

**Original**
 **Changes the current one**  
 (upon signing a new Power of Attorney, the previous Power of Attorney shall expire)

       
 Client No. (filled in by the Bank)

# POWER OF ATTORNEY FOR CARRYING OUT OPERATIONS WITH FINANCIAL INSTRUMENTS

## 1. Client information

 1.1. Client \_\_\_\_\_  
 (for natural persons — name, surname, personal identity number or date of birth; for legal persons — name of merchant and registration No.)

 1.2. Client Representative – for legal persons \_\_\_\_\_  
 (name, surname, personal identity number or date of birth, personal identification document No.)

 hereinafter referred to as — **The Assignor**,

**hereby authorises:**

<b>Surname, name</b>	_____ , hereinafter referred to as the <b>Assignee</b>
Personal identity No. (if any) and date of birth	_____
Identity verified based on the identification document No. (and series)	_____
Date of issue	_____
Issuing authority	_____
Issuing country	_____
Declared residence address (for resident of Latvia)	_____
Actual residence address (unless as declared)	_____
Mobile phone No.	_____
E-mail	_____
Is the Assignee a U.S. Person*? (if "Yes", please fill out the U.S. Taxpayer Identification Form)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Assignee a politically exposed person (PEP)**?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> PEP family member <input type="checkbox"/> Close associate of a PEP
<b>Signature specimen of the Assignee</b>	_____
<b>Password for identifying the Client by phone</b> (to be filled in with Latin letters)	_____

 The extent of the assignment specified in this Power of Attorney refers to the following **Financial Instruments (FIs)** accounts:

<input type="checkbox"/> account No	L	V			C	B	B	R											
<input type="checkbox"/> account No	L	V			C	B	B	R											
<input type="checkbox"/> account No	L	V			C	B	B	R											

**OR**
 all of the Assignor's FI accounts (including those opened at a later date)

### Extent of the assignment:

Buy, sell, swap and carry out other trading transactions in financial instruments; carry out Repo/Reverse Repo and financing transactions; participate in corporate events; perform currency conversion.

**Validity term of the Power of Attorney:**  termless  until \_\_\_\_\_  
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**The Power of Attorney has been issued without the right of substitution.**

This Power of Attorney shall be binding on AS BlueOrange Bank, hereinafter — the Bank, by the specified deadline or until the Bank receives its withdrawal.

**1. I confirm that the information provided in this document is comprehensive and true.**

(I undertake to immediately notify the Bank about any changes to the information specified herein)

**2. I confirm that I have read the definitions and explanations:**

\* **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.

**\*\* Politically exposed person (PEP):**

- 1) **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.
- 2) **A 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.
- 3) **A 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.
- 4) 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, the General Terms of Business, and the Personal data processing policy. The purpose of data processing: preparation of the Power of Attorney. More information about the Personal data processing policy of the Bank is available here - <https://www.blueorangebank.com/int/en/information-on-processing-of-personal-data>.

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**3. Assignor**

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3.1. Surname, name of the Client (Client Representative) \_\_\_\_\_

3.2. Signature \_\_\_\_\_ 3.3. Filled out in \_\_\_\_\_  
(Country, city)

3.4. Digipass key (Signature) \_\_\_\_\_

(To be specified if the document will be signed and submitted to the Bank via electronic means of communication)

Date | | | |  
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**Representative of the Bank identifying the Assignor and the Assignee**

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Surname, name \_\_\_\_\_ Signature \_\_\_\_\_

Date | | | |  
d d m m y y y y

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**Filled in by the Bank**

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(To be specified if the document will be signed and submitted to the Bank via electronic means of communication)

Client \_\_\_\_\_ Special remarks \_\_\_\_\_  
(Name, Surname)

Name, Surname \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_

Date | | | |  
d d m m y y y y

L.S.