



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

FILL IN USING BLOCK CAPITALS

Continuation

4.3. 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, Riga, 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

### 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 Payment Card Agreement, Conditions of Credit Card Agreement, 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 aware that the Bank processes personal data in accordance with the applicable data protection laws of the Republic of Latvia and the European Union, as well as the General Terms of Business and the Bank's Personal Data Processing Policy. The goal of data processing: opening and service of a payment card account. Detailed information on the Bank's Personal Data Processing Policy is available at <https://www.blueorangebank.com/int/en/information-on-processing-of-personal-data>.
- 6.7. I am aware that the Bank is entitled to provide information to the Bank of Latvia and to receive information from the Credit Register of the Bank of Latvia in accordance with the procedures specified by regulatory enactments. I am aware that, in the event of breach of my credit obligations, the Bank will provide the information on the violated obligations to the Credit Register of the Bank of Latvia (if a service related to credit risk has been selected).
- 6.8. I am aware that the Bank is entitled to request and receive information on a credit limit applicant from AS „Kreditinformācijas Birojs”, registration No. 40103673493, as well as to provide information on a credit limit applicant and their obligations to AS „Kreditinformācijas Birojs” (if a service related to 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)(This field is mandatory!)  
Date of signing | | | |  
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### 7. Filled in by the person who accepted and verified the Application

7.1. Surname, name \_\_\_\_\_

7.2. Signature \_\_\_\_\_