

# INTERNATIONAL MERCHANT APPLICATION FORM

- ! This form should be completed and saved digitally in Adobe Reader. Handwritten applications will not be accepted.
- Please use our separate 'Merchant Application Checklist' to guide you through the application process.

**WARNING: Your PDF-reader or settings are incompatible. Please complete this form using a desktop-version of Adobe Reader with JavaScript enabled.**

<b>1 COMPANY PROFILE</b>		
Is Applying Company owned by a Parent Company?	Yes (provide details of Applying Company and Parent Company below) No (only provide details of Applying Company below)	
	Details of Applying Company	Details of Parent Company (if applicable)
Company registration number		
Legal name of company <sup>1</sup>		
Registered DBA/trade name (if other than legal name)		
Type of business (LLC, Ltd, Sole Proprietor, etc)		
Registered street address (P.O. Box not acceptable)		
House number		
Postcode / zip code		
City		
State (if applicable)		
Country		
Telephone number <sup>2</sup>		
Fax number <sup>2</sup>		
Turnover last year (plus currency)		
Incorporation date <sup>1</sup> (YYYYMMDD)		
VAT / Tax Identification number <sup>3</sup>		
Is company publicly listed on a stock exchange?	Yes No	Yes No
Is company a registered 'not-for-profit' organization?	Yes No	Yes No

<sup>1</sup> Should be mentioned on incorporation documents

<sup>2</sup> Including international country code (e.g. +1 for USA, +852 for Hong Kong, etc)

<sup>3</sup> If not provided, VAT may be applicable to transaction charges

<b>BILLING ADDRESS</b>		
Is billing address different from registered address? (above)	Yes (provide billing address below) No (proceed to section 2: Company Ownership Profile)	
Street address (for billing purposes)		
House number		
Postcode / zip code		
City		
State (if applicable)		
Country		

# INTERNATIONAL MERCHANT APPLICATION FORM

2 COMPANY OWNERSHIP PROFILE					
DIRECTOR(S) <sup>4</sup>					
	Director #1	Director #2	Director #3	Director #4	Director #5
First name					
Last name					
Date of birth (YYYYMMDD)					
Street address (home)					
House number					
Postcode / zip code					
City					
Country					
Telephone number <sup>2</sup>					
Passport / ID number					
Social security number					

<sup>2</sup> Including international country code (e.g. +1 for USA, +852 for Hong Kong, etc)

<sup>4</sup> All directors should be mentioned on the incorporation documents

ULTIMATE BENEFICIAL OWNER(S) (UBO) <sup>5</sup>					
Are there any UBOs <sup>5</sup> owning 10% or more of the company	Yes (list all UBOs below; mention UBO owning largest share % first) No (list the largest 5 UBOs below; mention all additional UBOs in a separate document)				
	UBO #1	UBO #2	UBO #3	UBO #4	UBO #5
First name					
Last name					
Date of birth (YYYYMMDD)					
Ownership (%)					
Street address (home)					
House number					
Postcode / zip code					
City					
Country					
Passport / ID number					
Social security number					

<sup>5</sup> UBO (Ultimate Beneficial Owner) is a natural person owning (part of) the company. All UBOs should be listed and should be clearly identifiable from the incorporation documents. Mention UBO owning largest share % first. If there are more than 5 UBOs, please disclose all additional UBOs in a separate document. In case of a publicly (stock)listed company, or a registered not-for-profit organization, UBOs do not have to be disclosed.

# INTERNATIONAL MERCHANT APPLICATION FORM

<b>3 BUSINESS PROFILE</b>	
Detailed description of products/ services sold (explain business model)	
Length of time in business (in months)	<input type="text"/> (months)
Website(s) (please separate by , comma)	
Login details (if applicable, login details should apply for all websites)	User name <input type="text"/> Password <input type="text"/>
Beta website(s) (if applicable)	
Descriptor (to appear on customers' credit card statement; max 22 characters, for example: website or company name)	
DBA/City field (second line of descriptor. Max 12 characters, for example: city or customer service phone number)	
Will you use 'Dynamic Descriptors'?	Yes (If yes, a list of all descriptors and related website(s) should be provided) No
Have you ever filed for bankruptcy?	Yes (When?) <input type="text"/> (YYYYMMDD) No
Have you previously accepted credit cards?	Yes (For how long in months) <input type="text"/> (months) No (Proceed to questions on next page)
Have you ever flagged or been in violation of any card scheme program (e.g. Excessive Chargebacks, BRAM violation, Account Data Compromise)?	Yes (Please provide details) <input type="text"/> No

PLEASE PROVIDE 6 MONTHS OF MOST RECENT PROCESSING HISTORY BELOW (Clearly showing transactions, chargebacks and refunds per month)						<input type="text"/>
						Applicable currency for the volumes specified below
CREDIT CARD PROCESSING HISTORY	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Number of transactions						
Transaction volume						
Number of chargebacks						
Chargeback volume						
Number of refunds						
Refund volume						

Current/previous Payment Service Provider / gateway	
Current/previous acquirer	
Reason for leaving current acquirer	

# INTERNATIONAL MERCHANT APPLICATION FORM

Estimated monthly sales volume					
Average transaction value					
Highest transaction value					
Origin of transactions (where do cardholders come from) (total should equal 100%)	<input type="text"/> % Domestic (from merchant's own country)	<input type="text"/> % Europe	<input type="text"/> % USA	<input type="text"/> % Asia	<input type="text"/> % Rest of world
Card types applying for:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Maestro	<input type="checkbox"/> V-Pay	
	<input type="checkbox"/> JCB	<input type="checkbox"/> Diners	<input type="checkbox"/> Cartes Bancaires	<input type="checkbox"/> American Express	
	<input type="checkbox"/> China Union Pay (CUP)	<input type="checkbox"/> Other:	<input type="text"/>		
Method of acceptance. (total should equal 100%)	<input type="text"/> % E-commerce	<input type="text"/> % Card Present (Point-Of-Sale)	<input type="text"/> % M-Pos (Mobile POS)	<input type="text"/> % M-Commerce (Mobile payments)	
	<input type="text"/> % MOTO (Mail-order/ Telephone-order)	<input type="text"/> % In-App commerce			
When does payment take place?	<input type="checkbox"/> Upon purchase	<input type="checkbox"/> With download	<input type="checkbox"/> On delivery		
	<input type="checkbox"/> Other:	<input type="text"/> (please specify)			
Payment frequency	<input type="checkbox"/> One-time payment		<input type="checkbox"/> Recurring payment (subscription)		
Delivery time for goods/services (upon purchase) (total should equal 100%)	<input type="text"/> % Immediately	<input type="text"/> % Within 4 weeks	<input type="text"/> % Within 5-14 weeks	<input type="text"/> % More than 14 weeks	
Do you offer / make use of affiliate programs?	Yes <input type="text"/> (please provide details) No				

## 4 SECURITY MEASURES

Describe ALL security measures AND fraud/chargeback handling (in detail)		
Would you like to apply for 3D Secure (MasterCard SecureCode, VerifiedByVisa)	Yes (If Yes, what MPI <sup>6</sup> will be used?) <input type="text"/>	No <input type="text"/> (leave field empty if unknown)
Will you use CVC (Card Verification Code; printed on credit card)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Would you like to apply for AVS (Address Verification)	Yes (Please note: number of countries supporting AVS is limited; e.g. UK, USA, Canada) <input type="checkbox"/> No <input type="checkbox"/>	

<sup>6</sup> MPI = Merchant Plug In (software required for processing 3D Secure transactions)

# INTERNATIONAL MERCHANT APPLICATION FORM

## 5 SETTLEMENT BANK DETAILS<sup>6</sup>

Please indicate the desired 'processing currency/ies' (currency in which your products/services are sold) plus their related 'settlement currency' (currency in which payments should be transferred to your bank account).

SETTLEMENT CURRENCY = currency in which payments should be transferred to your bank account

PROCESSING CURRENCY = currency in which your products/services are sold

Important: Per settlement currency, a bank account should be specified that can accept funds in that specific currency.

SETTLEMENT CURRENCY <sup>7</sup> (select one)		PROCESSING CURRENCY/IES <CTRL> and click to select multiple	
Bank account holder		Bank name	
Bank account number		Bank address	
BIC/SWIFT code		Postcode / zip code	
IBAN number <sup>8</sup>		City	
Bank sort code <sup>8</sup>		Country	
Reference / ABA / routing number <sup>8</sup>		Bank telephone number <sup>2</sup>	

<sup>2</sup> Including international country code (e.g. +1 for USA, +852 for Hong Kong, etc.)

<sup>7</sup> Per settlement currency, a bank account should be specified that can accept funds in that specific currency

<sup>8</sup> This information is required in certain countries. Please make sure these fields are completed if applicable.

PLEASE NOTE: If no other settlement currencies are required, please proceed to next page (section 6)

SETTLEMENT CURRENCY <sup>7</sup> (select one)		PROCESSING CURRENCY/IES <CTRL> and click to select multiple	
Bank account holder		Bank name	
Bank account number		Bank address	
BIC/SWIFT code		Postcode / zip code	
IBAN number <sup>8</sup>		City	
Bank sort code <sup>8</sup>		Country	
Reference / ABA / routing number <sup>8</sup>		Bank telephone number <sup>2</sup>	

SETTLEMENT CURRENCY <sup>7</sup> (select one)		PROCESSING CURRENCY/IES <CTRL> and click to select multiple	
Bank account holder		Bank name	
Bank account number		Bank address	
BIC/SWIFT code		Postcode / zip code	
IBAN number <sup>8</sup>		City	
Bank sort code <sup>8</sup>		Country	
Reference / ABA / routing number <sup>8</sup>		Bank telephone number <sup>2</sup>	

# INTERNATIONAL MERCHANT APPLICATION FORM

6	GENERAL CONTACT (PRIMARY)	
	First name	
	Last name	
	Email address	
	Telephone number <sup>2</sup>	
	Fax number <sup>2</sup>	

7	TECHNICAL CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number <sup>2</sup>	

8	FINANCIAL CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number <sup>2</sup>	

9	RISK / CHARGEBACK CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number <sup>2</sup>	

<sup>2</sup> Including international country code (e.g. +1 for USA, +852 for Hong Kong, etc)

ADDITIONAL COMMENTS	
Please let us know if you have any further comments or information:	

Please ensure that your application form and additional documentation is complete and correct.

Application requirements can be found in our separate 'Merchant Application Checklist'.

By submitting this form you confirm that all information provided is accurate, complete and truthful and you consent to credit and information verification checks being performed.

Completed applications can be submitted to:

support@offshoreprocessing.com

For more information please contact:

Telephone: +356 2776-1370 or +507-833-9039