

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

CLIENT NO.: (Filled in by the Bank)

Page 1 of 4

QUESTIONNAIRE FOR AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION

FILL IN USING BLOCK CAPITALS!

Door	Cliont

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 inf	ormation					
1.1. Company na	me					
1.2. Country of re	egistration		1.3. Registration No			
1.4. Taxpayer No	·	1.5. VAT payer No.	(Please specify the number if assigned)	1.6. Primary tax residence country code		
1.7. Registered of	ffice	(address –	office, street, city, postal code, country)			
	ation address					
1.9. Management (<i>if any</i>)	location address		ess – office, street, city, postal code, cour			
1.10. Corporate w	ebsite address			,		
1.11. Other tax res						
Country	Taxpayer No.	Please substantiate v	Please substantiate your relation with this tax residence country			
		,		<u> </u>		
2. Informat	ion on beneficio	al owners (BO)				
2.1. Surname, n	ame					
2.2. Personal ide	entity number					
2.3. Date of birt	h					
(if the BO does not ha	ication document					
2.5. Relation to	the Client (specify one o	of the options):				
capital/voting	ndirectly owns shares out of the of shares issued	%	%	%		



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CONTINUATION

						CONTINUATIO
- type of control:	executi manago on the authori via a le founde	oresentative of an ve body or superior ement institution basis of an sation agreement gal entity as the r/assignor/trustee	executi manage on the l authori via a le founde	oresentative of an ve body or superior ement institution basis of an sation agreement gal entity as the r/assignor/trustee	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
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	No	PEP family member	No	PEP family member	No	PEP family member
exposed person (PEP)?	Yes	Close associate of a PEP	Yes	Close associate of a PEP	Yes	Close associate of a PEP

3. Commercial activity profile

3	1	Information	about the	o Cliont'c	hueinace	activity

3.1.1. Full description of the Cl	ient's business activity	and planned trans	actions on the (Current Account
(may be submitted separately):			

IF THE CLIENT'S DECLARED ACTIVITY CORRESPONDS TO THE DEFINITION OF A FINANCIAL INSTITUTION, THE FINANCIAL INSTITUTION QUESTIONNAIRE MUST ALSO BE COMPLETED.

- 3.1.2. I confirm that the declared business activity does not require licences or special permits in the country of carrying out the business activity.
- 3.1.3. The declared business activity requires licences and/or special permits in the country of carrying out the business activity.

3.2. Is the Client a Passive Non-financial Entity? (i.e. more than 50% of the Client's income is passive income – dividends, investment margin, coupon income, interest income, royalties etc. More information is available on the Bank's website)

No

3.3. Does the company manage funds belonging to other persons? (for example, these may include

financial institutions, agents, property managers, notaries, etc. (see more in the Deposit Guarantee Law))

Yes (must be filled in if "Yes" is selected) No

- 3.3.1. provides identification of these other persons and the accounting of funds due to them
- 3.3.2. does not provide identification of these other persons and the accounting of funds due to them

3.4. Is the company required to prepare and submit financial statements to the competent state authorities in the country of registration?

3.5. Are the financial statements publicly available?	Yes	No		Yes	No
3.6. Business activity (in years):	Less than 1	1 - 3	3 - 5	Over 5	
3.7. Number of employees in the company:	Less than 10	10 - 50	50 - 250	Over 250	
3.8. Annual turnover of the company (M EUR):	0 - 2	2 - 10	10 - 50	Over 50	

Approved 29.09.2025 | Valid as of 02.10.2025 | T1/B2.1-3034/12 Page 2 of 4



								CONTINUATIO	
). Does the Client ha	ve accounts with o	ther credit or fina	ncial inst	itutions?					
No									
Yes									
(Please specify the	names of credit or finan-	cial institutions (where re	equired, the	Bank may reque	st the Client	to submit acco	unt statements	from the relev	
		credi	t or financia	institutions))					
Information of	about plann	ed transacti	ons or	the Cu	rrent A	Account	•		
. MONTHLY Current									
tal number of paymer (Check only one box)	nts on the Client's a	account (incoming	and outg	oing):					
Up to 50 paym	onts 50 -	100 payments	Moro	than 100 pa	monte				
ор то эо рауп	ients 50 -	100 payments	More	than 100 pa	yments	(specify the ap	proximate num	per)	
urnover of funds on t	he Client's accoun	t		Up to		,000.01 to	EUR 100,0	0,00.01 and	
			EUR	50,000.00	EUR 10	0,000.00	more (spec	cify the sum	
anned maximum turn e maximum amount c								EUF	
anned maximum turn	over of outgoing pa	yments, including						EUF	
e maximum amount o	f a single outgoing	payment							
anned maximum volui ash deposits	ne of cash deposits	, including ATM			EUR				
anned maximum volu	me of each withdra	uvola including ATA	4				_		
anned maximum volu ash withdrawals	ille of Cash Withdra	wais, including ATK	"		EUR				
anned maximum turr									
afeguarding account nancial institution or a			s					EUF	
open a safeguardin	g account)	p							
2. Source of first pay	ment (Please provi	de information tha	t is know	n at the time	of filling	out the Que	stionnaire)·		
				Country o					
Currency, amount	Payer	Name of cre financial insti		financial	institutio		urpose of p	ayment	
umount		Timanoiai moti	tution.	(if k	nown				
	_								
3. Information on bus 4.3.1. Incoming pa	-								
4.5.1. Incoming pa						Country of	the credit/		
Partner name	Registration No.	Country of incorporation	Purpo	se of payme		financial i	nstitution	Currency	
	140.	moorporation				(if kn	own)		
4.3.2. Outgoing pa	vments:								
4.0.2. Gatgoing po	lymonto.					Country of	the credit/		
	Dogiotrotion	Country of	Purpo	se of payme		financial i	nstitution	Currenc	
Partner name	Registration	incorporation				/if len	own)		
Partner name	No.	incorporation				(II KII	OWII)		
Partner name		incorporation				(II KII	OWII)		
Partner name		incorporation	-			(II KII	OWII)		



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	1 Holle, +37 1 07 031 333	L-mail. imo@bidorbank.iv	WWW.DIGOLDank.iv	
5. Information	about cooperatio	on with the Bank	CONTINUA	ATION
5.1. What Bank product	s/services do you plan to u	ise?		
5.1.1. Asset manag	ement 5.1.3. Repo	transactions 5.1.5. E-Co	ommerce 5.1.7. Safe deposit boxes	
5.1.2. Brokerage se	ervices 5.1.4. Loans	5.1.6. POS	terminals 5.1.8. Payment cards (Planned number of cards)
5.2. How did you learn	about our Bank?			
5.2.1. From a cooperation partner 5.2.3. Advertising on		Advertising on the internet	5.2.5. Print media and publications	
5.2.2. Advertising	•	Outdoor advertising (billboard	ds, 5.2.6. Elsewhere	

6. Confirmation and consent

- I 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
- 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.
- 6.2 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.
- 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.

7. Client's representative¹ 7.1. Surname, name _____ 7.3. Code calculator (Digipass) key or Blue KEY (S) 7.2. Signature _____ 7.4. Place of signature ___ Date _ (country, city) dd/mm/vvvv 7.5. Surname, name 7.7. Code calculator (Digipass) key or Blue KEY (S) 7.6. Signature _____ 7.8. Place of signature Date _ dd/mm/yyyy (country, city) FILLED IN BY THE BANK 8. Representative of the Bank¹ 8.1. Surname, name __ 8.2. Signature __

lanore this section if

L.S.

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".

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