

Questionnaire for Partner

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Personal Information			
Name:		Surname:	
Date of birth:		Type of document:	
Country of Citizenship:		Document number:	
Residence address:			

Company Information			
Company Name:		Company number:	
Registration date:		Director name:	
Company website:		Shareholder name:	
Company country:		Your position:	
Legal address:			
License type:		License number:	
License authority:		License expiry date:	

Additional Starting Services			
IBAN account opening for Partner		Unique design development	
Co-branding program registration		Affiliate membership assistance	

Business Information			
Description of Your business activity:			
Countries of your potential customers:		Countries of your potential suppliers:	
Main regions of cardholders (%):			
United Kingdom:		CIS countries:	
EU countries:		Asia:	
US and Canada:		Others:	
Payments & withdrawal forecast			
Purchase daily:		Cash withdrawal daily:	
<i>Frequency:</i>		<i>Frequency:</i>	
<i>Amount:</i>		<i>Amount:</i>	
Purchase monthly:		Cash withdrawal monthly:	
<i>Frequency:</i>		<i>Frequency:</i>	
<i>Amount:</i>		<i>Amount:</i>	

Economic Information				
Issuing purpose:				
Online transfers		Wages payment		Currency exchange
Goods purchase		Services purchase		Personal needs
Other (please specify):				
Cash withdrawal purpose:				
Travel expenses		Salary payment		Dividends
Goods purchase		Services purchase		Personal needs
Other (please specify):				

Turnover forecast				
Average monthly turnover (in EUR):				
Average number of transactions per month:				
Average amount of one transaction (in EUR):				
Number of Chargebacks:				
Volume of Chargebacks (in EUR):				
Transaction currency (%):	EUR:		USD:	
	GBP:		Other:	
Type of cards (%):	Debit:		Prepaid:	
Type of limits (%):	Basic:		Upgraded:	
	Enhanced:			

Contact Information			
Full name:		E-mail:	
Phone number:		Telegram:	

Shareholders Information (25% or more)	
Shareholder 1 (Corporate entity / physical person)	
Company / person name:	
Date of registration / birth:	
Country / Citizenship:	
Company / ID number:	
Shareholder 2 (Corporate entity / physical person) (if applicable)	
Company / person name:	
Date of registration / birth:	
Country / Citizenship:	
Company / ID number:	

Beneficial Owner Information				
Full name:				
Residence address:				
Date of birth:				
Citizenship:				
ID number:				
PEP:	YES		NO	
Income sources:	royalties / reward		private property sale	
	dividends / interests		inheritances / gifts	
	own shares sale		rent	
	other (specify):			
Type of ownership:	direct owner		trust, other	
	other (specify):			

Director Information				
Full name:				
Residence address:				
Date of birth:				
Citizenship:				
ID number:				
PEP:	YES		NO	

* scan of passport and utility bill (not older than 3 months) must be provided for each above-mentioned person

Document requirements

From beneficiary: all passports, utility bill, current questionnaire (documents to be notarized in the country of residency), diploma, CV, personal account statement, selfie with passport.

From company: Apostilled set of documents (certificate of registration, charter, memorandum of association, appointment of director, register of shareholders, share certificate).

Additional upon request: trust declaration, power of attorney (apostilled).

Information Acknowledgment & Signature

By signing this Questionnaire, I hereby:

- confirm that the Company is not involved in servicing of other products or services than described in this Application. Should the range of services increase I shall inform the Issuer immediately;
- represent that the information specified hereof is truthful and undertake to immediately inform the Issuer in writing about any changes in the above information;
- confirm that the mentioned authorized persons are entitled to represent the Company and sign legally binding documentation on behalf of the Company;
- confirm that I am aware of liability including criminal liability for providing false or incomplete information;
- confirm that I am agree that the Issuer has the right to check the information specified in this Application, including scanning of the Company's web sites in order to control the compliance of the activity and security of the Issuer;
- confirm that I allow the Issuer to scan web sites and check specified in this Application information for the Issuer compliance and security reasons.

Represented by:	Position:	Signature:	Date: