

Client No. (filled in by the Bank) 

## CLIENT DATA CHANGE FORM FOR A LEGAL ENTITY OR LEGAL FORMATION

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.

FILL IN USING BLOCK CAPITALS!

### 1. Client Information

1.1. Name \_\_\_\_\_

1.2. Registration No. \_\_\_\_\_

THE CLIENT SHOULD ONLY FILL OUT SECTIONS AFFECTED BY THE CHANGES!

### 2. Change of the Client's Address and Contact Information

2.1. Registered office \_\_\_\_\_  
(street, building and office number, city, postal code, country)2.2. Business location address \_\_\_\_\_  
(if different from the registered office) (street, building and office number, city, postal code, country)2.3. Management location address \_\_\_\_\_  
(For international clients) (street, building and office number, city, postal code, country)

2.4. Company website \_\_\_\_\_

2.5. Contact information of the Client's representative: 2.5.1. Name, surname \_\_\_\_\_

2.5.2. Mobile phone No. \_\_\_\_\_ 2.5.3. E-mail\* \_\_\_\_\_

\*For communication with the Client and sending commercial communications, the Bank will use the Client's contact information provided herein.

### 3. Change of the Client's Tax Information

3.1. Tax payer No: \_\_\_\_\_ 3.2. Primary Tax residence country: \_\_\_\_\_

3.3. Other tax residence countries, if any:

Country	Tax payer No.	Please substantiate your relation to each tax residence country specified

3.4. Is the Client a passive non-financial legal arrangement?

(i.e., over 50% of the Client's income is passive, including dividends, investment returns, coupon income, interest income, royalties, etc. More details are available on the Bank's website)

Yes      No

#### 4. Change of Information on the Client's Beneficial Owners (BOs)

<b>4.1. Surname, name</b>			
4.2. Personal identity number			
4.3. Date of birth			
4.4. No. and series of the personal identification document (if the BO does not have an identification document issued in the Republic of Latvia)			
4.5. Rationale (specify one of the options):			
- directly or indirectly owns a percentage (%) of the capital/ voting shares out of the total number of shares issued by the Client:	_____ %	_____ %	_____ %
- direct or indirect control:	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (specify)	as a representative of an executive body or superior management institution on the basis of an authorisation agreement via a legal entity as the founder/assignor/trustee otherwise (specify)
4.6. Citizenship (nationality)			
4.6.1. Issuing country and validity period of the residence permit (if applicable)			
4.7. Tax residence country (if not the Republic of Latvia)			
4.8. Tax payer number (if not the Republic of Latvia)			
4.9. Permanent residence address (street, building, apartment, city, postal code, country)			
4.10. Mobile phone No.			
4.11. Is the BO a U.S. person? (if "Yes", fill out the U.S. Taxpayer Identification Form)	Yes No	Yes No	Yes No
4.12. Is the BO 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

4.1.1. The Client has more than 4 (four) BOs (fill out the Questionnaire on beneficial owners (Annex No. 1)).

4.1.2. Reason for changes \_\_\_\_\_

(specify the reason for changing the BO)

#### 5. Change of Business Activity (Commercial Activity Profile)

##### 5.1. Information on the Client's business activities

5.1.1. Full description of the Client's business activities, planned transaction scheme in the Current Account (this scheme may be submitted separately):

CONTINUATION

5.1.2. I certify that the declared business activity does not require a licence or special permit in the country where the primary business activity is carried out.

5.1.3. The declared business activity requires a licence or special permit in the country where the primary business activity is carried out.

5.1.4. Reason for changes \_\_\_\_\_  
 (specify the reason for changing the business activity)

IF THE CLIENT DECLARES AN ACTIVITY THAT FALLS UNDER THE DEFINITION OF A FINANCIAL INSTITUTION, THE CLIENT SHALL ADDITIONALLY COMPLETE THE FINANCIAL INSTITUTION QUESTIONNAIRE.

## 5.2. Does the company manage funds belonging to other persons?

(for example, these may include financial institutions, agents, property managers, notaries, etc. (more information is available in the Deposit Guarantee Law))

Yes No

(to be completed if "Yes" is selected)

5.2.1. provides identification of these other persons and accounting of the funds due to them

5.2.2. does not provide identification of these other persons and accounting of the funds due to them

## 5.3. Change of business partners

5.3.1. Incoming payments:

Partner name	Registration No.	Country of incorporation	Payment purpose	Country of the credit/ financial institution (if known)	Currency

5.3.2. Outgoing payments:

Partner name	Registration No.	Country of incorporation	Payment purpose	Country of the credit/ financial institution (if known)	Currency

## 5.4. Changes in planned Current Account transactions

5.4.1. MONTHLY Current Account turnover:

Total number of payments in your account (incoming and outgoing):

(Check only one)

Up to 50 payments      50–100 payments      More than 100 payments \_\_\_\_\_  
 (specify the approximate number)

Turnover of funds on the Client's account	Up to EUR 50,000.00	From EUR 50,000.01 to EUR 100,000.00	EUR 100,000.01 and more (specify the amount)
Planned maximum turnover of incoming payments per month, including the maximum amount of a single incoming payment			_____ EUR
Planned maximum turnover of outgoing payments per month, including the maximum amount of a single outgoing payment			_____ EUR
Planned maximum volume of cash deposits per month, including ATM cash deposits	_____ EUR		
Planned maximum volume of cash withdrawals per month, including ATM cash withdrawals	_____ EUR		
Planned maximum turnover of incoming payments on the <b>safeguarding account</b> (please fill in if the client is a financial institution or a gambling service provider that has or plans to open a <b>safeguarding account</b> )			_____ EUR

5.4.2. Reason for changes \_\_\_\_\_  
 (specify the reason for changes)

### 5.5. Password for Client Servicing by Phone

Voice password for receiving information by phone regarding the status of any account of the Client, blocking payment cards, and executing transactions (such as currency exchange 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)

### 6. Confirmation

- 6.1. I confirm that the information provided is true and complete. I acknowledge that, in the event of providing incomplete or false information, I am liable in accordance with the applicable laws and regulations. I am aware that the failure to fill in the required fields will be considered as the absence of this information. I undertake to inform the Bank in writing without delay of any material changes to the information provided.
- 6.2. I confirm that I have read and understood the terms used in this document and their definitions, which are available at <https://www.bluorbank.lv/en/definitions> and in the General Terms of Business.

### 7. Client's representative<sup>1</sup>

- 7.1. Surname, name \_\_\_\_\_
- 7.2. Signature \_\_\_\_\_ 7.3. Code calculator (Digipass) key or Blue KEY (S) \_\_\_\_\_
- 7.4. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy
- 7.5. Surname, name \_\_\_\_\_
- 7.6. Signature \_\_\_\_\_ 7.7. Code calculator (Digipass) key or Blue KEY (S) \_\_\_\_\_
- 7.8. Place of signature \_\_\_\_\_ Date \_\_\_\_\_  
(country, city) dd/mm/yyyy

FILLED IN BY THE BANK

### 8. Representative of the Bank<sup>1</sup>

- 8.1. Surname, name \_\_\_\_\_ 8.2. Signature \_\_\_\_\_
- Date \_\_\_\_\_  
dd/mm/yyyy

L.S.

<sup>1</sup> The section **shall not be filled** in if the document is prepared in accordance with the laws and regulations governing the execution of electronic documents and is signed with a secure electronic signature. The fields in the "Client's Representative" section — "Surname, name", "Code calculator (Digipass) key or Blue KEY (S)", and "Date" — **shall be completed** if the document is signed using the authentication tool issued by the Bank.