

MERCHANT ACCOUNT OPENING APPLICATION

____/____/20____

COMPLETE IN BLOCK CAPITALS

Company name _____
(hereinafter referred to as "the Company") (full name)

Registration No. _____ **Registration date** ____/____/____

Legal address (street, house, city, zip code, country) _____

Company's actual address (street, house, city, zip code, country) _____

Telephone _____ Fax _____ E-mail _____

Web sites used by the Company for e-commerce _____

Test access to the web site: Login _____ **Password** _____

Trade mark (DBA) _____

Descriptors name (max 25 symbols) _____

Number of employees _____ **Working experience in this sphere** _____ (years)

Company's economic activity description _____

_____ **MCC code:** _____

Is the licence required for this type of business? Yes No

Does the Company have a licence / permission? Yes No

Merchant account transaction type: Payments on the web site _____% Recurring transactions _____% MOTO _____%

Is the Company's economic activity connected to Latvia?

Yes _____ No _____
(please specify)

Main business partners _____

Income sources:

loans income from the economic activity dividends / interest income
 investments other (please specify) _____

Main suppliers come from (name the countries) _____

Company's clients are mostly residents of (name the countries) _____

Main countries of business transactions _____% EU _____% CIS _____% US and Canada _____% Asia _____% Others _____

Company's contact person _____
(name, surname)

Telephone, fax _____ E-mail _____

Contact for accounting queries _____
(name, surname)

Telephone, fax _____ E-mail _____

Contact for technical queries _____
(name, surname)

Telephone, fax _____ E-mail _____

- Company's registration certificate must be enclosed

INFORMATION ON THE COMPANY'S AUTHORISED PERSONS

Authorised person _____
(name, surname)

Position _____

Is entitled to represent the Company alone
 together with _____

Contact details (phone, e-mail) _____

Politically exposed person Yes No

- a copy of the passport must be enclosed
- documents proving rights of representation must be enclosed (a copy of the decision on appointment, a reference from public register, other)

INFORMATION ON THE COMPANY'S SHAREHOLDERS WHOSE SHAREHOLDING IS EQUAL OR EXCEEDS 25%
(all persons shall be mentioned)

1 Corporate entity's name / name, surname _____

Registration No / personal ID / personal code _____

Shareholding in the Company _____ %

2 Corporate entity's name / name, surname _____

Registration No / personal ID / personal code _____

Shareholding in the Company _____ %

3 Corporate entity's name / name, surname _____

Registration No / personal ID / personal code _____

Shareholding in the Company _____ %

INFORMATION ON BENEFICIAL OWNER OF THE COMPANY

Name, surname _____

Telephone _____ **E-mail** _____

Place of residence (street, house, city, zip code, country) _____

Date of birth ____/____/____ **Passport / ID document Nr.** _____

Income sources:

- royalties / rewards private property sale rent
- dividends / interests inheritances / gifts
- own capital share (stocks) sale other (please specify) _____

Form of participation in the Company

- direct owner according to agreement (trust, other)
- other (please specify) _____

Politically exposed person Yes No

- a copy of the passport must be enclosed

INFORMATION ON THE COMPANY'S PRODUCT / SERVICE

Description of the product / service

What will be sold? _____

Marketing strategy

How are target customers attracted? _____

Name of the transaction processing company used at the moment

Why did you choose us for merchant account opening?

What customer and transaction data are stored? _____

Additional information

INFORMATION ABOUT TRANSACTION MONITORING RESOURCES

Please describe your experience in transaction monitoring

(monitoring system vendor, outsourced service, other) _____

INFORMATION ABOUT TURNOVER DATA

	Actual turnover	Estimated turnover
Average monthly turnover (min-max)		
Average number of transactions per month (min-max)		
Average volume of a transaction (min-max)		
Transaction amount (min-max)		
Number of Chargebacks		
Volume (sum) of Chargebacks		
Transactions currency	<input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other _____	<input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> Other _____
Type of cards	VISA _____% MasterCard _____%	VISA _____% MasterCard _____%

INFORMATION ACKNOWLEDGEMENT

By affixing my signature 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 Bank immediately.

By affixing my signature I hereby represent that the information specified hereof is truthful and undertake to immediately inform the Bank in writing about any changes in the above information.

By affixing my signature I hereby confirm that the mentioned authorised persons are entitled to represent the Company and sign legally binding documentation on behalf of the Company.

By affixing my signature I hereby confirm that I am aware of liability including criminal liability for providing false or incomplete information.

By affixing my signature I hereby confirm that I am agree that the Bank 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 Bank.

By affixing my signature I hereby confirm that I allow the Bank to scan web sites and check specified in this Application information for the Bank compliance and security reasons.

Company represented by: _____ **Position** _____
(name, surname)

Signature _____ Date / /20