

MERCHANT – INTRODUCER – DISTRIBUTOR KYC APPLICATION FORM

This form is required for Know Your Customer (KYC) Validation as part of license and regulatory requirements. All information required is mandatory and failure to supply any part may result in a delay to your application. Additional information may be requested as part of this same process as determined by the Compliance department.

INSTRUCTIONS:

Note: Please fill in electronically, print, sign and return to: compliance@flexepin.com

PART A: If you have previously supplied all required KYC information in a Merchant Application Form to Flexewallet Pty Ltd, Flexepin or INOVAPAY, you ONLY need to complete and sign **PART A**.

PART B: If you have not previously submitted the required KYC information in any previous Application, please complete and sign **PART B** of this form.

PART A

I consent to the use of the details and documents contained in my Merchant Application Form previously submitted to Flexepin, Flexe Payments Limited, Flexewallet Pty Ltd, Flexe Payments (Aus) Pty Ltd or INOVAPAY, thus allowing the Compliance department to perform checks as per Flexepin legal & regulatory obligations. Please tick here

COMPANY/ENTITY DETAILS	
Registered Company Name:	Trading Name (if different):
Country of Incorporation:	Date of Incorporation:
Company Registration No:	Other Corporate Identifier (if applicable):
SIGNATURES	
I/We certify and warrant that I/we am/are authorised to provide the above information and that the information is true and correct to the best of my/our knowledge. >>Tick this box and complete below if you are a PSP/Introducer or 3rd party completing this form on the Merchant's behalf*	
Authorised Signatory	Authorised Signatory
Name of Authorised Signatory (Print):	Name of Authorised Signatory (Print):
Position of Authorised Signatory:	Position of Authorised Signatory:
Date:	Date:
* Company name of 3rd party, PSP or Introducer completing the form:	

MERCHANT – INTRODUCER – DISTRIBUTOR KYC APPLICATION FORM

PART B

Note: This form is required to be filled in electronically, printed, signed and returned compliance@flexepin.com

This form is required for Know Your Customer (KYC) Validation as part of license and regulatory requirements. All information required is mandatory and failure to supply any part may result in a delay to your application. Additional information may be requested as part of this same process as determined by the Compliance department.

I consent to the use of the details contained herein to perform checks as per Flexepin legal and regulatory obligations.

PARTNER APPLICATION FORM	
COMPANY/ENTITY DETAILS	
Registered Company Name:	Trading Name (if different):
Country of Incorporation:	Date of Incorporation:
Entity Type (e.g. Plc, Ltd. etc.):	VAT/GST No (or other as applicable):
Company Registration No:	Other Corporate Identifier (if applicable):
REGISTERED ADDRESS	
Number/Level:	Street Name:
City:	State/Province:
ZIP/Postal Code:	Country:
PRINCIPAL TRADING ADDRESS	
Number/Level:	Street Name:
City:	State/Province:
ZIP/Postal Code:	Country:
CORRESPONDENCE/POSTAL ADDRESS	
Number/Level:	Street Name:
City:	State/Province:
ZIP/Postal Code:	Country:
LICENSED AND REGULATED COMPANIES	
Type of License held (e.g. Gaming, Regulatory etc.):	
Name of Licensing Body:	License Identifier/Reg. No:

OWNERSHIP AND CONTACTS		
<i>Should you require more space for additional information, please provide the same information on a separate sheet and attach to this form.</i>		
Company Directors		
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	
Authorised Persons		
<i>(Person(s) authorised to represent the partner vis-à-vis Flexewallet Pty Ltd.</i>		
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	
Shareholders		
Name all shareholders who: a) hold or control directly or indirectly 25% or more of the shares and/or voting rights in the company; or b) controlling the company's management in any other way. If the entity is a foundation, trust or any other entity managing funds, please provide details for: a) all beneficiaries receiving 25% or more of the grants; or b) all persons controlling 25% or more of the assets.		
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	Shareholding % :
Full Name:	Position/Title:	
Date of Birth:	Nationality:	Passport No:
Address (Street and No):	City:	State/Province:
Zip/Postal Code:	Country:	Shareholding % :

AML/FRAUD DETECTION AND PREVENTION STRATEGY
Please provide a description of the security, Anti-Fraud and Anti-Money Laundering systems that you have in place.

[Empty text area for AML/Fraud Detection and Prevention Strategy]

BUSINESS STRATEGY
Please provide a brief description of the business activity that the company proposes to engage in, including the names of any major third party companies the business expects to transact with.

[Empty text area for Business Strategy]

PARTNER KYC PROCESS
Please outline/indicate measures taken to verify customer details

1. From which jurisdiction does your main customer base derive?

2. In which jurisdiction does the server that hosts your trading websites reside?

3. Do you have customer verification registration?

4. If customer verification is not done upfront, at what threshold does verification take place? (eg \$ amount) _____

5. Can your system place daily/weekly/monthly limits on the use of Flexepin Products per account?

6. Please indicate which of the following information sources are used to verify your customers (choose all/any that apply):

<input type="checkbox"/> 3 rd Party Database	<input type="checkbox"/> SMS/Phone Verification	<input type="checkbox"/> Passport/National ID	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> Driving License	<input type="checkbox"/> Email Verification	<input type="checkbox"/> No Verification	<input type="checkbox"/> Other - specify

TYPE OF BUSINESS <i>Please choose all/any that apply</i>			
COMMUNITY & PUBLIC SECTOR	E-COMMERCE	FINANCIAL SERVICES	GAMBLING
<input type="checkbox"/> Eg. Dating, Social Networks, Mobile Community OR Utilities, transport, local government	<input type="checkbox"/> Eg. Delivered Goods, Auctions, hosting, music/video downloads, software, e-books	<input type="checkbox"/> Eg. Money Transfer, online wallets, pre-paid cards, bill payments, , binary options, forex	<input type="checkbox"/> Bingo, Casino, gambling multi platforms, lottery, poker, sports betting,
GAMES	PARTNERS	TELECOMS	TRAVEL & LEISURE
<input type="checkbox"/> Eg.MMO & Browser Games, virtual goods	<input type="checkbox"/> Eg. Payment Software Provider, system reseller, strategic partner	<input type="checkbox"/> Eg.Internet Service Provider, SIM card top-up, VoIP	<input type="checkbox"/> Eg. Accommodation, airline, portal, ticketing
Are you in the business of directly or indirectly conducting, engaging in, facilitating, supporting or promoting On-line betting or gambling activities in any one or more states or territories of the United States of America? YES/NO			
CURRENT PAYMENT METHODS <i>Please choose all/any that apply</i>			
<input type="checkbox"/> Visa/MasterCard	<input type="checkbox"/> Bank/Wire Transfer	<input type="checkbox"/> BPay	<input type="checkbox"/> Neteller
<input type="checkbox"/> PayPal	<input type="checkbox"/> Skrill (Moneybookers)	<input type="checkbox"/> Paysafecard	<input type="checkbox"/> Other - specify
EXPECTED MONTHLY VOLUMES <i>Please choose all/any that apply</i>			
<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,000-10,000	<input type="checkbox"/> 10,000-25,000	<input type="checkbox"/> 25,000-50,000
<input type="checkbox"/> 50,000-100,000	<input type="checkbox"/> 100,000-250,000	<input type="checkbox"/> 250,000 +	
PARTNER SETTLEMENT ACCOUNT DETAILS			
Settlement Currencies Required <i>(Please mark with an X where appropriate)</i>	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	
	<input type="checkbox"/> EUR	<input type="checkbox"/> ZAR	
	<input type="checkbox"/> AUD	<input type="checkbox"/> SEK	
	<input type="checkbox"/> CAD	<input type="checkbox"/> Other - specify	
TECHNICAL INTEGRATION			
Domain Names/URLs for Flexepin Payment <i>(where Flexepin Vouchers will be redeemed)</i>			
https://		https://	
https://		https://	

BANK ACCOUNT DETAILS <i>(please define currency)</i>	
Account Name/Beneficiary:	Bank Name:
Bank Address:	Country:
Account No:	Sort Code:
SWIFT/BIC:	IBAN:
Email Address (for Invoices):	Settlement Currency:
DOCUMENTATION/ADDITIONAL INFORMATION CHECKLIST	
<i>Please make sure that you provide all of the documentary evidence or additional information listed below with this application form.</i>	
1. Copy of all Directors'/Shareholders' (with an equity stake of 25% or over) passport(s) (preferably notarised)	
2. Copy of certificate of Incorporation	
3. Copies of proof of residential addresses (e.g. utility bill, bank statement or any other document bearing the name and address and dated within the last six months) for all company Directors and for all Shareholders with an equity stake of 25% or over.	
4. Shareholders' register (document listing all the current shareholders of the company and including the number of shares allocated per shareholder).	
5. If you have identified a corporate body as a Shareholder or ultimate beneficial owner, please provide a copy of their certificate of incorporation and copies of proof of identity (passport) and residence (e.g. utility bill, bank statement or any other document bearing the name and address and dated within the last six months) for at least two directors of the company.	
If you have not ticked any of the above, please explain below, why such document cannot be enclosed with this application	
SIGNATURES	
I/We certify and warrant that I/we am/are authorised to provide the above information and that the information is true and correct to the best of my/our knowledge. >>Please tick this box and complete below if you are a PSP/Introducer or 3rd party completing this form on the Merchant's behalf	
Authorised Signatory	Authorised Signatory
Name of Authorised Signatory (Print):	Name of Authorised Signatory (Print):
Position of Authorised Signatory:	Position of Authorised Signatory:
Date:	Date:

Company name of 3rd party, PSP or Introducer completing the form