1



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.

COMPANY PROFILE				
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 1				
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 ²				
Fax number ²				
Turnover last year (plus currency)				
Incorporation date ¹ (YYYYMMDD)				
VAT / Tax Identification number ³				
Is company publicly listed on a stock exchange?	Yes No	Yes No		
Is company a registered 'not-for-profit' organization?	Yes No	Yes No		

¹ Should be mentioned on incorporation documents

³ If not provided, VAT may be applicable to transaction charges

BILLING ADDRESS	
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	

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



2 COMPANY OWNERSHIP PROFILE

DIRECTOR(S) 4

• •								
	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 ²								
Passport / ID number								
Social security number								

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

⁴ All directors should be mentioned on the incorporation documents

ULTIMATE BENEFICIAL OWNER(S) (UE	BO) ⁵					
			s below; mention UBO owning largest share % first) est 5 UBOs below; mention all additional UBOs in a separate document)			
	UB0 #1	UB0 #2	UBO #3	UBO #4	UB0 #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						

⁵ UBO (Ultimate Beneficial Owner) is a <u>natural person</u> 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.



BUSINESS PROFILE							
Detailed description of products/ services sold (explain business model)							
Length of time in business (in months)		(m	onths)				
Website(s) (please separate by , comma)							
Login details (if applicable, login details should apply for all websites)	User name				Password		
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 ye No	s, a lis	t of all descriptors	and related wel	osite(s) should be pro	ovided)	
Have you ever filed for bankruptcy?	Yes (Whe	n?)			(YYYYMMDD)		
Have you previously accepted credit cards?	Yes (For how long in 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 (Pleas No	e prov	ride details)				
PLEASE PROVIDE 6 MONTHS OF MOST (Clearly showing transactions, chargebacks and			SING HISTORY B	ELOW	Applicable curre	ncy 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							



Estimated monthly sales volume						
Average transaction value						
Highest transaction value						
Origin of transactions (where do cardholders come from) (total should equal 100%)	Domestic (from merchant's own country)	Europe] %	JSA "	Asia	% Rest of world
Card types applying for:	Visa	MasterCard		Maestro		☐ V-Pay
	☐ JCB ☐ China Union Pay (CUI	☐ Diners ☐ Other:	[Cartes Bancai	ires	American Express
Method of acceptance. (total should equal 100%)	E-commerce % MOTO (Mail-order/ Telephone-order)	Card Present (Point-Of-Sale) In-App commerce	· (M-Pos Mobile POS)	%	M-Commerce (Mobile payments)
When does payment take place?	Upon purchase	With download	. [On delivery		(please specify)
Payment frequency	One-time payment	Recurring payn	nent (su	bscription)		
Delivery time for goods/services (upon purchase) (total should equal 100%)	% Immediately	Within 4 weeks] % [Within 5-14 wee	% ks	% More than 14 weeks
Do you offer / make use of affiliate programs?	Yes No			(please pr	ovide de	tails)
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 ⁶ No	will be used?)			(lea	ve field empty if unknown)
Will you use CVC (Card Verification Code; printed on credit card)	e: Yes No					
Would you like to apply for AVS (Address Verification)	Yes (Please note: number of countries supporting AVS is limited; e.g. UK, USA, Canada) No					

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



5 | SETTLEMENT BANK DETAILS

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

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

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

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

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

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

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



6	GENERAL CONTACT (PRIMARY)	
	First name	
	Last name	
	Email address	
	Telephone number ²	
	Fax number ²	
7	TECHNICAL CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number ²	
8	FINANCIAL CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number ²	
9	CHARGEBACK CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number ²	
	² Including international country code (e.g. +1 for USA, +852 for Ho	ong 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.

Complete application forms can be submitted to: customer.support@highriskmerchant.co.uk

For more information please contact: 02036170276