

## MERCHANT APPLICATION DETAILS

Request Date

Introducer Name

Method of Acceptance Required

E-Commerce

MOTO

## REQUIRED DOCUMENTS

**Please provide us with all the documents listed below:**

- Merchant Application Form (all fields completed digitally)
- Certificate of Incorporation issued by the Company Registrar<sup>1</sup>
- Partnership Deed (if applicable) certified by one of the registered partners
- Annual Return issued by the Company Registrar or equivalent document showing updated list of directors and shareholders and their respective shareholding<sup>1</sup>
- A Board Resolution confirming the capacity of the signatories<sup>1</sup>
- A bank account statement/s (less than 6 months old) of the account/s in which settlement will be made
- Audited financial statements for the previous financial year
- Processing statements for at least the last 6 months from the merchant's previous acquirer (where applicable)
- Copies of business licenses, certificates or other permits required to operate issued by the relevant authority<sup>1</sup>
- A completed PCI DSS Self-Assessment or valid PCI DSS Certificate (where applicable)

**The following is required from each shareholder with a shareholding of 25% or more:**

- A copy of a valid Passport certified<sup>2</sup> by a lawyer, notary or accountant
- Utility bill certified<sup>2</sup> by a lawyer, notary or accountant (less than 6 months old)

**Please note that:**

1. These documents should be certified by the company secretary or a director of the company.
2. Certification should be evidenced by a written statement stating that:
  - the document is a true copy of the original document;
  - the document has been seen and verified by the certifier; and
  - the photo is a true likeness of the applicant for business or the beneficial owner, as the case may be.The certifier must sign and date the copy document (indicating his name clearly beneath the signature) and clearly indicate his profession, designation or capacity on it and provide his contact details.
3. Additional documents may be required throughout the application process. The translation of documents may be required if the language is not English.
4. In the case of partnerships, "Shareholders" shall have the same meaning as "Partners".

## COMPANY DETAILS

Company Registration No. / Identification No.

Legal name of company / entity

Legal form of applicant / entity

Date of incorporation

Registered street address: Line 1

Registered street address: City

Registered street address: Country

Registered street address: Post code

VAT number

Primary contact name

Primary contact phone number

Primary contact email address

Country/s of tax residency  Tax Identification No/s.

The following are to be provided if the company is part of a group with companies registered outside of Europe:

Non-European company legal name  No. of employees

Country of Registration

## BUSINESS PROFILE

Description of goods/services which will be acquired through VallettaPay

How long have you been in the business?  Previous / current name of acquirer

1. These documents should be certified by the company  Current number of monthly transactions

Do you have an appropriate business license for your business? (e.g. gaming licence)? If yes, the business licence is to be provided.  Yes  No

Do you make use of a call centre?  Yes  No Please describe:

Does your website receive traffic from affiliate programmes?  Yes  No

If yes, specify affiliate names and commission structure

If yes, how do you control traffic from affiliates?

### N° 1 BANK ACCOUNT INFORMATION (settlement will be made to this account)

Owner of account

Account must be in the name of the applicant

Bank name

Bank address

Bank country

SWIFT code

IBAN or account number  
if non EU

Account currency

### N° 2 BANK ACCOUNT INFORMATION (settlement will be made to this account)

Owner of account

Account must be in the name of the applicant

Bank name

Bank address

Bank country

SWIFT code

IBAN or account number  
if non EU

Account currency

### N° 3 BANK ACCOUNT INFORMATION (settlement will be made to this account)

Owner of account

Account must be in the name of the applicant

Bank name

Bank address

Bank country

SWIFT code

IBAN or account number  
if non EU

Account currency

## DIRECTORS / SHAREHOLDER DETAILS

	N° 1 Director / Shareholder	N° 2 Director / Shareholder	N° 3 Director / Shareholder
Are you a Director or a UBO?	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Line 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Post code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of ownership (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you or any of your relatives currently hold or have held in the past a political or public office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country/s of Tax residency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a resident of the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## DIRECTORS / SHAREHOLDER DETAILS

	N° 4 Director / Shareholder	N° 5 Director / Shareholder	N° 6 Director / Shareholder
Are you a Director or a UBO?	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Line 1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: City	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Country	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residing street address: Post code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of ownership (if applicable)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Do you or any of your relatives currently hold or have held in the past a political or public office?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country/s of Tax residency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No/s	<input type="text"/>	<input type="text"/>	<input type="text"/>
Are you a resident of the US?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PROCESSING DETAILS

Average, max. and min. transaction value (Euro):	Average txn. value	Maximum txn. value	Minimum txn. value
	<input type="text"/>	<input type="text"/>	<input type="text"/>
Projected average monthly transaction count, for the next 12 months:	E-Commerce	MOTO	
	<input type="text"/>	<input type="text"/>	
Projected average monthly processing value (Euro), for the next 12 months:	E-Commerce	MOTO	
	<input type="text"/>	<input type="text"/>	
Please specify the % of transaction's volume per:	USA	Europe	Asia
	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Canada
			<input type="text"/>
			Other
			<input type="text"/>
			Other
			<input type="text"/>
Processing currencies:	<input type="text"/>		
Please specify the % of transaction volume per:	Consumer Cards		Commercial Cards
	<input type="text"/>		<input type="text"/>
Products sold:	<input type="checkbox"/> Services	<input type="checkbox"/> Physical Goods	Average delivery period (days):
			<input type="text"/>
The payment application/page used is:	<input type="checkbox"/> Developed in house	<input type="checkbox"/> Purchased from third parties	<input type="checkbox"/> Outsourced to third parties
Do you make use of a third party service provider to handle cardholder data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please specify name of provider:
			<input type="text"/>
Do you use fraud prevention techniques?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:
			<input type="text"/>
Do you block any countries for transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please specify:
			<input type="text"/>

## WEBSITE DETAILS

URL(s)	Descriptor (max 22 letters & spaces)	Test User ID (login)	Test Password	MCC	Recurring services?		3D Secure to be enabled?		Pre-authorisation service required?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No