

E-MERCHANT APPLICATION

Appendix 1 to the Merchant Acquiring and Gateway Services Agreement No. _____
 concluded on _____ between GCCH Management FZE, _____
 and _____

Dubai, UAE

MUST BE TYPED AND NOT HANDWRITTEN

____ / ____ / 20 ____

COMPANY

Company _____
(full name)

Registration No. _____ **Registration Date** (dd/mm/yyyy) ____ / ____ / _____

Legal Address _____
(street, house, flat, city, country, postal code)

Office Address _____
(street, house, flat, city, country, postal code)

Telephone + _____ **E-mail** _____
(country code)

COMPANY OWNERS *holding 25% or more of company shares or equivalent form of individual control

1. _____ **Percentage of Control** _____ %
(first name, middle name, last name)

Type of Control: Direct Via proxy **Politically Exposed Person*:** Yes No

Date of Birth (dd/mm/yyyy) ____ / ____ / _____ **Nationality** _____

Tax Residence _____ **Taxpayer ID** _____

Residence Address _____

Telephone _____ **E-mail** _____
(country code)

2. _____ **Percentage of Control** _____ %
(first name, middle name, last name)

Type of Control: Direct Via proxy **Politically Exposed Person*:** Yes No

Date of Birth (dd/mm/yyyy) ____ / ____ / _____ **Nationality** _____

Tax Residence _____ **Taxpayer ID** _____

Residence Address _____

Telephone _____ **E-mail** _____
(country code)

3. _____ **Percentage of Control** _____ %
(first name, middle name, last name)

Type of Control: Direct Via proxy **Politically Exposed Person*:** Yes No

Date of Birth (dd/mm/yyyy) ____ / ____ / _____ **Nationality** _____

Tax Residence _____ **Taxpayer ID** _____

Residence Address _____

Telephone _____ **E-mail** _____
(country code)

4. _____ **Percentage of Control** _____ %

(first name, middle name, last name)

Type of Control: Direct Via proxy **Politically Exposed Person*:** Yes No

Date of Birth (dd/mm/yyyy) ____/____/____ **Nationality** _____

Tax Residence _____ **Taxpayer ID** _____

Residence Address _____

Telephone _____ **E-mail** _____
(country code)

BUSINESS INFORMATION

Purpose and intended nature of the business relationship: Online card acquiring services

E-Shop _____

PCI DSS CERTIFICATION: Level 1 Level 2 Level 3 Level 4 No Certification

Micro-enterprise*: Yes No

*an autonomous enterprise whose annual turnover and/or balance sheet total does not exceed €2 million and employs fewer than 10 (ten) people

Detailed Business Description _____

Is license required: Yes No **IF YES - License Issuing Country** _____

License Issue Date: (dd/mm/yyyy) ____/____/____ **License Issue Date:** (dd/mm/yyyy) ____/____/____

License Number _____ **FATCA GIIN (if applicable)** _____

OCT/Money Send Transactions

Minimum Transaction Amount: _____

Typical Transaction Amount: _____

Maximum Transaction Amount: _____

Planned Monthly Turnover (in EUR): _____

Cardholders Location (% of total):

Asia _____ EU _____ CIS _____ LATAM _____ North America _____ AUS/NZ _____ ROW _____

Required Transaction Currencies: _____

Required Transaction Types: E-commerce Recurring OCT/Money Send MOTO Dynamic Descriptor

*Politically Exposed Person - in the meaning as set out Money Laundering, Terrorist Financing and Transfer of Funds (information on the Payer) Regulations 2017.



CONTACT PERSON(S) OF THE E-MERCHANT

1. Area of Responsibility: _____

Full Name: _____

Position: _____

Telephone: + _____
(country code)

Email: _____

2. Area of Responsibility: _____

Full Name: _____

Position: _____

Telephone: + _____
(country code)

Email: _____

CONTACT PERSON(S) OF THE GATEWAY PROVIDER

1. Area of Responsibility: _____

Full Name: _____

Position: _____

Telephone: + _____
(country code)

Email: _____

2. Area of Responsibility: _____

Full Name: _____

Position: _____

Telephone: + _____
(country code)

Email: _____

LEGAL REPRESENTATIVES

The Gateway Provider

_____, by its

(signature) ____/____/20__

(signature) ____/____/20__

(signature) ____/____/20__

The E-Merchant

_____, by its

(signature) ____/____/20__

(signature) ____/____/20__

(signature) ____/____/20__