



MERCHANT DETAILS

Please complete as much as possible and to your best knowledge. If you have any queries completing any sections of this document, please do not hesitate to contact us.

Registered company name:

Trading name (if different from registered name):

Date of incorporation: Trading date (if different from incorporation date):

Company registration number:

Full registered address:

Building name or number

Street

City State/Province Zip/Postal Code Country

Trading\correspondence address (if different from registered):

Building name or number

Street

City State/Province Zip/Postal Code Country

Contact person name: Title: Email:

Description of business INCLUDING services provided, industry and/or deliverable product.

Website URL(s):

Is the company a Charity? Yes No

Is the company publicly listed on a stock exchange Yes No



1 Applicant Company Beneficial Owner

2 Applicant Company Beneficial Owner

First name:

Middle name:

Last name:

Email:

Telephone:

Current residential address:

Building name or number				Building name or number			
Street				Street			
City	State/ Province	Zip/Postal Code	Country	City	State/ Province	Zip/Postal Code	Country

Passport number:

% Ownership:

Are there more than 5 UBO's? Yes No Please confirm

1 Applicant Company Director

2 Applicant Company Director

First name:

Middle name:

Last name:

Email:

Telephone:

Current residential address:

Building name or number				Building name or number			
Street				Street			
City	State/ Province	Zip/Postal Code	Country	City	State/ Province	Zip/Postal Code	Country

Passport number:

% Ownership:



Additional authorized signatories, beneficial owners or directors:

Where required:	Beneficial Owner Director Authorised Signatory	Beneficial Owner Director Authorised Signatory															
First name:																	
Middle name:																	
Last name:																	
Email:																	
Telephone:																	
Current residential address:	Building name or number	Building name or number															
	Street	Street															
	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>City</td> <td>State/ Province</td> <td>Zip/Postal Code</td> <td>Country</td> </tr> </table>					City	State/ Province	Zip/Postal Code	Country	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>City</td> <td>State/ Province</td> <td>Zip/Postal Code</td> <td>Country</td> </tr> </table>					City	State/ Province	Zip/Postal Code
City	State/ Province	Zip/Postal Code	Country														
City	State/ Province	Zip/Postal Code	Country														
Passport number:		% Ownership: <input type="text"/>															

NEXT: PARENT COMPANY →



PARENT COMPANY DETAILS (if applicable)

Registered company name:

Trading name (if different from registered name):

Date of incorporation: Company registration number:

Full registered address:

Building name or number

Street

City State/Province Zip/Postal Code Country

Trading\ correspondence address (if different from registered):

Building name or number

Street

City State/Province Zip/Postal Code Country

Contact person name: Title: Email:

Description of parent company, INCLUDING business model:

Parent website URL(s):

Current payment provider: <input type="text"/>	Previous payment providers: <input type="text"/>	Current payments accepted: <input type="text"/>
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Reason for leaving payment provider:

Have any directors filed for bankruptcy? Yes No

Has the company ever been in violation of any card scheme programs or been flagged for excessive chargebacks? Yes No

Does your company fulfil orders directly? Yes No

If Yes, please provide fulfilment company details:

Do you offer any up-sell / opt-in products or subscription services? Yes No

If Yes, please provide fulfilment company details:

Are the website domains owned by the company? (If No, please specify the company relationship with the domain owner.) Yes No

Do you accept telephone orders? Yes No

If Yes, please provide details:

NEXT: PROCESSING



PROCESSING INFORMATION

Select the services you are interested in:

Credit Card Processing	Yes	No	Hand-held Face to Face Payment Processing POS	Yes	No
Pay by Link	Yes	No	Alternative Payment Methods	Yes	No

Transaction History

Please provide transaction information for past six months.

Current monthly sales volume:

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6

Number of monthly transactions:

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6

Currency:

Projected processing monthly volume:

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6

Estimate monthly no. of transaction:

Month 1 Month 2 Month 3 Month 4 Month 5 Month 6

Currency:

Average Chargeback Ratio In The Last 6 Months: Visa/Mastercard

Minimum transaction amount:	Average transaction amount:	Maximum transaction amount:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Desired processing currencies: GBP EUR USD Other:

How do you receive your customer's orders: Internet (%) Telephone Order (%)

Volume Divided Between The Cardholders (%):

UK: USA: Europe: Rest of World (please specify)

Customer Location %

UK: USA: Europe: Rest of World (please specify)

NEXT: SETTLEMENT BANKS →



SETTLEMENT BANK ACCOUNT INFORMATION

Please provide detail per currency settlement

Bank Account Holder:	<input type="text"/>	Bank Name:	<input type="text"/>
Bank Account Number:	<input type="text"/>	BICSWIFT Code:	<input type="text"/>
IBAN Number:	<input type="text"/>	Bank Sort Code:	<input type="text"/>
Telephone:	<input type="text"/>		
Bank Address:	<input type="text"/>		
	Building name or number		
	<input type="text"/>		
	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State/Province	Zip/Postal Code
			Country

Bank Account Holder:	<input type="text"/>	Bank Name:	<input type="text"/>
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Telephone:	<input type="text"/>		
Bank Address:	<input type="text"/>		
	Building name or number		
	<input type="text"/>		
	Street		
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State/Province	Zip/Postal Code
			Country

[NEXT: CONTACT](#) →



CONTACT INFORMATION

Primary Contact

Position/Title: First name: Last name:

Email: Telephone (including code and location):

Technical Contact

Position/Title: First name: Last name:

Email: Telephone (including code and location):

Financial Contact

Position/Title: First name: Last name:

Email: Telephone (including code and location):

Risk Chargeback Contact

Position/Title: First name: Last name:

Email: Telephone (including code and location):

Additional comments:

NEXT: DECLARATION →



DECLARATION

I certify that I am authorised to submit the information and I believe it to be true and accurate to the best of my knowledge and I consent to credit and information verification checks being performed.

Name: Signature:

I, hereby authorise St Daniel House to negotiate and ultimately sign on our behalf with full legal power and effect any and all documents solely relating to acquiring card processing services.

Start date:	<input type="text"/>	End date:	<input type="text"/>
Name:	<input type="text"/>	On behalf of:	<input type="text"/>
Signature:	<input type="text"/>		

SUBMIT

To Speed Up The Application, Please Provide The Following Documents

- Certificate of Incorporation & Registration
- Memorandum & Articles of Association
- Company structure
- License to operate if applicable\Legal Opinion
- Company proof of address – within 3 months
- Company bank statement – within 3 months
- Shareholder Register
- Proof of domain ownership
- Copy of Passport or National ID card for each director listed
- Utility bill no less than 3 months old for each director listed
- Copy of Passport or National ID card for each Shareholder/ultimate beneficial owner
- Copy of utility bill no less than 3 months old for each Shareholder/ultimate beneficial owner

Additional Information May Be Required To Support Your Application.

If any changes occur to the information provided, the Company is obliged to inform us in writing within four weeks of the changes being implemented.