* _____

**For communication with the Client and for sending commercial notifications, BluOr Bank AS (hereinafter – the Bank) will use the Client's contact information indicated in this application and the registered office and/or actual address specified in the Questionnaire for an International Legal Entity or Legal Formation.*

2. Information on Bank services (Account, Internet Bank, Payment Card)

☐ **2.1. I want to open a Current Account,** including:

☐ 2.1.1. If the Client is a ***financial institution*** or a ***gambling service provider***, or ***manages funds belonging to other persons***, and according to regulatory requirements their own funds must be kept separate from their customers' funds, please open:

☐ 2.1.1.1. A Current Account for conducting business activities

☐ 2.1.1.2. An account for segregated storage of customers' funds (***safeguarding*** account)

☐ **2.2. I want to connect the Internet Bank to the Client accounts:**

Please fill in the sections below if you choose the Internet Bank option:

Surname, name of the Internet Bank user
(One of the Client's representatives with the signatory right in the Bank, specified in Section 3 of this 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 BluOr Bank Internet Bank username or wants a new one:

Preferred Internet Bank username
(At least 6 characters, letters and numbers only, no spaces)

Preferred Internet Bank authentication tool:
(Your Current Account comes with one free authentication tool. Additional tools are available for a fee, as set out in the Bank's Pricelist)

☐ Blue KEY (authentication solution integrated into the Internet Bank application)

(Single payment or daily payment limit for signing with Blue KEY: 3,000,000.00 EUR or equivalent in another currency. For higher transaction volumes, we recommend choosing a code calculator)

Please send the Blue KEY activation data to the User's:

Mobile phone No.** _____ E-mail address _____

*** If Card is selected, this number will be used to send SMS to confirm purchases with 3DS.*

☐ Code calculator (Digipass)

☐ 2.2.2. This person already has a BluOr Bank Internet Bank username and wishes to use it to access the Client's profile and accounts:

User's existing Internet Bank username: *(if multiple usernames exist, specify)*

2.3. Banking services by phone

Voice password for receiving information by phone regarding the status of any account of the Client, blocking payment cards, and making transactions (such as currency conversion and transactions with financial instruments if a relevant service agreement has been concluded) *(Create a password that is easy to pronounce and contains at least 4 letters and numbers, without symbols or spaces)*

2.4. Visa Business Payment Card (hereinafter — Card) information:***

**** **Fill in** the section if the card is issued to the Internet Bank user specified above.*
In other cases, a new card shall be ordered via the Internet Bank after activating the Current Account.

2.4.1. Cardholder name and surname
(Please use Latin letters)

2.4.2. Client's name on the card
(Please use Latin letters)

2.5. Receipt of the payment card and/or code calculator:

2.5.1. Card:

- ☐ At the Bank
- ☐ 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)

If delivery by post or courier delivery is selected, please fill in:

- ☐ Actual address of the Client (Company)
- ☐ Other

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive the card by courier delivery, please specify the recipient's **full name and phone number** for the courier:

2.5.2. Code calculator:

- ☐ Same address as the card delivery address
- ☐ At the Bank
- ☐ 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)

If delivery by post or courier delivery is selected, please fill in:

- ☐ Actual address of the Client (Company)
- ☐ Other

(Please specify, e.g., the actual postal address of the cardholder)

If you choose to receive the code calculator by courier delivery, please specify the recipient's **full name and phone number** for the courier:

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 politically exposed person (PEP)?	☐ No ☐ PEP family member ☐ Yes ☐ Close associate of a PEP	☐ No ☐ PEP family member ☐ Yes ☐ Close associate of a PEP	☐ No ☐ PEP family member ☐ Yes ☐ Close associate of a PEP
Relationship with the Client	☐ Official ☐ Employee ☐ Other (commentary)	☐ Official ☐ Employee ☐ Other (commentary)	☐ Official ☐ Employee ☐ Other (commentary)
Type of signatory rights	☐ Sole signature ☐ Joint signature with any one representative	☐ Sole signature ☐ Joint signature with any one representative	☐ Sole signature ☐ Joint signature with any one representative
	☐ Other _____ (The Client indicates the specific combination of signature rights, and enters the first and last name)		

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;

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;

CONTINUATION

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 representative[1]

5.1. Surname, name _____

5.2. Signature _____ 5.3. Code calculator (Digipass) key or Blue KEY (S) _____

5.4. Place of signature _____ Date _____
(country, city) dd/mm/yyyy

5.5. Surname, name _____

5.6. Signature _____ 5.7. Code calculator (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 Bank[1]

6.1. Surname, name _____ 6.2. 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 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".