

Company Details

1. FULL REGISTERED COMPANY NAME

2. COMPANY TYPE (PLEASE TICK ONE)

Private Company (LTD) Partnership (LLP)

Public Company (PLC) Sole Trader

Other (please specify)

3. REGISTERED COMPANY ADDRESS

NO. AND STREET NAME

CITY

COUNTRY

POSTAL CODE

4. REGISTERED TRADING ADDRESS

CHECK HERE IF SAME AS ABOVE

NO. AND STREET NAME

CITY

COUNTRY

POSTAL CODE

5. COMPANY REGISTRATION NUMBER

6. DATE OF INCORPORATION

7. EU VAT NUMBER

8. COMPANY PHONE NUMBER

9. PRIMARY EMAIL ADDRESS

10. APPLICANT WEBSITE/S

11. COMPANY DESCRIPTION

(PLEASE SPECIFY THE NATURE OF THE BUSINESS - PRODUCTS/SERVICES)

12. DESCRIPTOR

(NAME TO APPEAR ON CUSTOMER STATEMENTS FOR PURCHASES. THIS DESCRIPTOR SHOULD BE NO LONGER THAN 22 CHARACTERS AND IS SUBJECT TO INTERNAL APPROVAL. ANY CHANGES WILL BE COMMUNICATED TO YOU)

13. MERCHANT FULFILLMENT PERIOD

(SHIPPING AND HANDLING TIME)

14. DOES YOUR LINE OF BUSINESS REQUIRE A LICENSE?

IF YES, PLEASE PROVIDE US WITH A COPY. REFERENCE SHOULD BE MADE TO THE COMPANY SUPPORTIVE DOCUMENTS SECTION

YES

NO

15. DO YOU OFFER ANY AFFILIATES PROGRAMMES

(E.G WHITE-LABELLING)

YES (PLEASE SPECIFY)

NO

16. DO YOU OFFER AN E-WALLET?

YES

NO

17. ARE YOU SUBJECT TO ANY BANKRUPTCY OR LEGAL PROCEEDINGS?

YES

NO

18. HOW MANY EMPLOYEES ARE CURRENTLY EMPLOYED?

19. TARGET MARKETS (IN %)

EU

US

Rest of the World

20. IS THE BUSINESS ACTIVITY SEASONAL?

YES

NO

Company Card Sales

21. PAYMENT CARD TYPES
- POS card present
- Card not present - Moto
- Card not present - Ecom (secure)
22. ECOM 12 MONTH %
- MOTO 12 MONTH %
- POS 12 MONTH %
23. PREVIOUS/CURRENT NAME OF PROCESSOR AND/OR ACQUIRER
-
24. REASON FOR CHANGE OF PROCESSOR AND/OR ACQUIRER
-
25. DO YOU ACCEPT ALTERNATIVE PAYMENT METHODS
- Yes (complete page 4) No
26. DO YOU REQUIRE A POS TERMINAL
- Yes (complete page 5) No

27. DO YOU PROCESS RECURRING TRANSACTIONS
- Yes No
28. CHOSEN VALUE (FOR REPORTING VALUES ON THIS APPLICATION)
- Sterling £ Euro €
29. AVERAGE TRANSACTION VALUE
-
30. 12 MONTH CARD EXPECTED CURRENCY VOLUME
-
- report in currency volume, not percent.*
31. CHARGEBACKS (% OF VOLUME) LAST 12 MONTHS
-
32. REFUND (% OF VOLUME) LAST 12 MONTHS
-
33. Would you like to make use of our new SFTP Reporting service?
- Yes No
34. If so, please provide an email address for SFTP Reporting communication?
-

Company Bank Details

(Information below required for each Settlement Currency Bank Account)

1. ACCOUNT HOLDER NAME
-
2. BANK NAME
-
3. BANK ADDRESS
-
4. ACCOUNT COUNTRY
-
5. IBAN NUMBER
-
6. BIC NUMBER
-

7. ACCOUNT CURRENCY
-
8. SORT CODE (UK ONLY)
-
9. ROUTING NUMBER (US ONLY)
-
10. SETTLEMENT TYPE
- *Note: All Settlements will be Net of any fees or charges
- Attach a copy of the company bank statement (dated within the last 3 months), showing the account holder name. This is required for each settlement currency bank account.
11. SETTLEMENT CURRENCY OPTION
- Settlement Currency/Currencies
-
- Transacting Currency/Currencies
-
- Special Requirements
-

Directors & Shareholders Information

	Full Name	Job Title	Date of Birth	Country of Residence	Nationality	Home Address	Identification Number	Company Ownership %	Are you a Director and/or Owner?	Political Exposed Person (or related)
1									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
2									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
3									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
4									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
5									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
6									<input type="checkbox"/> Director <input type="checkbox"/> Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Only Shareholders with 25% or more equity must be shown above.
2. If more than six (6) principles directors and/or shareholders exist, please provide details on an additional separate sheet and attach.
3. Term 'political exposed persons' ("PEP"), is broad and generally includes all persons who fulfill a prominent public function and include his immediate family members or persons known to be close associates of such persons

Individual Information (Required for Shareholders and Authorised Signatory)

Photocopy of Government Identification which includes (e.g. Passport or National Identification Card)

Notice for Proof of Address: If home address is not stated on the Government Identification, proof of address is to be provided using ONE (1) of the documents below stating an individual's name and home address. The document must also be dated within the last 3 months.

Utility Bill (NOTE: Mobile Phone Bills are not accepted)

Personal Bank Statement

Equivalent Document Issued by Central or Local Government Authority, Department or Agency

Additional Supportive Company Documents

Company Certificate of Incorporation (Upon request, must be provided as original certified true copy not older than 6 months)

Memorandum & Article of Association (Upon request, must be provided as original certified true copy not older than 6 months)

Good Standing Certificate or latest Annual Return. If the applicant forms part of a group, the Good Standing Certificate or Annual Return of the Ultimate Parent Company, should also be provided. (Upon request, must be provided as original certified true copy not older than 6 months)

Last Audited Financial Statements validated by an external third party

If the applying business is a start-up and processing history is not available, please provide a detailed business plan at least 3 years, including projected volumes, projects, financials, target market and market strategies.

Group Company Structure Chart (if Applicant forms part of a group structure)

Copies of Bank Statements or Void Cheque or Deposit Slip for the settlement bank account (not older than 3 months)

Signed Trust Deed, if Applicant is a trustee of a trust. (Upon request, must be provided as original certified true copy not older than 6 months)

Any applicable License (e.g Financial Institution, Payment Institution, E-Money Institution, Gaming or Investment). (Upon request, must be provided as original certified true copy not older than 6 months)

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

Distribution Agreement, not older than 2 years and signed by the current Directors, if Applicant is a Digital Media or any other type of authorised reseller. (Upon request, must be provided as original certified true copy not older than 6 months)

Last 3 Months Card Processing Statement from current provider (if there are any indications of elevated chargeback ratios, please provide an explanation as well as a chargeback remediation plan)

Product/Service provision terms & conditions must be provided (applicable to Beta Websites)

Latest AML, Fraud and Chargebacks Policies and Procedures (upon request)

Any other document that might be relevant to this application

ADDITIONAL DOCUMENTATION TO THE ABOVE MAY BE REQUIRED DURING THE APPLICATION PROCESS AND/OR FOLLOWING APPROVAL. IF DOCUMENTATION IS NOT PROVIDED IN ENGLISH, YOU MAY BE REQUIRED TO HAVE THE DOCUMENTATION TRANSLATED, AUTHENTICATED, NOTIRISED OR OTHERWISE.

IF THE ABOVE REQUESTED DOCUMENTS ARE NOT AVAILABLE IN ORIGINAL, CERTIFIED COPY OF THE ORIGINAL DOCUMENT AUTHENTICATED BY A NOTARY PUBLIC, ATTORNEY, PUBLIC ACCOUNTANT, TO BE A TRUE COPY OF ORIGINAL DOCUMENT IS REQUIRED.

Alternative Payment Methods

- ALIPAY
- APPLEPAY
- BANCONTACT
- BITPAY
- CASH2CODE
- EPS
- GIROPAY
- IDEAL
- MULTIBANCO
- MYBANK
- PAYSAFECARD
- PAYU
- PRZELEWY24
- QIWI
- QIWI PAYOUT
- REDPAGOS
- SAFETYPAY
- SEPA DD
- SOFORT BANKING
- TRUSTLY
- TRUSTPAY
- VERKKOPANKI (FINNISH)
- VISA CHECKOUT
- WECHATPAY
- ZIMPLER

Payment Method	Expected Turnover/Volume	Average Transaction Value
ALIPAY		
APPLEPAY		
BANCONTACT		
BITPAY		
CASH2CODE		
EPS		
GIROPAY		
IDEAL		
MULTIBANCO		
MYBANK		
PAYSAFECARD		
PAYU		
PRZELEWY24		
QIWI		
QIWI PAYOUT		
REDPAGOS		
SAFETYPAY		
SEPA DD		
SOFORT BANKING		
TRUSTLY		
TRUSTPAY		
VERKKOPANKI - FINNISH		
VISA CHECKOUT		
WECHATPAY		
ZIMPLER		

PCI DSS Compliance

PCI DSS Certification Level

The Payment Card Industry Data Security Standard (PCI DSS) is a compliance requirement for merchants to enable safe payment transactions and ensure cardholder data is stored securely. Merchants that store cardholder data must be PCI DSS compliant or assume full liability for (i) cardholder losses caused by data theft, and (ii) any fines imposed by card schemes. More information can be found on https://www.pcisecuritystandards.org/pci_security/

PCI DSS is based on the total number of yearly credit card transactions processed.

Check One	PCI Level	Total Yearly Credit Card Transactions
<input type="checkbox"/>	1	Over 6 Million
<input type="checkbox"/>	2	1-6 Million
<input type="checkbox"/>	3	20,000 – 1 Million
<input type="checkbox"/>	4	Under 20,000

Check if you are already PCI DSS compliant. A copy of your PCI DSS Certification, Self-Assessment Questionnaire and latest ASV scan must be provided.

Check if you would like to make use of STFS Portal for completing your PCI Self-Assessment Questionnaire. (Please note, fees apply to this service and will be agreed as part of your contract).

Please complete this form and send it to applications@truenorthpayments.com