Business Onboarding Application Form



Thank you for choosing European Payment Solutions B.V.

- In the top menu use "File > Save As" to save this PDF form at a convenient location on your computer.
- In Adobe Reader X,XI go to Edit menu > Preferences > Security (Enhanced) & un-tick 'Protected Mode'.
- Complete the form electronically (not manually).
- You can part-fill the form, save it and return to it later.
- When fully completed, save again and then click on "Send Application".

Revision date: 06-06-2017

Com	pany	Pr	ofi	le
				_

Legal Name:

Trading Name (if different)

Legal Status: Private Limited Company

Public Limited Company

Other, please specify:

Registered Business Address

Postcode

Country

Principal Place of Business (if different)

Business Landline Phone (+country/area code)

Business Mobile Phone (+country/area code)

Principal Contact Title & Name

Principal Contact Email

Tax Number

Contact's Phone (+country & area code)

Date of Incorporation (DD/MM/YYYY)

Company Registration Number

VAT Number

Is the company regulated by any authority?

YES*

NO

*If 'YES' please specify which authority:

And the licence number granted from the authority:

Structure - Director / Shareholder Profile

* Please enter "Director", "Shareholder", or "Both" in the second column below. You must enter details for at least one individual in the top row.

Name

Shareholder / % Director / Both Owned

Date of Birth Personal Address

Phone

Email

Business Profile

Company URL(s)

Live IP address(es)

Please provide a detailed description of the nature of the business and how EPS service offering will fit

in.

List the countries wh	nere the busin	ess operates/	intends to op	oerate:			
Please give details o	f the target m	arket for the b	ousiness:				
Do you use Affiliates					No		
If yes, please indicat	e the purpose	of your relation	onship with th	nese Affiliato	es and where their	business operates:	
Card / IBAN So	olution Rec	uuired					
Please provide a det			ended purpo	se of the Pr	epaid card / IBAN s	solution:	
Cardholders / A	account hol	ders					
Directors / Sharehol	ders	Employees	A	Affiliates	Cons	sumers	Other
Where 'other' applie	es, please prov	ride details:					
Location of the Carc	lholders / Acc	ount holders:					
Cards							
Customers	ctomers Corporate Cards		Business		Employee Incentiv	ve / Reward	Payroll
Multi-currency T	ravel Cards		Gift Cards		Others		
Where 'other' applie	es, please prov	vide details:					
Currencies	JSD	CPD	Multi	urropey			
		GBP	Willi-C	currency			
Expected number of							
Physical cards Nature of expected		al cards (including the	volume of A	TM transact	ions):		
Where will the fund Please clearly outli Account):		_		ount – EPS –	E-Wallet – Cardho	lder's Card/IBAN	

Bank Account Det		Acco	Account from which funds used to load the cards / wallet will be sent.					
Account currency	EUR	GBP	USD					
BIC / Swift		IBAN (Internat	ional Bank Ac	count Number)				
Sort Code		Account Number		Routing Number				
Bank Name & Address								
Account Holder Name								
							-	
Projected Loading	Figures (A	werage exp	ected)					
Currency of projected figu	ures:	EUR	GBP	USD				
Estimated Monthly Loadi	ng	Estimated Quarterly Loading Estimated Yearly			Estimated Yearly Loa	ading		
Required Docume	nte							
•				h	andhia annliantiana			
Please indicate, as appro		_	nentation has	been provided fo	or this application:	Yes	No	
Official Certificate of Incorporation/Registration. Confirmation of the Company Shareholding details, signed by an authorised person within the company					within the company	Yes	No	
Please also provide Photo ID and Address Verification for 2 Shareholders (Address verification must Confirmation of the Company's Directors, signed by an authorised p			must be for personal address and dated in the last 3 months)			No		
Please also provide Photo ID and Ad	dress Verification for	2 Directors (Address v	verification must be f	or personal address and	I dated in the last 3 months)			
Evidence of Bank Accoun	it – e.g. bank s	tatement or a s	igned letter fr	om the account l	holding branch.	Yes	No	
DEPENDING ON THE	NATURE OF	THE BUSINESS	STRUCTURE/	MODEL/OPERAT	ION, WE MAY REQUEST	ADDITIONA	J	
					ND SCHEME REQUIREME		_	
Declaration								
authorization of the wel that, to the best of my/ have ever been involve money laundering or	bsite content. our knowledg ed in, investi proceeds of c may be unde	I/We also declar e, neither the gated for or rime, nor beer rtaken by Pre	are on behalf company nor convicted of declared insepaid Financia	of the company the website no fraud or other olvent. I/We agr Il Services Limi	declare to have full co and on behalf of myself, or myself/ourselves (or a criminal offence in ro ee that further enquiries ted (PFS). I/We declare	ourselves any of us) elation to s that are		
Company Name:								
Signature #1				Signature #	2			
Print name:				Print name:				

• When you have completed and checked everything, save the form and click the 'SEND APPLICATION' button.

Date:

• We require that you print this signature page, sign it by hand and return it to us at: Corporate@epscards.com

Date: