

CRYPTO WALLET PROVIDER REGISTRATION FORM

Please complete the following registration form to apply as a crypto wallet provider. This form will help us gather necessary information about your company and assess its eligibility for registration.

1. Company Information:

- Company Name:
- Legal Entity Type:
- Incorporation Date:
- Registered Address:
- City:
- State/Province:
- Postal/ZIP Code:
- Country:
- Phone Number:
- Email Address:
- Company Website:

2. Key Personnel:

- List the key personnel involved in your company's operations, including their roles and responsibilities:

3. Services Offered:

- Describe the crypto wallet services offered by your company, including features and functionalities:

4. Security Measures:

- Describe the security measures implemented to ensure the safety of user funds and data:

5. Regulatory Compliance:

- Have you conducted a legal and regulatory analysis of your crypto wallet services in accordance with applicable laws and regulations?
 - ☐ Yes
 - ☐ No
- If Yes, please provide a summary of the analysis:

6. Anti-Money Laundering (AML) and Know Your Customer (KYC) Compliance:

- Describe your AML and KYC procedures and how you ensure compliance with regulatory requirements:

7. Customer Support:

- Explain the customer support channels and response times available to users of your crypto wallet:

8. Data Privacy:

- Describe your data privacy policy and how you handle user data in accordance with privacy regulations:

9. User Terms and Conditions:

- Provide a summary of your user terms and conditions that outline the rights and responsibilities of your users:

10. Third-Party Integrations:

- List any third-party integrations or partnerships that your company has, if applicable:

11. Security Incident Response:

- Describe your procedures for detecting and responding to security incidents, including communication with affected users:

12. Financial Information:

- Provide information regarding the financial stability and resources available to support your crypto wallet operations:

13. Additional Information:

- Provide any additional information that you believe is relevant to your crypto wallet provider registration:

14. Declaration:

By submitting this registration form, I declare that the information provided is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____

Thank you for applying to become a registered crypto wallet provider. We will review your application and contact you regarding the next steps in the registration process.