



Digital Coin DMCC (“**Digital Coin DMCC**”) Products & Services Application Form (the “**Application**”) should be signed by or on behalf of the Client. It is very important that the Client has read the Application and the declarations set out within in conjunction with the Agreement (as defined in the “Declarations” section below) before signing. **By signing the Application**, you are confirming that the details provided within are correct and that you have read, understood and agreed to be bound by the terms of the Agreement and that the signatory has the capacity to enter into the agreement on behalf of the applicant (company). Please email completed Application along with the necessary documents to [admin@digitalcoindmcc.com](mailto:admin@digitalcoindmcc.com)

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

### Company Profile

Company name (Full Legal Name):

Trading Name / Doing Business As (DBA) (if applicable):

Primary Contact for queries related to this application:

| Full Name: | Phone Number: | E-mail address: |
|------------|---------------|-----------------|
|            |               |                 |

### Principal Place of Business:

Street (name and number):

City:

Country:

|  |                            |  |
|--|----------------------------|--|
|  |                            |  |
|  | County/State/<br>Province: |  |
|  | Post Code:                 |  |

### Company Registered Address (If different from above):

Street (name and number):

City:

Country:

|  |                            |  |               |  |
|--|----------------------------|--|---------------|--|
|  |                            |  |               |  |
|  | County/State/<br>Province: |  | Post<br>Code: |  |
|  |                            |  |               |  |

Website URL(s):

Company Email Address(es):

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |

Incorporation Number:

Date of Incorporation/Registration:

Date Company began Trading:

Number of Directors/Partners:

|  |   |  |
|--|---|--|
|  | VAT Number (or Tax<br>Identification Number):   |  |
|  | <b>Company Legal Status</b><br>Private Limited Liability,<br>Public Limited Liability,<br>General Partnership,<br>Limited Liability Company,<br>Proprietary, Partnership etc. |  |
|  | <b>Number of Employees:</b>   |  |

## Personal Details

Please provide details of each person authorised to instruct or order transactions on behalf of your company for matters related to this Application and who will be the main contact for this business relationship and attach:

- (1) a copy of a valid photo ID (passport or driver's license), and
- (2) a utility bill or bank statement (not more than 3 months old), confirming residential address.

Note: If the authorised representative is not a Director, then please attach an authority for them to act on the company's behalf signed by a Director.

|                              |  |                        |  |
|------------------------------|--|------------------------|--|
| First Name:                  |  | <u>Current address</u> |  |
| Middle Name:                 |  | No / Street Name       |  |
| Last Name:                   |  | City:                  |  |
| Date of Birth                |  | Post Code:             |  |
| E-mail Address:              |  | State / Province:      |  |
| Phone Number (with code):    |  | Country:               |  |
| Nationality and Citizenship: |  | Resident Country:      |  |

## Business and Transaction Information

|  |                               |
|--|-------------------------------|
| <p><b>Please describe your Products or Services and Business Model, Including Main Business Regions, EEA, Asia, Africa, Russia, The USA, Canada please provide is other.</b></p> <p><b>This will allow Digital Coin DMCC to better understand your business and potential needs, and speed up your onboarding process.</b></p> <p><b>Please feel free to attach additional pages or use space on Page 9.</b></p> <p><i>Number of Additional Pages?</i></p> |                               |
|  | Last Years Turnover           |
|  | Next Years Estimated Turnover |

Please provide your Regulatory Registration / License number and details.

## Bank Account Details

Please give details of the company bank account (\* fill in applicable)

|                               |  |
|-------------------------------|--|
| Bank Name                     |  |
| Bank Address:                 |  |
| Sort Code / Transit / ABA No: |  |
| Account Name:                 |  |
| * Account Number:             |  |
| * IBAN:                       |  |
| SWIFT Code / BIC:             |  |
| Currency of Account:          |  |

|   | Director 1 | Director 2 |
|---|------------|------------|
| First Name                                |            |            |
| Other Names:                              |            |            |
| Last Name:                                |            |            |
| Date of Birth                             |            |            |
| E-mail Address:                           |            |            |
| Phone Number:                             |            |            |
| Current home address:<br>Street name, No: |            |            |
| City:                                     |            |            |
| Post Code:                                |            |            |
| County/Province/State:                    |            |            |
| Country:                                  |            |            |
| Nationality:                              |            |            |



### Ultimate Beneficial Owner

Please confirm the Shareholders and Ultimate Beneficial Owners. For trusts all parties with beneficial voting rights will need to be identified.

Shareholders will be classified as beneficial if they hold **% or more** of the total share or voting rights. If the beneficial owner of a company is another company or legal entity we will require an explanation to identify a natural person/s as beneficial owner.

|   | Beneficial Owner 1 | Beneficial Owner 2 |
|---|--------------------|--------------------|
| First Name                                |                    |                    |
| Other Names:                              |                    |                    |
| Last Name:                                |                    |                    |
| Date of Birth                             |                    |                    |
| E-mail Address:                           |                    |                    |
| Phone Number:                             |                    |                    |
| Current home address:<br>Street name, No: |                    |                    |
| City:                                     |                    |                    |
| Post Code:                                |                    |                    |
| County/Province/State:                    |                    |                    |
| Country:                                  |                    |                    |
| Nationality:                              |                    |                    |
| Oner:                                     |                    |                    |

*Please attach further sheets if required*

Do any of the above-named Directors, Shareholders, UBO's or any members of their family hold a politically exposed position or are they close associates or cohabitants of anyone who holds a politically exposed position ?

*A politically exposed position is a head of state or government minister, senior politicians. A member of the executive council or legislature, senior bureaucrat or government official. Ambassador, embassy attaché or counsellor. A high-ranking officer in the armed forces. A member of the administrative management or supervisory body of a state-owned enterprise. A member of a court of auditors or the board of a central bank. A head of a government agency. A member of a supreme court, constitutional court or high level judicial body.*

|     |   |
|-----|---|
| Yes | If yes, please name the person(s), position held by the PEP and the relationship: |
| No  |   |

### Supporting information for Application

Please provide the following Required Documents which must be accompanied with this Application (Form A) and the EDD Questionnaire (Form B).

#### Corporate Documents:

1. Certificate of Incorporation
2. Valid Company License
3. Memorandum and Articles of Association
4. ID Proof of Directors & Shareholders (**Passport, National ID**)
5. Proof of Business Address (**Utility bill not older than 3 months**)
6. Company Bank Statement (**not older than 3 months**)

### Supporting Documents Guideline:

- **POI** - Proof of ID (valid passport or other government issued photo ID in colour)
- **POA** - Proof of Residential Address (utility bill or bank statement dated within the last 3 months clearly showing the Name and physical Address, (P.O. box address is not acceptable)
- All Documents must be in English. Where translated, they must be certified by a competent authority.

### How did you hear about Digital Coin DMCC ?

|  |  |
|--|--|
| Referred by another company: Which company?  |  |
| Referred by an individual: Which individual? |  |
| Magazine Advertisement: Which magazine?      |  |
| Online Advertisement: Which website?         |  |
| Online Search: Which keyword?                |  |
| Tradeshow: Which tradeshow?                  |  |
| Other: Please specify                        |  |



to determine your eligibility for products and services, to ensure high service standards, to meet regulatory requirements, and to verify your identity. Personal information you provide to Digital Coin DMCC will not be used in any commercial way and will not be provided to anyone else except in response to a request from regulatory, governmental or law enforcement agencies, or with our business partners and service providers to assist us in providing services to you. These business partners and service providers may be located within or outside of the European Economic Area. Whenever we request services from our business partners, we enter into a contractual agreement to ensure confidentiality and share the least amount of information needed to perform the required task. A copy of Digital Coin DMCC privacy policy is available on request.

Digital Coin DMCC may request additional documentation after review of this Application Form.

Digital Coin DMCC may request relevant URLs or other relevant promotional material along with completed and signed service agreements before we can set up accounts or process payments on your behalf. If service agreements have not been sent to you already, they will be issued based on information provided in this Application Form.

## Declarations

Words and expressions used in this Application will, unless otherwise defined in this Application, have the same meaning as set out in the Terms and Conditions. By signing this Application, you are:

- Confirming that you are duly authorised to sign for and act on behalf of the Company and no consent or approval is required from any other person.
- Confirming that the information that you have provided in this Application is accurate and correctly reflects the profile, products and services of your business and the payment services you wish to receive. You further confirm and agree that you will notify Digital Coin DMCC in good time of any changes to the information provided herein.
- Agreeing to and authorising the searches, due diligence enquiries and use of your information as set out in the Privacy Policy and Framework Terms for Payment Services.
- Acknowledging and agreeing that you have read and are bound by the terms of the Agreement (comprising this Application, the Framework Terms, and such other documents as the two parties may from time to time agree which together shall constitute the entire Agreement between the parties).

## Signature

I certify the above information to be true and correct:

|                       |  |           |  |
|-----------------------|--|-----------|--|
| Signature<br>& Stamp: |  |           |  |
| Print name:           |  | Position: |  |
| Date:                 |  |           |  |

## Digital Coin DMCC Payments Office Only:

Applicant's Contact:

Case Officer, Checked/Approved by: