

E-MERCHANT APPLICATION

Appendix to the E-Merchant Servicing Agreement No _____
concluded on _____ between _____ and _____

COMPLETE IN BLOCK CAPITALS

____/____/20____

Company _____
(full name)

Registration No. _____ **Registration date** (dd/mm/yyyy) ____/____/____

Legal address _____
(street, house, flat, city, country, postal code)

Office address _____
if different from legal address (street, house, flat, city, country, postal code)

Telephone + _____ **E-mail** _____
(country code)

COMPANY OWNER(S)*

* holding 25% or more of company shares or equivalent form of individual control

1. _____
(Dr./Esq./Mr./Mrs./Ms./Prof. - first name, middle name, last name)

Percentage of control: _____ % **Type of control:** direct via proxy

Date of birth (dd/mm/yyyy) ____/____/____ **Nationality** _____

Tax residence _____ **Taxpayer ID** _____

Residence address _____

Telephone + _____ **E-mail** _____
(country code)

2. _____
(Dr./Esq./Mr./Mrs./Ms./Prof. - first name, middle name, last name)

Percentage of control: _____ % **Type of control:** direct via proxy

Date of birth (dd/mm/yyyy) ____/____/____ **Nationality** _____

Tax residence _____ **Taxpayer ID** _____

Residence address _____

Telephone + _____ **E-mail** _____
(country code)

3. _____
(Dr./Esq./Mr./Mrs./Ms./Prof. - first name, middle name, last name)

Percentage of control: _____ % **Type of control:** direct via proxy

Date of birth (dd/mm/yyyy) ____/____/____ **Nationality** _____

Tax residence _____ **Taxpayer ID** _____

Residence address _____

Telephone + _____ **E-mail** _____
(country code)

4. _____
(Dr./Esq./Mr./Mrs./Ms./Prof. - first name, middle name, last name)

Percentage of control: _____ % Type of control: direct via proxy

Date of birth (dd/mm/yyyy) ____/____/____ Nationality _____

Tax residence _____ Taxpayer ID _____

Residence address _____

Telephone + _____ E-mail _____
(country code)

BUSINESS INFORMATION

Company website: _____

PCI DSS CERTIFICATION Level 1 Level 2 Level 3 Level 4 No certification

Micro-enterprise*: Yes No

* an autonomous enterprise whose annual turnover and/or balance sheet total does not exceed €2 million and employs fewer than 10 (ten) people

Detailed business description _____

Is license required: Yes No IF YES - License issuing country _____

License issue date: ____/____/____ License expiry date: ____/____/____
(dd/mm/yyyy) (dd/mm/yyyy)

License number _____ FATCA GIIN (if applicable): _____

OCT/MONEY SEND TRANSACTIONS

ACQUIRING TRANSACTIONS

Minimum transaction amount: _____

Minimum transaction amount: _____

Typical transaction amount: _____

Typical transaction amount: _____

Maximum transaction amount: _____

Maximum transaction amount: _____

Actual monthly turnover (in EUR): _____

Actual monthly turnover (in EUR): _____

Planned monthly turnover (in EUR):

Planned monthly turnover (in EUR):

- in 3 months _____

- in 3 months _____

- in 6 months _____

- in 6 months _____

- in 12 months _____

- in 12 months _____

Cardholders location (% of total): EU _____ CIS _____ Asia _____
North America _____ Other _____

Required transaction currencies: _____

Required transaction types: e-commerce Recurring OCT/MoneySend MOTO Dynamic descriptor

SETTLEMENTS

Bank account _____ SWIFT BIC _____

CONTACT PERSON(S)

1. Area of responsibility: _____

2. Area of responsibility: _____

Full name: _____

Full name: _____

Position: _____

Position: _____

Telephone + _____
(country code)Telephone + _____
(country code)

E-mail _____

E-mail _____

LEGAL REPRESENTATIVES1. _____
(name, surname)2. _____
(name, surname)

Date of birth (dd/mm/yyyy) ____/____/____

Date of birth (dd/mm/yyyy) ____/____/____

Tax residence: _____

Tax residence: _____

Position: _____

Position: _____

Residence address _____

Residence address _____

Telephone + _____
(country code)Telephone + _____
(country code)

E-mail _____

E-mail _____

(legal representative signature)_____
(legal representative signature)