

1. The Business

OVERVIEW

Type of entity:

☐ Private Corporation
 ☐ Public Limited Company
 ☐ Other (Please specify)

Registered corporate name
 Company registration number
 Country of incorporation

Date of incorporation
 Length of time in business
 Business name

Number of employees
 Corporate website

Registered address

City
 Postcode
 Country
 State

Phone number
 Fax number
 Email

Business address (if different from registered address)
 Full address of head office / principal trading offices

Regulated service: ☐ Yes ☐ No
 Regulator

Licence type
 Licence number
 Jurisdiction

Is applying company owned by a parent company?
☐ No ☐ Yes, please specify the name of the parent company

Is the company publicly listed on a stock exchange?
☐ No ☐ Yes, please specify the name of the stock exchange

Is the company a registered "not for profit" organisation
☐ No ☐ Yes

Billing details

Contact name
 Phone

VAT number
 Email

2. Company structure

MAIN CONTACT

First name

Last name

Job title

Phone number

Email

3. Business model and Economic Profile

Business description

(include a description of the products/services you offer)

Please provide 6 months of most recent processing history below:

(Clearly showing transaction, chargebacks and refunds per month)

Credit card processing history	Last month	2 months ago	3 months ago	4 months ago	5 months ago	6 months ago
Number of transactions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transaction volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of refunds	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refund volume	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Average value of individual chargeback

€

Average total monthly aggregate chargebacks

€

Monthly total processing volume

€

Maximum transaction amount / customer

€

Average transaction amount / customer

€

% Total volume from outside EEA

Turnover last year

Advertising methods

(e.g. direct mail, internet, email etc.)

Do you currently have a merchant account? If yes, please specify the acquiring institutions

☐

No

☐

Yes (please specify the acquiring institutions)

Reason for leaving previous acquiring institution?

Current / previous Payment Service Provider / Gateway

Reasons for applying for iSXPAY products or services?

Expected origin of funds (including countries of origin) to be credited to account

Expected destination of sales (please provide top 5 countries with % of sales apportioned between cardholder transactions)

Payment methods

- ☐ MasterCard ☐ VISA ☐ JCB ☐ American Express
☐ SOFORT ☐ Discover/Diners ☐ Trustly

Others? If yes please specify

Do you store cardholder details? If yes, please attach your PCI DSS certificate

- ☐ Yes ☐ No

Method of acceptance

(total should equal 100%)

E-Commerce

Card present (point of sale)

M-Pos (Mobile POS)

M-Commerce (Mobile payments)

MOTO (Mail-order/Telephone-order)

In-App Commerce

Payment frequency

One-time payment

Recurring payment (subscription)

Do you offer / make use of affiliate programs?

- ☐ No ☐ Yes, please provide details

DBA/City field (second line of descriptor, Max 12 characters, for example: city or customer service phone number)

Will you use "Dynamic Descriptors"?

- ☐ No ☐ Yes

Have you ever filed for bankruptcy?

- ☐ No ☐ Yes (When)

Have you previously accepted credit cards?

- ☐ No ☐ Yes (for how long in months)

Have you ever flagged or been in violation of any card scheme program
(e.g. Excessive Chargebacks, BRAM violation, Account Data Compromise)?

- ☐ No ☐ Yes (Please provide details)

Security measures

Describe all security measures and fraud / chargeback handling (in detail)

Would you like to apply for 3D Secure? (Mastercard Secure Code, Verified By Visa)

☐ No ☐ Yes, please specify what MPI* will be used

Will you use CVC? (Card Verification Code; printed on credit card)

☐ No ☐ Yes

Would you like to apply for AVS (Address Verification)

☐ No ☐ Yes (Please note: number of countries AVS is limited; e.g. UK, USA, Canada)

*MPI= Merchant Plug In (Software required for processing 3D Secure transactions)

PRODUCTS AND SERVICES

Websites and Mobile Applications

Please list all URLs and mobile applications used by your company to promote it's business, sell products and accept payments

1

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

2

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

3

Domain name

MCC (currently processing)

Years in operation

Billing descriptor*

Merchant name (max. 22 characters)

Merchant phone number (max. 13 characters)

Beta website(s)

Login details

*The billing descriptor is the text shown on the cardholder's statement, next to the transaction. It helps identify the origin of the transaction.

Are all domains owned by the company?

☐ Yes ☐ No

Do you have a mobile application that is used to sell services or goods?

☐ Yes ☐ No

Mobile application name

DELIVERY AND SHIPPING

If you do not ship goods, please skip this section

When is the customer charged for the purchase?

☐ When placing the order ☐ When order is shipped ☐ When order is received

What is the average delivery duration?

Days

Hours

Do customers receive a tracking code on their order?

☐ Yes ☐ No

Is the shipment insured?

☐ Yes ☐ No ☐ Optional

Shipment methods

☐ Registered post / Courier ☐ Other

Payment frequency

Do you offer/ make sure of affiliate programs?

☐ No ☐ Yes (Name the affiliate program)

SETTLEMENT DETAILS

The settlement bank account must be in the name of the merchant.

1	Settlement currency	Bank name	Bank country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary name	IBAN / Account number	
	<input type="text"/>	<input type="text"/>	
	SWIFT / Routing number / Transit number	Sort code (UK accounts only)	
	<input type="text"/>	<input type="text"/>	

2	Settlement currency	Bank name	Bank country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary name	IBAN / Account number	
	<input type="text"/>	<input type="text"/>	
	SWIFT / Routing number / Transit number	Sort code (UK accounts only)	
	<input type="text"/>	<input type="text"/>	

3	Settlement currency	Bank name	Bank country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary name	IBAN / Account number	
	<input type="text"/>	<input type="text"/>	
	SWIFT / Routing number / Transit number	Sort code (UK accounts only)	
	<input type="text"/>	<input type="text"/>	

4	Settlement currency	Bank name	Bank country
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Beneficiary name	IBAN / Account number	
	<input type="text"/>	<input type="text"/>	
	SWIFT / Routing number / Transit number	Sort code (UK accounts only)	
	<input type="text"/>	<input type="text"/>	

CONTACTS

1 General contact (Primary)

First name

Last name

E-mail address

*Telephone number

*Fax number

2 Technical contact

First name

Last name

E-mail address

*Telephone number

3 Financial contact

First name

Last name

E-mail address

*Telephone number

4 Risk / chargeback contact

First name

Last name

E-mail address

*Telephone number

*Including international Country code

ADDITIONAL COMMENTS

Please let us know if you have any further comments or information

Please ensure that your application form and additional documentation is complete and correct.

Application requirements can be found in our separate "Merchant Application Checklist".

By submitting this form, you confirm that all information provided is accurate, complete and truthful and you consent to credit and information verification checks being performed.

Completed applications can be submitted to: **underwriting@isignthis.com**

For more information please contact: **+357 22 015 740**

DIRECTORS - INDIVIDUALS

The information below is required for all company directors. AML Regulations require that directors details be verified by us.

1

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			
<input type="radio"/> Yes <input type="radio"/> No			

2

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			
<input type="radio"/> Yes <input type="radio"/> No			

3

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*)			
<input type="radio"/> Yes <input type="radio"/> No			

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).
I acknowledge that subject to FATCA being applicable to me, Isignthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with Isignthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

4

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

5

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

6

First name	Last name	Time holding the position	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Country of birth	Passport/ID number	Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social security number / TIN	Phone number	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Permanent residential address			
<input type="text"/>			
City	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).

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Directors - Corporate

Company registration name

Company registration number

Date of incorporation

Registered address

City

Postcode

Country

Phone number

SHAREHOLDERS - INDIVIDUALS

The information below is required for all shareholders holding more than 10% of shares or voting rights, or those with a controlling interest. If the shareholders are corporations, further information for the holding company and the personal information of the shareholders are required. AML Regulations require that shareholder and ultimate beneficial owner details be verified by us.

1

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

2

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ No

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).
I acknowledge that subject to FATCA being applicable to me, I signthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with I signthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

3

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

4

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

5

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates). I acknowledge that subject to FATCA being applicable to me, I/signthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with I/signthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

6

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

7

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

8

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates). I acknowledge that subject to FATCA being applicable to me, I/signthis shall be bound to report to the Internal Revenue Service (IRS) that I retain this account with I/signthis, and when obliged, shall disclose my name as shown in this account, TIN's, addresses and any other necessary information pursuant to the regulations of FATCA

9

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

10

First name

Last name

Nationality

% of shares

Date of birth

Country of birth

Passport/ID number

Expiry date

Social security number / TIN

Phone number

Time holding the position

Email

Permanent residential address

City

Postcode

Country

This person (or any of the person's relatives or close associates) holds/has held a political or public position (PEP*) ☐ Yes ☐ NoDoes this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

*A politically Exposed Person (PEP) is a natural person who is or has been entrusted with a prominent public function (e.g. Head of State, Member of Parliament, Members of the Judiciary, Ambassadors, etc.) including his/her immediate family members (spouse, partners, children, parents) or persons known to be close associates of such persons (e.g. business associates).

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SHAREHOLDERS - CORPORATE

1 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

2 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

3 Type of entity:

☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name

Company registration number

Country of incorporation

% of shares

Registered address

City

Postcode

Country

Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

4 Type of entity:
☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name Company registration number

Country of incorporation % of shares

Registered address City

Postcode Country Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

5 Type of entity:
☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name Company registration number

Country of incorporation % of shares

Registered address City

Postcode Country Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

6 Type of entity:
☐ Trust ☐ Private corporation ☐ Public listed company ☐ Other (Please specify)

Company registration name Company registration number

Country of incorporation % of shares

Registered address City

Postcode Country Phone number

Does this shareholder act as a nominee on behalf of beneficial owner? ☐ Yes ☐ No

Required documentation

Please provide all the supporting documentation as requested below. iSignthis eMoney Ltd reserves the right to request additional information/documentation in order to fulfil regulatory requirements related to Prevention of Money Laundering and Combating the Financing of Terrorism. iSignthis eMoney Ltd (HE348009) is an EU authorized electronic money institution by the Central Bank of Cyprus, license number 115.1.3.17.

1. Memorandum and Articles of Association
2. Certificate of Incorporation
3. Certificate of Directors and Secretary, Certificate of Shareholders, Certificate of registered address
4. Legal ownership structure leading to the beneficial owner and certified by UBO or senior director
5. Trust deed(s) between the beneficial owner(s) and the registered shareholder(s) acting as nominees (if applicable)
6. Certificate of registered shareholders, Certificate of incorporation, Certificate of registered address and Certificate of directors for every company participating in the ownership structure of the customer and which holds directly or indirectly 10% or more of the shares
7. Proof of identity verification through iSignthis online process or ID/passport and proof of permanent resident address (e.g. utility bill) of registered shareholders, directors, beneficial owners and authorized signatories
8. Bank letter confirming ownership of the settlement bank account
9. Financial Accounts (ISX rep to advise requirements)
10. PCI DSS AoC Certificate or completed SAQ-A
11. Copy of official authorization or license if required for certain Businesses (e.g. gambling)

Documents must not be older than six months. In case of utility bills, they should be no more than three months old.

AML Regulations require that directors and ultimate beneficial owner details be verified by us. We verify the identity of individual directors and beneficial owners listed on the merchant application form online with our Paydentity solution using their email address. A convenience fee of € 10 to use the remote onboarding system will be charged directly to the individuals. Please notify them in advance that they will receive an email request from us.

If any individual person does not want to proceed with our Paydentity solution to verify their identity, each individual will need to provide a certified copy of ID/passport and a recent utility bill.

Privacy Notice

iSignthis eMoney Ltd acts as the "Controller" of all the personal data of natural persons connected to the applicant (as they may be appointed as directors, secretary, beneficial owners, shareholders, authorized signatories/representatives) and thus collected under this application form and any other related personal data which will be obtained independently of this application.

The collection and processing of the personal data is necessary for the purposes of compliance with legal obligations imposed by laws, regulations and/or card schemes as well as for the achievement of the legitimate interests of the Company and particularly:

- for the provision of our services;
- for compliance with our due diligence procedures, risk assessment and analysis;
- for the detection and prevention of fraud and any other criminal activity which iSignthis eMoney Ltd is bound to report to competent authorities;

Personal data will be kept in our records for the duration of the provision of our services and as long as required under any relevant regulations.

Safeguarding the security and confidentiality of collected personal data is a priority for iSignthis eMoney Ltd. The Company has taken all the necessary measures to maintain the security of the data.

Further details as to collection, processing and protection of personal information are available under Company's Privacy Notice, accessible from <https://www.isignthis.com/legal-and-privacy-notice/> and as updated from time to time.

Name

Job title

Authorised signature

Date

MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OF THE COMPANY _____

DATED _____ **FOR OPENING A MERCHANT ACCOUNT**

To:

iSignthis eMoney Ltd.

Address:

26 Athalassas Avenue, 3rd floor, Strovolos, Nicosia 2018, Cyprus

At the meeting of the Board of Directors of _____ ("hereinafter referred to as "Company")
duly convened and held at _____ on _____ the following resolutions were duly passed:

1. That Mr/Mrs _____
is appointed Chairman for the purposes of the present meeting.

2. That the Company opens a Merchant account with iSignthis eMoney Ltd. ("hereinafter referred to as "ISXPay") with a purpose of ISXPay Acquiring and Payment Facilitation Services.

3. That the mandate for opening of merchant account by the Company and/or any other document that may be required by ISXPay regarding the opening of (merchant) account as provided herein be signed on behalf of the Company by _____

(*hereinafter referred to as "the Authorised Signatories"*).

4. That the signatures set in the "List of Authorised Signatories and Specimen Signatures" herein attached are those of the Authorised Signatories of the Company authorized to sign, that such signatures are the genuine signatures of such persons and that such signatures operate at the specimen signatures of each such persons.

5. That the above mentioned Authorised Signatories or any one of the Directors of the Company as provided and/or required by the Laws of _____ and/or by the incorporating documents of the Company or any special resolution amending the appointed Directors, be authorized and by the present are authorized at any time and from time to time to open and/or close Company account/accounts with ISXPay and in this regard to sign any document and/or agreement and/or application and/or any other document that may be required by ISXPay for the purposes of providing Services to the Company.

6. To give ISXPay a copy of the Memorandum and Articles of Association of the Company and to furnish ISXPay with any copies of any special resolutions amending the same which shall be passed from time to time.

7. To give ISXPay a list of the names of the members of the Board of Directors, of the Secretary and of other officers of the Company and to authorize ISXPay to act based on any information provided to ISXPay by any Director or the Secretary of the Company in respect of any changes to such list.

8. That all correspondence and statements in connection with Account(s) held with ISXPay shall be sent to _____

(*please specify email address*) unless ISXPay is otherwise instructed in writing by the Authorised Signatories of the Company.

9. That ISXPay will be provided with the following documents:

- **Memorandum and Articles of Association of the Company**
- **Certificate of incorporation**
- **Certificate of shareholders**
- **Certificate of Directors and Secretary**
- **Certificate of the Company's Registered Office**

10. To notify these resolutions to ISXPay which shall remain in effect until a resolution has been passed amending the same by the Directors of the Company and a copy thereof certified by any of the Directors or by the Secretary is notified to ISXPay

It is certified that the above resolutions have been unanimously passed by the Board of Directors of the Company in quorum in accordance with the Articles of Association of the Company which has been signed by the Chairman and duly entered in the Minute Book of the Company.

Chairman

Name

Signature

Secretary

Name

Signature

Directors

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Name

Signature

Date

Seal

List of Authorized Signatories and Specimen Signatures

Company Name:

Merchant Account:

Authorized to sign on behalf of the Merchant:

SIGNATORIES	SPECIMEN SIGNATURES	DATE

We hereby confirm the signatures of the above authorized persons to sign on behalf of the Merchant.

Signed by the directors of the company:

Name in print

Signature

Name in print

Signature

Name in print

Signature

Name in print

Signature

Name in print

Signature

Date

Seal