

QUESTIONNAIRE FOR AN INTERNATIONAL LEGAL ENTITY OR LEGAL FORMATION

PLEASE FILL IN BLOCK LETTERS

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CLIENT №

Dear Client,
To ensure compliance with international standards and regulations for credit institutions, please provide the required information below. AS BlueOrange Bank, hereinafter referred to as the Bank, adheres to regulatory requirements, observes confidentiality, and safeguards your data.

1. Client information

1.1. Company name _____

1.2. Type of legal entity _____
(Corporation, partnership, trust, fund, non-profit organisation etc.)

1.3. 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) Yes No

1.4. Country of registration _____ 1.5. Registration № _____

1.6. Taxpayer registration No. _____ 1.7. VAT payer No. _____ 1.8. Primary tax residence country
(Please specify the number if assigned)

1.9. Registered office _____
(address – office, street, city, postal code, country)

1.10. Management location (the Client's actual address) _____
(address – office, street, city, postal code, country)

1.11. Business activity location (if any) _____
(address – office, street, city, postal code, country)

1.12. Surname, name of the Client's representative _____

1.13. Phone No. _____ 1.14. Mobile _____

1.15. E-mail _____ 1.16. Website _____

1.17. Please substantiate your relation to the primary tax residence country, if different from the country of registration _____

1.18. Other tax residencies, if any

Country code	1.19. Please substantiate your relation to each tax residence country specified
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	
<input type="text"/> <input type="text"/>	

2. Declaration on the beneficial owners****

2.1. Surname, name				
2.2. Share of equity (%)				
2.3. Identity code				
2.4. Date of birth				
2.5. For international clients:				
Identity document No. and series				
Date of issue				
Term of validity				
Issuing authority				
Issuing country				
2.6. Citizenship				

2.7. Residence state				
2.8. Tax residence country and taxpayer No.				
2.9. Reason for the person's relation to the tax residence country				
2.10. Permanent residence (address – street, building, apartment, city, postal code, country)				
2.11. Correspondence address (street, building, apartment, city, country, postal code) (if differs from permanent residence)				
2.12. Phone No.				
2.13. Is the beneficial owner a U.S. person**? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.14. Is the beneficial owner a politically exposed person (PEP)***?	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP	<input type="checkbox"/> No <input type="checkbox"/> PEP family member <input type="checkbox"/> Yes <input type="checkbox"/> Close associate of a PEP
2.15. Please specify the monthly amount the client intends to pay to the beneficial owner/-s via the account held with AS BlueOrange Bank. If the client does not intend to pay remuneration to the beneficial owner/-s, please explain how beneficial owner/-s will receive financial benefit from the company's business	<input type="checkbox"/> No _____ (please comment)	<input type="checkbox"/> No _____ (please comment)	<input type="checkbox"/> No _____ (please comment)	<input type="checkbox"/> No _____ (please comment)
	<input type="checkbox"/> Yes _____ (please specify the amount)	<input type="checkbox"/> Yes _____ (please specify the amount)	<input type="checkbox"/> Yes _____ (please specify the amount)	<input type="checkbox"/> Yes _____ (please specify the amount)

3. Business profile

- | | |
|---|--|
| 3.1. <input type="checkbox"/> Agriculture, forestry and fishery | 3.2. <input type="checkbox"/> Extraction industry, quarry operations |
| 3.3. <input type="checkbox"/> Processing industry | 3.4. <input type="checkbox"/> Electricity, gas supply, heat supply, air conditioning |
| 3.5. <input type="checkbox"/> Water supply; sewage and waste processing and sanitation | 3.6. <input type="checkbox"/> Construction |
| 3.7. <input type="checkbox"/> Wholesale and retail; automotive and motorcycle repair | 3.8. <input type="checkbox"/> Transportation and storage |
| 3.9. <input type="checkbox"/> Lodging and catering services | 3.10. <input type="checkbox"/> Information and communications services |
| 3.11. <input type="checkbox"/> Financial and insurance activities***** | 3.12. <input type="checkbox"/> Real estate transactions |
| 3.13. <input type="checkbox"/> Professional, scientific and technical services | 3.14. <input type="checkbox"/> Administration and services |
| 3.15. <input type="checkbox"/> State governance and defence; mandatory social insurance | 3.16. <input type="checkbox"/> Education |
| 3.17. <input type="checkbox"/> Health and social care | 3.18. <input type="checkbox"/> Art, entertainment and leisure |

3.19. Information about the Client's business activities

3.20. Full description of the business, structure of planned transactions on the Current Account (may be submitted separately):

- 3.21. I confirm that the aforementioned business activities do not require a licence or special permit at the place of business
- 3.22. The aforementioned business activities require a licence and/or special permit at the place of business and I attach a copy of the licence and/or special permit.

CONTINUATION

3.23. Is the company required to provide its financial statements to official authorities at the place of its registration or activities?
 Yes

 No

(Please specify the authority the financial statements have been filed with)

3.24. Are the financial statements publicly available?
 Yes

 No

(Please specify the source)

3.25. Duration of business activities (years):
 Up to 1 1-3 3 - 5 More than 5

3.26. Number of employees:
 Up to 10 10 - 50 50 - 250 More than 250

3.27. Annual net turnover of the company (EUR mio.):
 Less than 0.5 _____ (Please specify) 0,5-1 1-2 2-5
 5-10 10-25 25-50 More than 50

3.28. Total assets of the company (EUR mio.):
 Less than 0.5 _____ (Please specify) 0,5-1 1-2 2-5
 5-10 10-25 25-50 More than 50

3.30. Do you hold accounts with other credit institutions?
 No Yes _____

(Please specify names of credit institutions (where required, the Bank may request the Client to submit account statements from the relevant credit institutions))

4. Information about planned transactions on the Current Account

4.1. MONTHLY Account turnover:

Client accounts' turnover	Up to 15 000,00 EUR	Up to 15 001,00 EUR to 100 000,00 EUR	100 001,00 EUR and more (specify sum)
Planned maximum total volume of the incoming payments and maximum volume of a single incoming transaction	<input type="checkbox"/>	<input type="checkbox"/>	_____ EUR
Planned maximum total volume of the outgoing payments and maximum volume of a single outgoing transaction	<input type="checkbox"/>	<input type="checkbox"/>	_____ 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 total volume of the incoming payments on the separate clients' funds account and maximum amount of a single incoming transaction (please fill if the Client is a financial institution)	<input type="checkbox"/>	<input type="checkbox"/>	_____ EUR

4.2. Source of first payment (Please provide information that is known upon opening the account):

Currency, amount	Payer	Name of servicing credit institution	Country of servicing credit institution Payment reference	Payment reference

4.3. Information on Business partners
4.3.1. Incoming payments:

Name of partner	Country of incorporation (code)	Brief description of the economic essence of planned transactions	Country of servicing credit institution (code)	Currency

4.3.2. Outgoing payments:

Name of partner	Country of incorporation (code)	Brief description of the economic essence of planned transactions	Country of servicing credit institution (code)	Currency

5. Information about cooperation with the Bank

5.1. What Bank products/services are you planning to use?

- 5.1.1. Transfers 5.1.2. Payment cards (Planned number of cards: ____) 5.1.3. E-commerce 5.1.4. Deposits
 5.1.5. Currency Exchange 5.1.6. Trust operations 5.1.7. Brokerage services 5.1.8. Loans
 5.1.9. Repo transactions 5.1.10. Savings Account 5.1.11. Trade finance/documentary operations
 5.1.12. Other _____
 (please specify)

5.2. Reason for choosing the Bank:

- 5.2.1. Beneficial conditions of cooperation 5.2.2. Recommendations from partners/acquaintances (Please specify the source of recommendations) _____
 5.2.4. Other _____
 (please specify)

5.3. Source of information about the Bank:

- 5.3.1. Bank employee (Please specify) _____ 5.3.2. Regional office employee (Please specify) _____
 5.3.3. Business partner (Please specify) _____ 5.3.4. Internet and mass media _____
 5.3.5. Conference, seminar _____ 5.3.6. Other (Please specify) _____

6. Confirmation

6.1. I am informed that the Bank processes personal data in accordance with applicable personal data protection laws and regulations of the Republic of Latvia and European Union, and the General Terms of Business, and Personal data processing policy. The purpose of data processing: client due diligence. More information about the Personal data processing policy of the Bank is available here: <https://www.blueorangebank.com/en/information-on-processing-of-personal-data>.

6.2. I confirm that the Current Account will not be used for transactions related to criminal activity or assets, violating sanctions/restrictions set by international organisations or individual countries, or transactions related to circumvention of transaction restrictions.

6.3. I confirm acquaintance with the following definitions and clarifications:

*Politically exposed person (PEP):

- a person** currently or formerly employed in major public office, including a supreme official of state government, head of a state administrative unit (municipal government), head of government, minister (deputy minister or deputy to the deputy minister, if the relevant country has such a position), state secretary, or other high-level official in government or a state administrative unit (municipal government), parliament deputy or member of an equivalent legislative body, member of the management body (board) of a political party, judge (member of a court institution) in a constitutional court, supreme court or other court instance, member of the board or council of a supreme audit institution, member of the board or council of a central bank, ambassador, charge d'affaires, senior officer of the armed forces, member of the board or council of a state corporation, executive (director, deputy director) or member of the board of an international organisation, or any person holding an equivalent position in such an organisation, within the Republic of Latvia, a member state or third country.
- PEP family member:** a) Spouse or equivalent. A person is considered an equivalent of a spouse only if the laws of the relevant state provide for such status; b) Child, child of a spouse or equivalent, or their spouse or equivalent; c) Parent, grandparent or grandchild; d) Brother or sister.
- Close associate of a PEP** — an individual known to have business or other close ties to one of the aforementioned, to be a stockholder or shareholder in the same corporation as one of the aforementioned, or an individual that is the sole owner of a legal entity known to have been established for the actual benefit of one of the aforementioned.

****United States person** – any person meeting at least one of the following criteria: 1) The individual has citizenship or a valid residence permit (Green Card) in the U.S.; 2) The individual's tax residence country is the U.S.; 3) The individual was born in the U.S.; 4) The legal entity has a phone number with a U.S. country code; 5) The legal entity is registered in the U.S.; 6) The residential or correspondence address of the individual is in the U.S. (including a P.O. Box in the U.S.); 7) A Power of Attorney has been issued to an individual/legal entity with an address in the U.S.

*****Beneficial owner** – is an individual who owns the legal entity Client; or controls the Client; or on whose behalf, for whose the benefit or in whose interest of whom the business relations are being established, or an occasional transaction is being executed, and who is at least:

- As regards legal entities – an individual who in the form of direct or indirect participation holds more than 25 percent of the legal entity's equity or voting shares, or who controls it either directly or indirectly,
- As regards legal formations – an individual who owns the legal formation or in the interest of whom the legal formation is created or is operating, or who directly or indirectly exercises control over it, including the founder, trustee or supervisor (manager) of such formation.

******** If the Client's business profile is financial and insurance activities and the Client is a financial institution*****, please fill out the Client Questionnaire (Monetary Financial Institution).

*******Financial institution** – (a) an insurance company providing life insurance services and a private pension fund; (b) an insurance intermediary providing life insurance services; (c) an investment brokerage firm; (d) an investment management company; (e) a capital company which purchases and sells foreign currency cash; (f) a payment institution; (g) an electronic money institution; (h) a loan and savings company; (i) other payment service provider not specified in subparagraphs “f”, “g”, and “h”; (j) alternative investment fund manager; (k) a reinsurance service provider; (l) a financial leasing service provider.

*******Legal formation** – an association of persons having independent legal capacity, as well as a disregarded entity with independent legal capacity and the structure of which may include the founder, the trustee, the supervisor (manager), or equivalent statuses, and the beneficiary – if no individual has been assigned as the beneficiary – being a person in whose interest the legal formation is established or operates, or any other individual who in fact exercises control over a legal formation through ownership or other means.

7. Application filled in by

7.1. Surname, name of the Client (Client’s representative) _____ 7.2. Signature _____

7.3. Filled out in (Country, city) _____ Date | | | | |

d d m m y y y y

7.4. Surname, name of the Client (Client’s representative) _____ 7.5. Signature _____

7.6. Filled out in (Country, city) _____ Date | | | | | L.S.

d d m m y y y y

8. Representative of the Bank

Filled in by the Bank

8.1. Surname, name _____ 8.2. Signature _____

Date | | | | | L.S.

d d m m y y y y