

**APPLICATION FOR OPENING A PAYMENT CARD ACCOUNT, ISSUING AND MAINTAINING A PAYMENT CARD OF AN INDIVIDUAL (LATVIAN RESIDENT)**

FILL IN USING BLOCK CAPITALS

**1. Client information**

1.1. Surname, name \_\_\_\_\_ 1.2. Identity number \_\_\_\_\_

1.3. Current Account No. (IBAN) at AS BlueOrange Bank (hereinafter referred to as the Bank):

L V \_\_\_\_\_ C B B R \_\_\_\_\_

1.4. Cardholder surname, name on the payment card (please use letters of the Latin alphabet only):

\_\_\_\_\_

**2. Payment Card, hereinafter referred to as the Card, Information**2.1. Card type:  Maestro  Mastercard Classic Red or  Mastercard Classic Grey  Mastercard Gold  VISA Gold  Mastercard Platinum2.2. Card currency:  EUR  GBP  RUB2.3. Card credit limit: 2.3.1.  Desired credit limit (Please specify the amount) \_\_\_\_\_ 2.3.2.  No credit limit**2.4. Deduction of interest on the credit limit used:**2.4.1.  Standard credit limit repayment procedure 2.4.2.  Grace period up to 50 days

2.4.3. Please fill out clause 3 if you have specified the card credit limit.

**3. Additional Information to the Application for Receiving a Credit Limit****3.1. Client's activity type**3.1.1.  Salaried employee  
(Company name, position) \_\_\_\_\_3.1.2.  Entrepreneur (Company name, registration No., registration country) \_\_\_\_\_3.1.3.  Self-employed person (Please specify types of activity, registration No.) \_\_\_\_\_3.1.4.  Student 3.1.5.  Unemployed 3.1.6.  Retired 3.1.7.  Other  
(Please specify) \_\_\_\_\_

3.2. Average monthly income, EUR \_\_\_\_\_

3.3. Estimated monthly expenses (except credit liability payments), EUR \_\_\_\_\_

3.4. Family status:  Not married  Married  Cohabitation without marriage

Number of dependents (including children below the age of 18) \_\_\_\_\_

**3.5. Current credit obligations**

3.5.1. Current monthly credit, lease payment (euro) \_\_\_\_\_

3.5.2. Have you had credit repayment or interest payment delays longer than 60 days in the last 24 months?

 No  Yes, but all payments are currently settled  Yes, I have them now3.5.3. Do you currently have loans from non-bank creditors?  No  Yes

3.6. On the basis of Paragraph 1 Article 7 of the Personal Data Protection Law,

 I consent to the State Social Insurance Agency (SSIA) to providing my personal data for the six months prior the date of a request of the following data: Information about social insurance contributions and insurance periods;  Information about the granted amount of pension/allowance/remuneration; Information about payable pension/allowance/remuneration; I do not consent to the SSIA providing the aforementioned data. I will submit the SRS and SSIA references myself.**Intended use of the data: solvency assessment.**3.7. I want to set a limit for ATM cash withdrawals: 3.7.1.  Standard 3.7.2.  Other: 3.7.3. Daily \_\_\_\_\_ (Please specify the amount) 3.7.4. 30 days \_\_\_\_\_ (Please specify the amount)3.8. I want to set a limit for card purchases: 3.8.1.  Standard 3.8.2.  Other: 3.8.3. Daily \_\_\_\_\_ (Please specify the amount) 3.8.4. 30 days \_\_\_\_\_**4. Additional service**4.1.  I want to connect the "Replenishing the Payment Card Account via phone" service Phone No. \_\_\_\_\_  
(please specify a phone number from which the Bank will receive calls)4.2.  Please issue a new Digipass for 3D authentication of online purchases

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FILL IN USING BLOCK CAPITALS

Continuation

4.3.  I hereby authorise Bank to replenish the balance of the Payment Card Account using funds from the aforementioned Current Account, each business day of the Bank, up to the following amount \_\_\_\_\_ (Amount in digits and in words)

4.4. Travel insurance policy required:

No  Yes Travel insurance policy:  Classic  Gold  Platinum

When choosing a travel insurance policy, the card user agrees to processing of his/her personal data, incl. transfer and processing of data by **ERGO Insurance SE Latvian branch** (registered in the Commercial Register of the Register of Enterprises of the Republic of Latvia with No. 40103599913, registered address: Skanstes iela 50, Rīga, LV-1013). Purpose of data processing: receiving a travel insurance.

### 5. Receiving the Payment Card and Priority Pass

5.1. I will receive my payment card and Priority Pass:

At the Bank  By mail (at the specified actual residence address) if this Application is filled out and signed at the Bank's Client Service Centre  Delivered by a representative of the Bank \_\_\_\_\_ (Please specify the delivery address within Riga)

### 6. Confirmation and consent

- 6.1. I certify that all the provided information is complete and authentic, and I am aware that in case of provision of false data I am responsible in accordance with applicable regulatory enactments.
- 6.2. I hereby confirm that, by signing this Application, I wish to use the Card offered by the Bank in accordance with the Conditions of the Agreement on Opening a Payment Card Account, Issue and Servicing a Payment Card, hereinafter referred to as the Conditions. I am acquainted with the Conditions, the Bank's General Terms of Business (GTB) and Pricelist, agree to them and undertake full liability for transactions performed by the Cardholder. I am aware that all the documents approved by the Bank and amendments thereto that are listed above are available on the Bank's website [www.blueorangebank.com](http://www.blueorangebank.com) or at the Customer Service Centre.
- 6.3. I am aware that this Application and the Conditions constitute an agreement, hereinafter referred to as the Agreement.
- 6.4. In the event of replenishing my Payment Card Account via phone, I agree that the Bank shall not be held liable for not replenishing the Payment Card Account if the Account Operator cannot identify the number of the incoming phone call. In such cases, this service can be accessed using Digipass.
- 6.5. If travel insurance is applied for, I agree that the Bank reserves and/or charges the fee for a travel insurance policy from any account open for me at the Bank. I am informed that I can read travel insurance conditions at the Bank's website [www.blueorangebank.com](http://www.blueorangebank.com) or at the Customer Service Centre.
- 6.6. I am informed that the Bank processes data of natural persons in accordance with applicable laws and regulations on protection of personal data of the Republic of Latvia and European Union and the General Terms of Business. Purpose of data processing: opening and service of a payment card account.
- 6.7. I am informed that the Bank has the right to provide information to the Bank of Latvia and receive information from the Bank of Latvia Credit Register in accordance with the regulations applicable to the Bank of Latvia Credit Register (if a service related to a credit risk has been selected). I am aware that, in the event of a violation of credit obligations, the Bank will provide data on such violation to the Bank of Latvia Credit Register.
- 6.8. I am informed that the Bank has the right to request and receive information about a loan applicant from AS "Kreditinformācijas Birojs", reg. No. 40103673493, and to provide AS "Kreditinformācijas Birojs" with data on a loan applicant and their liabilities (if a service related to a credit risk has been selected).

6.9. Surname, name of the Client \_\_\_\_\_ 6.10. Signature \_\_\_\_\_

6.11. Digipass key (Signature) \_\_\_\_\_ (Please specify the key if this document will be signed and sent to the Bank electronically) Date of signing  (This field is mandatory!)  
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### 7. Filled in by the person who accepted and verified the Application

7.1. Surname, name \_\_\_\_\_ 7.2. Signature \_\_\_\_\_