

1. The Business

OVERVIEW

Type of entity:

☐ Private Corporation
 ☐ Public Limited Company
 ☐ Other (Please specify)

Registered corporate name
 Company registration number
 Country of incorporation

Date of incorporation
 Length of time in business
 Business name

Turnover last year (plus currency)
 Corporate website

Registered address

City
 Postcode
 Country
 State

Phone number
 Fax number
 Email

Business address (if different from registered address)
 D+B DUNS number (if available)
 ABN

Regulated service: ☐ Yes ☐ No
 Regulator

Licence type
 Licence number
 Jurisdiction

Is applying company owned by a parent company?
☐ No ☐ Yes, please specify the name of the parent company

Is the company publicly listed on a stock exchange?
☐ No ☐ Yes, please specify the name of the stock exchange

Is the company a registered "not for profit" organisation
☐ No ☐ Yes

Billing details

Contact name
 Phone

Billing address
 Email

2. Company structure

MAIN CONTACT

First name

Last name

Job title

Phone number

Email

3. Business model and Economic Profile

Business description (include a description of the products/services you offer)

Please provide 6 months of most recent processing history below:

(Clearly showing transaction, chargebacks and refunds per month)

Credit card processing history	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Number of transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of refunds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Average value of individual chargeback

Average total monthly aggregate chargebacks

Monthly total processing volume

Maximum transaction amount / customer

Average transaction amount / customer

% Total volume from outside EEA

Advertising methods (e.g. direct mail, internet, email etc.)

Do you currently have a merchant account? If yes, please specify the acquiring institutions

☐

No

☐

Yes (please specify the acquiring institutions)

Current / previous acquirer

Reason for leaving previous acquiring institution?

Current / previous Payment Service Provider / Gateway

Reasons for applying for iSPay products or services?

Expected origin of funds (including countries of origin) to be credited to account

Expected destination of sales (please provide top 5 countries with % of sales apportioned between cardholder transactions)

Payment methods

- ☐ MasterCard ☐ VISA ☐ JCB ☐ American Express
☐ POLI ☐ Discover/Diners ☐ China Union Pay (CUP)

Others? If yes please specify

Do you store cardholder details? If yes, please attach your PCI DSS certificate

- ☐ Yes ☐ No

Method of acceptance

(total should equal 100%)

E-Commerce

Card present (point of sale)

M-Pos (Mobile POS)

M-Commerce (Mobile payments)

MOTO (Mail-order/Telephone-order)

In-App Commerce

Payment frequency

One-time payment

Recurring payment (subscription)

Do you offer / make use of affiliate programs?

- ☐ No ☐ Yes, please provide details

DBA/City field (second line of descriptor, Max 12 characters, for example: city or customer service phone number)

Will you use "Dynamic Descriptors"?

- ☐ No ☐ Yes

Have you ever filed for bankruptcy?

- ☐ No ☐ Yes (When)

Have you previously accepted credit cards?

- ☐ No ☐ Yes (for how long in months)

Have you ever flagged or been in violation of any card scheme program
(e.g. Excessive Chargebacks, BRAM violation, Account Data Compromise)?

- ☐ No ☐ Yes (Please provide details)

Delivery time of goods / services (upon purchase) (total should equal 100%)

Immediately

%

Within 4 weeks

%

Within 5 - 14 weeks

%

More than 14 weeks

%

When does payment take place?

☐

Upon purchase

☐

With download

☐

On delivery

☐

Other (please specify)

Security measures

Describe all security measures and fraud / chargeback handling (in detail)

Do you intend to use a third party gateway to connect to iSignthis services?*

☐

No

☐

Yes, please specify:

Will you use CVC? (Card Verification Code; printed on credit card)

☐☐

Would you like to apply for AVS (Address Verification)

☐

No

☐

Yes (Please note: number of countries AVS is limited; e.g. UK, USA, Canada)

*iSignthis retains the right in its sole discretion to not support a third party connection

PRODUCTS AND SERVICES

Websites and Mobile Applications

Please list all URLs and mobile applications used by your company to promote it's business, sell products and accept payments

1

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

Are they owned by the company?

☐

Yes

☐

No

2

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

Are they owned by the company?

☐

Yes

☐

No

3

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

Are they owned by the company? ☐ Yes ☐ No

*The billing descriptor is the text shown on the cardholder's statement, next to the transaction. It helps identify the origin of the transaction.

Are all domains owned by the company?

☐ Yes ☐ No

Do you have a mobile application that is used to sell services or goods?

☐ Yes ☐ No

Mobile application name

DELIVERY AND SHIPPING

If you do not ship goods, please skip this section

When is the customer charged for the purchase?

☐ When placing the order ☐ When order is shipped ☐ When order is received

What is the average delivery duration?

Days

Hours

Do customers receive a tracking code on their order?

☐ Yes ☐ No

Is the shipment insured?

☐ Yes ☐ No ☐ Optional

Shipment methods

☐ Registered post / Courier ☐ Other

Payment frequency

Do you offer/ make sure of affiliate programs?

☐ No ☐ Yes (Name the affiliate program)

Do you ship goods outside Australia? If yes, please provide % value per month

☐ No ☐ Yes %

SETTLEMENT DETAILS

The settlement bank account must be in the name of the merchant.

1

Settlement currency

Bank name

Beneficiary name

BSB

Account number

For multicurrency only

2

Settlement currency

Bank name

Beneficiary name

BSB

Account number

3

Settlement currency

Bank name

Beneficiary name

BSB

Account number

4

Settlement currency

Bank name

Beneficiary name

BSB

Account number

DIRECTORS - INDIVIDUALS

The information below is required for all company directors. AML Regulations require that directors details be verified by us.

1	First name	Last name	Time holding the position	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Date of birth	Country of birth	Passport/ID number	Nationality
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social security number	Phone number	Email	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Permanent residential address			
	<input type="text"/>			
	City	Postcode	Country	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			<input type="radio"/> Yes <input type="radio"/> No

2	First name	Last name	Time holding the position	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Date of birth	Country of birth	Passport/ID number	Nationality
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social security number	Phone number	Email	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Permanent residential address			
	<input type="text"/>			
	City	Postcode	Country	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			<input type="radio"/> Yes <input type="radio"/> No

3	First name	Last name	Time holding the position	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Date of birth	Country of birth	Passport/ID number	Nationality
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Social security number	Phone number	Email	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Permanent residential address			
	<input type="text"/>			
	City	Postcode	Country	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			<input type="radio"/> Yes <input type="radio"/> No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).

4

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

5

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

6

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).

I acknowledge that subject to FATCA being applicable to me, Isignthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with Isignthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

Directors - Corporate

Company registration name

Company registration number

Date of incorporation

Registered address

City

Postcode

Country

Phone number

SHAREHOLDERS - INDIVIDUALS

The information below is required for all shareholders holding more than 10% of shares or voting rights, or those with a controlling interest. If the shareholders are corporations, further information for the holding company and the personal information of the shareholders are required. AML Regulations require that shareholder and ultimate beneficial owner details be verified by us.

1

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

2

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).
I acknowledge that subject to FATCA being applicable to me, Isignthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with Isignthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

3

First name	Last name	Nationality	% of shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Country of birth	Passport/ID number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Permanent residential address		
<input type="text"/>	<input type="text"/>		
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

4

First name	Last name	Nationality	% of shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Country of birth	Passport/ID number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Permanent residential address		
<input type="text"/>	<input type="text"/>		
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

5

First name	Last name	Nationality	% of shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Country of birth	Passport/ID number	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number	Phone number	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	Permanent residential address		
<input type="text"/>	<input type="text"/>		
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates). I acknowledge that subject to FATCA being applicable to me, Isignthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with Isignthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

SHAREHOLDERS - CORPORATE

1 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

2 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

3 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

CONTACTS

1 General contact (Primary)

First name

Last name

E-mail address

*Telephone number

*Fax number

2 Technical contact

First name

Last name

E-mail address

*Telephone number

3 Financial contact

First name

Last name

E-mail address

*Telephone number

4 Risk / chargeback contact

First name

Last name

E-mail address

*Telephone number

*Including international Country code

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: underwriting@isignthis.com

For more information please contact: **+61 (0)3 8640 0996**

Required documentation

Please provide all the supporting documentation as requested below. iSXPay reserves the right to request additional information/documentation in order to fulfil regulatory requirements related to Prevention of money laundering and combating the Financing of terrorism.

- Copy of latest audited financial statements or 2 years tax return with ATO assessment notices. In case it is not available, please provide latest management accounts
- Recent merchant account statement showing processing history for the last 3 months
- ASIC current and historical extract (no older than 1 week) or equivalent from databroker
- Dun & Bradstreet or veda credit report (if available)
- Either PCI DSS AoC certificate or completed PCI SAQ
- Any business licence, certificate or permit required to operate the business, when applicable. If business is AML/CFT obligated/ regulated, please complete AML regulated merchants form
- A report listing the names and activity of all the affiliates

Company documents will be downloaded by iSXPay from the company registries in the country of incorporation. Should they not be available or difficult to obtain, the merchant will be required to send copies certified as "true copy of the original" by a lawyer, notary or accountant to iSXPay. If documents need to be translated into English, they must be certified as "true translation of the original".

iSXPay is a trademark of both Authenticate Pty Ltd, ABN 49 600 573 233 and iSignthis eMoney (AU) Pty Ltd, ABN 624 762 269, of 456 Victoria Parade, East Melbourne, 3002, Victoria.

Applicable terms and data protection

iSXPay will process the above data and any other data which has been obtained by iSXPay independently of this application (the "data"), for the following purposes:

- To process this application and provide services;
- For due diligence procedures, internal assessment, credit scoring, risk assessment and analysis;
- For the detection and prevention of fraud and other criminal activity which iSXPay is bound to report;
- To comply with any laws, rules, or regulations imposed on iSXPay by any relevant authority, regulator or card schemes;

iSXPay reserves the right to request more information/ documentation. The completion of this application does not imply acceptance by iSXPay, which reserves the right at its absolute discretion and without incurring any liability, to decline any application without having to give any reason for declining.

I/we consent to the processing of data for the purposes specified in this application and consent to the disclosure of the data to employees of iSXPay, the provider if any, their subsidiaries, agents, partners, competent authorities, credit institutions, card schemes or other carefully selected organisations and companies. I/We understand that I/we have a right of access to, and the right to rectify, the personal data concerning me/us.

I/we represent that:

All the information I/we have given in this application form is true, complete and accurate and properly reflects our business, its shareholders and directors;

Persons whose personal data is disclosed in this application have provided their explicit consent to such use and processing;

I/we am/are duly authorised to

- open an account with iSXPay, and
- grant operating authority to persons nominated to operate the account, and
- to bind the Applicant to the terms of this merchant application form version 2.1

Name

Job title

Authorised signature

Date