KYB Questionnaire of the Legal Entity

Initial Entry of Information

Change of Information

PRECEDENCE AND INCORPORATION This Addendum forms a part of the Agreement attached. The Agreement, Exhibits, Schedules, and this Addendum shall be considered one document. Terms used in this Addendum shall have the same meaning as ascribed to them in the Agreement.

CONFIDENTIALITY NOTICE: The data contained herein is confidential and proprietary to the client. This document is not to be distributed to nor the content discussed with parties outside the acquirer in whole or in part without express prior written permission of the client.

Client is hereby advised that any future change to material corporate or personal identification information in this questionnaire must be reported to acquirer in writing within fourteen (14) calendar days of any such occurrence. For the avoidance of doubt, changes subject to this requirement are: any shareholding change, change of any principal's or shareholder's address, change of client's registered address, change of client's present address, change of client's website address (URL) or change of beneficial owners.

Section 1 - INFORMATION ABOUT THE LEGAL EN	TITY **PLEASE PRINT CLEARLY**
Full Name of the Company	Registered Address:
	Registration Number:
Date of Registration	Registration Authority:
Section 2 – COMPANY CONTACT INFORMATION	
Primary Telephone Number:	Other Number:
General Email:	URL:
Section 3 – PRIMARY BUSINESS CONTACTS - Ope	rations
Name:	Telephone:
Position:	Email:
Skype:	
Name:	Telephone:
Position:	Email:
Skype:	

Section 4 – **OWNERSHIP STRUCTURE** – List all principals providing detail to 100 % ownership If additional pages are necessary, please copy and attach to this Addendum.

Full Legal Name:Share Participation %:	Please list any other name(s) or nickname(s):		
Email:	nesidential / idd. ess.i		
Date of Birth: Passport Number: Home Phone Number:	Social Security Number or Tax ID Number:		
		Nc	
Cell Phone Number:			
Full Legal Name:	Please list any other name(s) or nickname(s):		
Share Participation %:			
Email:	Residential Address:		
Date of Birth:	Social Security Number or Tax ID Number:		
Passport Number:		 No	
Home Phone Number:			
Cell Phone Number:			
Full Legal Name:	Please list any other name(s) or nickname(s):		
Share Participation %:			
Email:	Residential Address:		
Date of Birth:	Social Security Number or Tax ID Number:		
Passport Number:			
Home Phone Number:			
Cell Phone Number:			
Full Legal Name:	Please list any other name(s) or nickname(s):		
Share Participation %:			
Email:	nesidential Address.		
Date of Birth:	Social Security Number or Tax ID Number:		
Passport Number:			
Home Phone Number:			
Cell Phone Number:			

Section 5 - MANAGEMENT STRUCTURE - Directors, Authorized Representatives Name of Executive Title Authorization/Role Section 6 - AUTHORIZED PERSONS | Persons who handle confidential information of card issuing or have access to on-line card issuing platform. Full Legal Name: _____ Title: _____ Passport Number: Date of Birth: If other than passport, valid government-issued photo identification number: ______ Identification type: Any other names by which you are known or have ever been known: Residential Address: Email: _____ Business Phone Number: _____ Cell Phone Number: _____ Skype: _____ Full Legal Name: _____ Title: _____ Passport Number: _____ Date of Birth: If other than passport, valid government-issued photo identification number: Identification type: Any other names by which you are known or have ever been known: Residential Address: Business Phone Number: _____ Email: Cell Phone Number: _____ Skype: Full Legal Name: _____ Title: Date of Birth: Passport Number: If other than passport, valid government-issued photo identification number: ______

Identification type: _____

Any other names by which you are know	vn or have ever been known:
Residential Address:	
Business Phone Number:	Email:
Cell Phone Number:	Skype:
Section 7 – SIGNATURE	
By signing below, I certify that the above	e application and attachments were completed to the best of my
knowledge.	
_	
Signature:	
Printed Name:	
Date:	
RE	MAINDER OF PAGE INTENTIONALLY BLANK

Section 8 | REQUIREMENTS AND CHECKLIST

This form must be completed, signed and dated

Notarized Registration Certificate of Good Standing (required annually) or Certificate of Ongoing Business (less than 3 months)

Notarized Articles of Incorporation

Notarized Shareholders' Certificate

Notarized copies of all principals' passports (board members, directors, senior management and shareholders above 10%)

Notarized copies of authorized persons' passports

Current Business Financial Statements, or Bank Statements (last 3 months) | Merchant Processing Statements (6 months)

New companies and unable to provide merchant processing and portfolio or bank statements: please provide a details business plan consisting of the company 2-year pro forma (financial projections) and opening balance sheet coupled with the company's most recent DDA business banking statements and a banking relationship letter signed by an officer of the bank. The letter must confirm the business and the signer, the letter should state the relationship details, which must include: account open dates, current balances, average balance, nsf/od activity, lending details and phone number of the bank.

Copy of company's current utility bill for verification of physical address

Copy of all principals' current utility bills for verification of physical addresses

Copy of business license

Copy of Employer Identification Number (EIN); Tax Identification Number (TIN), Doing Business As (DBA) if applicable

Copy of AML Policy (if applicable)

W9 Form (if applicable)

Wiring instructions | Bank Letter

**** Additional information may be required ****