

CONDITIONS FOR APPLICATION

1. Kindly read through the following procedure before filling in this application form.
2. This application contains the following six sections:
 - a. Merchant Company Information
 - b. Merchant Principal Information
 - c. Merchant Business Operations
 - d. Contact Information
 - e. Bankers Information
3. All fields must be completed. Please state where not available or not applicable. Please include addition sheets where the space provided is not enough to contain all the relevant information.
4. Please send an original copy of this application to the address below:

Cards Services Department

BOV Centre,
Cannon Road,
Santa Venera SVR 9030
MALTA

5. Merchant must have a Maltese registered company.
6. Merchant must use one of the BOV approved Payment Gateways. A list with the contact details of these gateways can be provided.
7. In signing this application you authorise Bank of Valletta p.l.c. to conduct a background/credit check on your organisation and to ask for a letter of reference from your bank.
8. We may contact you for additional information.
9. This application is subject to the following charges:

Currency	First Account	Additional Currency
Euro	€70.00	€35.00
US Dollars	\$90.00	\$45.00
Pound Sterling	£50.00	£25.00

Fees for merchants accounts in currencies other than the ones mentioned above, will be converted from the Euro tariff according to the daily rate of exchange. In signing this Application Form you authorise Bank of Valletta p.l.c. to debit your account/s (as provided in the Bankers Information section) with the above fees.

10. Following submission of this Application Form accompanied by the documents listed below, your application will go through an approval process and a due diligence exercise will be carried out on your company and on the business model. This process takes approximately 2 weeks. Upon approval, we will send you a proposal with the financial and settlement terms.
11. A Reserve or Cash Deposit (or a combination of the two), may be requested depending on the level of the risk associated with your business.

We thank you for your interest shown in processing credit cards with our organisation and we look forward to a new business relationship with you. In case of difficulty in completing this Application Form, kindly contact our E-commerce Department on 2275 3583 or 2275 3575.

Please provide certified copies of the following documents.

- Certificate of Incorporation
- Memorandum & Articles of Association
- Audited financial statement for the last 3 years
- Banker's reference from a reputable international or local bank on the shareholders, directors and other key official of the company
- CVs of major shareholders, directors and other key officials
- Copies of Business Licenses, Certificates or other permits required to operate issued by the relevant Authority
- Detailed Business Plan
- Copies of statements from previous acquirers
- Copies of all relevant marketing materials, including catalogues, brochures and print advertisements
- Name, addresses and contact details of the company's lawyers, Accountants, Auditors and Bankers
- Credit & Return policies

do not write or mark below this line



Section A - Merchant Company Information

Company Registration No.	Tax Registration No.	Legal Form of Business
Merchant Legal Name	Place of Incorporation	Date of Incorporation
Business Address		Telephone / Fax Number
Merchant Business Name (<i>doing business as</i>)	Merchant Business License No. (<i>as applicable</i>)	Main URL
Brief Merchant History		

Section B - Merchant Principal Information**Shareholders**

Name _____	ID / Passport No. _____	Nationality _____
Address _____		% of ownership _____
Name _____	ID / Passport No. _____	Nationality _____
Address _____		% of ownership _____
Name _____	ID / Passport No. _____	Nationality _____
Address _____		% of ownership _____

Directors

Name _____	ID / Passport No. _____	Nationality _____
Address _____		
Name _____	ID / Passport No. _____	Nationality _____
Address _____		
Name _____	ID / Passport No. _____	Nationality _____
Address _____		

Other Key Officials

Name _____	ID / Passport No. _____	Nationality _____
Address _____		Title _____
Name _____	ID / Passport No. _____	Nationality _____
Address _____		Title _____

Details of any previous business relationships involving card payments of any of the above

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Section C - Merchant Business Operations

Line of business *(detailed description of goods or services being sold)*

Description of how card details are captured *(e.g. online, phone, mail ect.)*

Description of how customers are reached *(e.g. advertising, marketing initiatives, affiliates ect.)*

Period of time between the purchase and actual delivery of goods

Billing terms *(one time, monthly installments, recurring payments, ect.)*

Details of any third party fulfilment house or delivery/shipping agent used

Description of security measures taken to protect cardholder data

Primary account currency *(a bank account in each currency is required)*

Other currencies in which payments will be recieved

List of all URLs from which card transactions are to be recieved

Projected Monthly Sales Volume	
Average Transaction Value	
Chargeback rate (if already in business)	
% of total sales recieved through the Internet	
% of total sales recieved via credit cards	

A Monthly Cap will be set for your Merchant Account. This is intended to protect the Bank and the Merchant against sudden increases in turnover, which might be an indicator of fraudulent activity. If you expect your monthly turnover to exceed this cap in any particular month, you can pre-advise us so that appropriate action is taken. Any funds processed in excess of the Monthly Cap will be blocked for 120 days.

Details of previous card acquiring relationships including information on any terminated merchant agreements

Any related businesses

Customer Service

Description of customer service being offered _____

Email _____ Telephone No. _____

Descriptor required (this will show on the cardholders' statements)

Field 1 Merchant Name (max 25 characters) _____

Field 2 Merchant Location, Customer Services Tel. No., Email address or website (max 12 characters) _____

Website Hosting Information

Name of Hosting provider _____

Contact Name _____ Telephone Number _____

Section D - Contact Information

Primary Business Contact

Name _____ Title _____ Tel./ Fax Number _____

Mailing Address _____ Mobile _____

_____ Email address _____

Chargeback Contact

Name _____ Title _____ Tel./ Fax Number _____

Mailing Address _____ Mobile _____

_____ Email address _____

Section E - Bankers Information

Name of Bank _____ Telephone No. _____

Address _____ Fax No. _____

Account Number _____ Account Currency _____

Name of Bank _____ Telephone No. _____

Address _____ Fax No. _____

Account Number _____ Account Currency _____

Data Protection

To the extent that any of the data mentioned above, together with such other data as may be subsequently supplied by me/us in any further application, whether oral or written, for products or services, constitutes personal data within the meaning of the Data Protection Act, I/We consent to the processing of such data for the purposes specified on this application and consent to the disclosure of information given above to, and to the exchange thereof with, other employees of Bank of Valletta p.l.c. and the subsidiaries of Bank of Valletta p.l.c. and its associates, agents, any person providing an internet payment gateway, any other member or controlling body of the relative Payment System or other carefully selected organisations and companies. I/We understand that I/we have a right of access to, and the right to rectify, the personal data concerning me/us.

The details you are being asked to supply may be used to provide you with information, by way of direct marketing, about other products and services supplied by Bank of Valletta p.l.c., its subsidiaries, associates, agents, any person providing an internet payment gateway, any other member or controlling body of the relative Payment System or other carefully selected organisations and companies, and for research purposes.

If you do not wish to receive direct marketing material on the basis of the information supplied hereunder, please tick this box.

I hereby confirm that all the statements in this application are true.

Authorised Signatures

Name

Title

Date

For official use only

Merchant Account Numbers

Terminal Ids

Merchant Category Code (MCC)

Payment Gateway

Retention Rate

Monthly Cap

Other Conditions