Business Onboarding Application Form

Thank you for choosing Prepaid Financial Services Limited



- 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	Ρ	rofi	le

Legal Name: Trading Name (if different) **Private Limited Company Public Limited Company** Other, please specify: Legal Status: 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** Contact's Phone (+country & area code) Date of Incorporation (DD/MM/YYYY) Company Registration Number **VAT Number** Tax Number Is the company regulated by any authority? YES* NO

Structure - Director / Shareholder Profile

And the licence number granted from the authority:

*If 'YES' please specify which authority:

* 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 / % Date of Director / Both Owned 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 PFS service offering will fit in.

List the countries	s where the bu	siness operates	intends to operate:		
Please give detai	ls of the target	market for the	business:		
Do you use Affili	ates to sell you	r products/servi	ces? Yes	No	
If yes, please ind	icate the purpo	se of your relati	onship with these Affilia	ates and where their business opera	ites:
Card / IBAN	Solution R	equired			
			ended purpose of the F	Prepaid card / IBAN solution:	
Cardholders	/ Account h	olders			
Directors / Share	eholders	Employees	Affiliates	Consumers	Other
Where 'other' ap	plies, please pi	rovide details:			
Location of the C	Cardholders / A	.ccount holders:			
Cards					
Customers	Corporate	e Cards	Business	Employee Incentive / Reward	Payroll
Multi-curren	cy Travel Cards	;	Gift Cards	Others	
Where 'other' ap	oplies, please p	rovide details:			
Currencies					
EUR	USD	GBP	Multi-currency		
Expected number	er of cards req	uired:			
Physical card	ds Vir	tual cards			
Nature of exped	cted transactio	ns (including the	e volume of ATM transa	ctions):	
Where will the f		_		– E-Wallet – Cardholder's Card/IBAN	N Account):

Bank Account De	etails		Account fro	om which funds	used to load the cards /	wallet will be	sent.
Account currency	EUR	GBP	USD				
BIC / Swift		IBAN (Intern	IBAN (International Bank Account Number)				
Sort Code		Account Nu	mber		Routing Number		
Bank Name & Address							
Account Holder Name							
Projected Loadir	ng Figures	s (Average ex	xpected)				
Currency of projected f	figures:	EUR	GBP L	JSD			
Estimated Monthly Loa	ding	Estimate	ed Quarterly Loading		Estimated Yearly Loa	ading	
Required Docum	ents						
Please indicate, as app	oropriate, if t	he following docu	umentation has been _l	provided for t	this application:		
Official Certificate of Ir	ncorporation	Registration.				Yes	No
Memorandum and Art	icles of Asso	ciation.				Yes	No
Latest Annual Return						Yes	No
Confirmation of the Co						Yes	No
Confirmation of the Co						Yes	No
Evidence of Bank Acco	•	•			•	Yes	No
					N, WE MAY REQUEST A SCHEME REQUIREME		L
Declaration							
authorization of the wathat, to the best of make ever been involuded money laundering of	vebsite content ny/our knowled olved in, involved in, involved or proceeds of ny may be u	ent. I/We also de edge, neither th estigated for or of crime, nor be ndertaken by P	eclare on behalf of the ne company nor the or convicted of frauc en declared insolven Prepaid Financial Ser	e company ar website nor d or other o t. I/We agree	eclare to have full cond on behalf of myself/ myself/ourselves (or a criminal offence in re that further enquiries d (PFS). I/We declare	ourselves any of us) elation to s that are	
Company Name:							
Signature #1			S	ignature #2 ₋			
Print name:			Р	rint name: _			
Date:			С	Date: _			
When you I	have completed	and checked everythii	ing, save the form and click t	the 'SEND APPLIC	CATION' button.		

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