intraclear

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.

COMPANY PROFILE		
Is Applying Company owned by a Parent Company?	Yes (provide details of Applying Co No (only provide details of Applyin	mpany and Parent Company below) g 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

 $^{\rm 1}$ Should be mentioned on incorporation documents

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

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 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) (UBO)	5				
Are there any UBOs ⁵ 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)				ument)
	UB0 #1	UB0 #2	UB0 #3	UB0 #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					

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.



3	BUSINESS PROFILE	
	Detailed description of products/ services sold (explain business model)	
	Length of time in business (in months)	(months)
	Website(s) (please separate by , comma)	
	Login details (if applicable, login details should apply for <u>all</u> 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 yes, a list of all descriptors and related website(s) should be provided) No
	Have you ever filed for bankruptcy?	Yes (When?) (YYYYMMDD) No
	Have you previously accepted credit cards?	Yes (For how long in months) (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) No

PLEASE PROVIDE 6 MONTHS OF MOST RECENT PROCESSING HISTORY BELOW (Clearly showing transactions, chargebacks and refunds per month)			Applicable curren	cy 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	USA Asia	% Rest of world
Card types applying for:	🗌 Visa	MasterCard	Maestro	V-Pay
	☐ JCB ☐ China Union Pay (CUP)	Diners	Cartes Bancaires	American Express
Method of acceptance. (total should equal 100%)	E-commerce % MOTO (Mail-order/	Card Present (Point-Of-Sale) /// % In-App commerce	M-Pos (Mobile POS)	M-Commerce (Mobile payments)
	Telephone-order)			
When does payment take place?	Upon purchase	With download	🗌 On delivery	(please specify)
Payment frequency	One-time payment	Recurring payment	(subscription)	
Delivery time for goods/services (upon purchase) (total should equal 100%)	[% Immediately	Within 4 weeks	Within 5-14 weeks	More than 14 weeks
Do you offer / make use of affiliate programs?	Yes No		(please provide o	details)

4 SECURITY MEASURES

SECONTITIERSONES	
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 will be used?) No (leave field empty if unknown)
Will you use CVC (Card Verification Code; printed on credit card)	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 DETAILS⁶

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)		ING CURRENCY/IES d click to select multiple
Bank account holder	Bank nam	e
Bank account number	Bank addr	ress
BIC/SWIFT code	Postcode	/ zip code
IBAN number [®]	City	
Bank sort code [®]	Country	
Reference / ABA / routing number ⁸	Bank telep	phone number ²

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

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.

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 [®]	Country
Reference / ABA / routing number ⁸	Bank telephone number ²

SETTLEMENT CURRENCY 7 (select one)		ROCESSING CURRENCY/IES TRL> and click to select multiple	
Bank account holder	Ba	ank name	
Bank account number	Ba	ank address	
BIC/SWIFT code	Po	ostcode / zip code	
IBAN number ⁸	Cit	ty	
Bank sort code [®]	Со	ountry	
Reference / ABA / routing number ⁸	Ва	ank telephone number ²	



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	RISK / CHARGEBACK CONTACT	
	First name	
	Last name	
	Email address	
	Telephone number ²	

² 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@intraclear.com
For more information please contact:	Tel: +357 25251222 Fax: +357 25253222