

4.3. I will need a travel insurance policy:

 No Yes Travel insurance program: Classic Gold Platinum

When choosing a travel insurance policy, the cardholder agrees to processing of his/her personal data, incl. transfer and processing of data by **ERGO Insurance SE Latvia branch** (registered in the Commercial Register of the Register of Enterprises of the Republic of Latvia with No. 4010359913, registered address: Skanstes iela 50, Rīga, LV-1013). Purpose of data processing: receiving a travel insurance.

5. Receiving the Card and Priority Pass (if included in the program of the Card)

5.1. I will receive my Card and Priority Pass:

 At the Bank By mail _____ Other _____
(To my Correspondence address) (Please specify)

6. Confirmation and consent

- 6.1. I hereby confirm that, by signing this Application, I wish to use the Payment card offered by the Bank in accordance with the Conditions of the Agreement on Opening a Payment Card Account, Issuing and Maintaining a Payment Card, hereinafter – 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 are available on the Bank's website www.blueorangebank.com or at the Customer Service Centre.
- 6.2. I confirm the receipt of the Authentication tool, as selected in this Application, and I am aware that the Bank will use the information specified by the Client in Clause 2.10 and 2.11 for delivery of the initialisation password for Mobile Digipass and/or Password+SMS authentication, for the delivery of access data for the Mobile Digipass activation website, delivery of SMS notifications for the Password+SMS authentication, and the information on card transactions (if such service is selected).
- 6.3. I am aware that this Application and the Conditions constitute an agreement, hereinafter – 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, the Payment Card Account can be replenished using the selected Authentication tool.
- 6.5. If travel insurance is ordered, I agree that the Bank reserves and/or debits the travel insurance policy fee from any account opened in my name with the Bank. I am aware that the terms of travel insurance can be found on the Bank's website www.blueorangebank.com or in the Customer Service Centre.
- 6.6. I am informed that the Bank processes personal data of individuals in accordance with the applicable data protection laws of the Republic of Latvia and the European Union, the General Terms of Business and the Personal Data Processing Policy. Purpose of data processing: opening and maintaining a Payment Card Account. Detailed information on the Bank's Personal Data Processing Policy is available in the Bank's website: <https://www.blueorangebank.com/int/en/information-on-processing-of-personal-data>.
- 6.7. I am informed that the Bank has the right to provide information to the Bank of Latvia and receive information from the Credit Register of the Bank of Latvia pursuant to the procedure provided for in the applicable legislation (if a service associated with a credit risk is selected). I am aware that, in the event of a violation of credit obligations, the Bank will provide data on such violation to the Credit Register of the Bank of Latvia.
- 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, (hereinafter – Credit Information Bureau) and to provide data on a loan applicant and their liabilities to the Credit Information Bureau (if a service associated with a credit risk is selected).

6.9. Name, surname of the Client's representative _____ 6.10. Signature _____

6.11. Name, surname of the Cardholder _____ 6.12. Signature _____

6.13. Digipass atslēga (Signature) _____
(Please complete if this document is signed and sent to the Bank electronically) Date of signing

d d	m m	y y y y
-----	-----	---------

 L.S.**(This field is mandatory!!!)**

7. Aizpilda Bankas pārstāvis, kas pieņēma un pārbaudīja iesniegumu

7.1. User's Digipass No.

--	--	--	--	--	--	--	--	--	--

7.2. Name, surname _____ 7.3. Signature _____

Date

d d	m m	y y y y
-----	-----	---------

 L.S.