

Company Details

1. FULL REGISTERED COMPANY NAME	
2. COMPANY TYPE (PLEASE TICK ONE)	
O Private Company (LTD) O Partnership (LLP)	
O Public Company (PLC) O Sole Trader	
Other (please specify)	
3. REGISTERED COMPANY ADDRESS	
NO. AND STREET NAME	
CITY	
COUNTRY	
POSTAL CODE	
FOSTAL CODE	
4 DECICEEDED ED 4 DING 4 DDD 500	
4. REGISTERED TRADING ADDRESS CHECK HERE IF SAME AS ABOVE	
NO. AND STREET NAME	
CITY	
COUNTRY	
CONTIC	
DOSTAL CODE	
POSTAL CODE	
5. COMPANY REGISTRATION NUMBER	
6. DATE OF INCORPORATION	
7. EU VAT NUMBER	
8. COMPANY PHONE NUMBER	
9. PRIMARY EMAIL ADDRESS	
10 APPLICANT WERSITE'S	
10. APPLICANT WEBSITE/S	

Merchant Application Form

SecureTrading Financial Services Limited (No: C56013), duly licensed by the MFSA to operate as a Financial Institution as defined in the Financial Institutions Act (Chapter 376, Laws of Malta)

VERSION 1.1

	ed to enter into the Members Area, as required by the schemes in particular a/adult/wallets and cyberlockers.
	ed to enter into the Members Area, as required by the schemes in particular a/adult/wallets and cyberlockers.
11. COMPANY DESCRIPT PRODUCTS/SERVICES)	ON (PLEASE SPECIFY THE NATURE OF THE BUSINESS -
12. DESCRIPTOR	
	OMER STATEMENTS FOR PURCHASES. THIS DESCRIPTOR IS SUBJECT CHANGES WILL BE COMMUNICATED TO YOU)
13. MERCHANT FULFILLN	ENT PERIOD
SHIPPING AND HANDLING T	IME)
14. DOES YOUR LINE OF	BUSINESS REQUIRE A LICENSE?
F YES, PLEASE PROVIDE US SUPPORTIVE DOCUMENTS S	WITH A COPY. REFERENCE SHOULD BE MADE TO THE COMPANY SECTION
○ yes ○ no	
15. DO YOU OFFER ANY	AFFILIATES PROGRAMMES
E.G WHITE-LABELLING)	
$O_{yes}O_{no}$	
F YES, PLEASE SPECIFY	
<i>(</i>	
AC DO VOLLOFFED AND	MALLET?
16. DO YOU OFFER AN E	VVALLE I !
O yes O no	
F 1ES PLEASE SPECIFY IF I	TS A PASS THROUGH WALLET OR STAGED WALLET.
17. ARE YOU SUBJECT TO	O ANY BANKRUPTCY OR LEGAL PROCEEDINGS?
O yes	

Company Card Sales	24. ALTERNATIVE PAYMENT METHODS
19. PAYMENT CARD TYPES	○ Alipay ○ Bancontact ○ EPS
○ Card not present - Moto ○ ST Payme	○ Giropay ○ iDeal ○ My Bank
O Card not present - Ecom (secure) O Apple Pay (secure)	O PayU O Paysafecard O Przelewy24
Card not present - Ecom (unsecure)	○ Qiwi ○ Safetypay ○ Sofort
20. ECOM 12 MONTH %	○ Trustly
20. EGOIVI 12 IVIOINTIT /6	25. DO YOU PROCESS RECURRING TRANSACTIONS
	○ Card not present - Moto ○ ST Payme
21. MOTO 12 MONTH %	26. CHOSEN VALUE (FOR REPORTING VALUES ON THIS APPLICATION)
	○ Card not present - Moto ○ ST Payme
22. PREVIOUS/CURRENT NAME OF PROCESSOR AND/OR ACQUIRER	27. AVERAGE TRANSACTION VALUE
	○ Card not present - Moto ○ ST Payme
23. REASON FOR CHANGE OF PROCESSOR AND/OR ACQUIRER	28. CHARGEBACKS (% OF VOLUME) LAST 12 MONTHS
	29. REFUND (% OF VOLUME) LAST 12 MONTHS
	30. 12 MONTH VISA CARD EXPECTED VOLUME
	31. 12 MONTH MASTERCARD EXPECTED VOLUME

Alternative Payment Methods

Payment Method	Expected Turnover/Volume	Average Transaction Value
Alipay		
Bancontact		
EPS		
GiroPay		
iDeal		
My Bank		
Payu		
Paysafecard		
Przelewy24		
Qiwi		
Safetypay		
Sofort		

		Trustl	у							
	mpany E			ettlement Currency B	Sank Account)		38. ACCOUNT CUR	RENCY		
	ACCOUNT H			thement currency b	dank Accounty					
							39. SORT CODE (U	K ONLY)		
22										
33.	BANK NAME						40. ROUTING NUM	BER (US ONLY)		
							40. 10011110 1101111	BEN (03 ONET)		
34.	BANK ADDRE	ESS								
							41. SETTLEMENT T			
35.	BAN NUMBE	R						will be Net of any fees or		howing the account holder name.
								h settlement currency bar		nowing the account holder hame.
36.	BIC NUMBER						42. SETTLEMENT C	CURRENCY OPTION		
							Settlement Currency	v (
37.	ACCOUNT C	OUNTRY								
							O Transacting Current	су		
							0			
							L4L Currencies			
							O Default Currencies			
							O SEPA (EUR Only)			
Dir	ectors &	Share	holders I	nformation						
	Full Name	Job Title	Date Of Birth	Country Of Residence	Nationality	Home Address	Identification No.	Company Ownership %	Are You A Director And/Or Owner?	Political Exposed Person(or related)
1									ODirector OOwner	O _{Yes} O _{No}
2									ODirector Oowner	○ _{Yes} ○ _{No}
3									ODirector Owner	○ _{Yes} ○ _{No}
4									ODirector Owner	Oyes O _{No}
5									ODirector Owner	Oyes O _{No}
6									ODirector Oowner	O _{Yes} O _{No}
7									ODirector Owner	Oyes ONo
1. All	Shareholders v	vith 25% or I	more equity mus	t be shown above.						
				or shareholders exist, ple	•					
3. Te	rm 'political exp	osed persor	ns' ("PEP"), is bro	oad and generally include	es all persons who fulfil a	prominent public fui	nction and include his immediat	te family members or pers	sons known to be close associate	es of such persons
Inc	lividual I	nforma	ition (Requ	ired for Shareholder	s and Authorised Sig	gnatory)				
Орг	notocopy of Gov	vernment Ide	entification which	includes (e.g. Passport	or National Identification	Card)				
						,	provided using ONE (1) of the	documents below stating	g an individual's name and home	address. The document must
also	be dated within	n the last 3	months.							
	ility Bill (NOTE:	Mobile Pho	ne Bills are not a	accepted)						
Ор	ersonal Bank St	atement								
O E	quivalent Docun	nent Issued	By Central or Lo	cal Government Authority	y, Department or Agency	,				
Ad	ditional	Suppo	rtive Com	npany Docum	ents					
00	riginal or certifie	ed true copy	of the original(no	ot older than 6 months) -	Certificate of Incorporation	on (if Applicant is nor	n UK registered)			
00	riginal or certifie	ed true copy	of the original(no	ot older than 6 months) -	Memorandum & Article of	of Association (if App	licant is non UK registered)			
00	riginal or certifie	ed true copy	of the original(no	ot older than 6 months) -	Memorandum & Article o	of Association (if App	licant is non UK registered)			
O La	st Audited Fina	ncial Staten	nents validated b	y an external third party.	(if Applicant is non UK re	egistered)				
O If	the applying bu	siness is a s	tart-up and proc	essing history is not avail	lable, please provide a d	etailed business plar	n at least 3 years, including proj	jected volumes, projects,	financials, target market and ma	rket strategies.
O _G	roup Company	Structure Ch	nart (if Applicant	forms part of a group stru	ucture)					
O C	opies of Bank S	tatements o	r Void Cheque o	r Deposit Slip for the sett	lement bank account (no	t older than 3 month	s)			

Original or certified true copy of the original(not older than 6 months) - Signed Trust Deed (if Applicant is a trustee of a trust)

○ Latest AML, Fraud & Chargebace ○ Any other document that might be ADDITIONAL DOCUMENTATION TO HAVE THE DOCUMENTATION IF THE ABOVE REQUESTED DOCUMENT COPY OF ORIGINAL DOCUMENT PCI DSS Compliance PCI DSS Certification Level The Payment Card Industry Data Society DSS compliant or assume full liability	O THE ABOVE MAY BE REQUIRED DURING THE APPL TRANSLATED, AUTHENTICATED, NOTIRISED OR OTH JMENTS ARE NOT AVAILABLE IN ORIGINAL, CERTIFIE S REQUIRED. Curity Standard (PCI DSS) is a compliance requirement for for (i) cardholder losses caused by data theft, and (ii) any er of yearly credit card transactions processed.	ICATION PROCESS ARERWISE. ED COPY OF THE OR or merchants to enable by fines imposed by care	IGINAL DOCUMENT	AUTHENTICATED BY A N	OTARY PUBLIC, ATTORN	IEY, PUBLIC ACCO	DUNTANT, TO BE A TRUE e cardholder data must be PC
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PCI DSS Compliance PCI DSS Certification Level The Payment Card Industry Data Sci DSS compliant or assume full liability PCI DSS is based on the total number. Check One PCI Level	Curity Standard (PCI DSS) is a compliance requirement for for (i) cardholder losses caused by data theft, and (ii) any er of yearly credit card transactions processed. Total Yearly Credit Card Transactions	r merchants to enable y fines imposed by care	safe payment transactd schemes. More infor	tions and ensure cardhold mation can be found on <u>ht</u>	er data is stored securely. Mtps://www.pcisecuritystanda	/lerchants that store ards.org/pci_securit	e cardholder data must be PC y/
The Payment Card Industry Data Son DSS compliant or assume full liability PCI DSS is based on the total number Check One PCI Level 1	curity Standard (PCI DSS) is a compliance requirement for for (i) cardholder losses caused by data theft, and (ii) any er of yearly credit card transactions processed. Total Yearly Credit Card Transactions	Redirect	d schemes. More infor	mation can be found on <u>ht</u>	tps://www.pcisecuritystanda	ards.org/pci_securit	<u>y/</u>
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DSS compliant or assume full liability PCI DSS is based on the total number Check One PCI Level	r for (i) cardholder losses caused by data theft, and (ii) any er of yearly credit card transactions processed. Total Yearly Credit Card Transactions	Redirect	d schemes. More infor	mation can be found on <u>ht</u>	tps://www.pcisecuritystanda	ards.org/pci_securit	<u>y/</u>
PCI DSS is based on the total number Check One PCI Level	Total Yearly Credit Card Transactions Total Yearly Credit Card Transactions	Redirect		_			
Check One PCI Leve	Total Yearly Credit Card Transactions		IFRAME	Direct Post	JavaScript	XML	Anything Floo
0 1	Over 6 Million	D. 04					Anything Else
		RoCA	RoCA	RoCAEP	RoCAEP	RoC	RoC
0 2	1-6 Million	SAQ A	SAQ A	SAQ A - EP	SAQ A - EP	SAQD	SAQD
O 3	20,000 - 1 Million	SAQ A	SAQ A	SAQ A - EP	SAQ A - EP	SAQD	SAQD
0 4	Under 20,000	SAQ A	SAQ A	SAQ A - EP	SAQ A - EP	SAQD	SAQD
Ocheck if you are already PCI DS	compliant. A copy of your PCI DSS Certification, Self-Ass	sessment Questionnair	e and latest ASV scan	must be provided.			
Ocheck if you would like to make	se of STFS Portal for completing your PCI Self-Assessmen	nt Questionnaire. (Plea	ase note, fees apply to	this service and will be ag	reed as part of your contrac	et).	
Declaration							
By signing below and submitting thi	Application Form you acknowledge and agree:						
a) You are applying for merchant ac	quiring services from SecureTrading Financial Services Lir	mited ("STFS");					
b) You are authorised to submit this	Application Form and all accompanying information;						
c) It is within STFS's discretion to a Form will form part of the agreemen	prove or decline this application. STFS may decline this p_{\parallel} ;	plication without reaso	n. If this application is	approved, you will be requ	ired to enter an agreement	for the provision of	services and this Application
,	this Application Form (whether on this form or by other moon. You will notify STFS if there is any material change in	,		ed to provide further inform	ation. If there is any delay i	n providing any req	uired information, STFS may
,	urred by you as a result of any action of STFS which eithe d/or its internal policies and procedures;	r delays provision of th	ne service to you, or re	sults in your application be	ing declined, when such ac	tions are required b	by STFS to comply with its
,	s to perform credit checks, and any other checks as reason nanage provision of the services to you, and (iii) review you	, , , , , , , , , , , , , , , , , , , ,	0		th third parties as reasonab	oly required, to (i) as	ssess this application and
	cy which describes the handling of any personal data, inclures. You can change your marketing preferences by calling				STFS may exchange persor	nal data with other	companies in the UC Group
Authorised Signatory:			Print Name:				
Job Title:			Date:				_

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Original or Certified True Copy of the original - Distribution Agreement. Not older than 2 years and signed by the current Directors. (e.g Digital Media or any other type authorised reseller)

O A List of Affiliates / white-labels (if applicable)