Cross-Switch Malta Holdings
And its subsidiaries.

1. Business Information

Legal Name		Company Trading As	
Registration No		Company Registration Date	
Registration Country		VAT / Tax Identification No	
Company Type	☐ Sole Proprietor ☐ Sole Partnership ☐ Private Company ☐ Personal Liability Company ☐ Limited Liability Co ☐ Partnership ☐ Bank ☐ Trust ☐ Other		
Registered Address		Operational Address (if different)	
Registered Postal Code		Operational Address Postal Code	
Main Telephone Number		Company Email Address	
Describe your business activities		Company Website	
Is your business Licenced for financial products?		Type of Licence and Jurisdiction	
MCC Code		Have you ever been terminated by a scheme or acquirer (e.g. VISA) and why?	

2. Directors / Authorised Signatories

Director 1			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	☐ Yes ☐ No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type	Local Identity Document		
Identity Document Attached	☐ Yes ☐ No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Director 2			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	☐ Yes ☐ No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type	Local Identity Document		
Identity Document Attached	☐ Yes ☐ No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Director 3			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	☐ Yes ☐ No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type	Local Identity Document		
Identity Document Attached	☐ Yes ☐ No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Director 4			
Full Name			
Full Address			
Postal Code			

Proof of Address Attached	☐ Yes ☐ No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type	Local Identity Document		
Identity Document Attached	☐ Yes ☐ No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No

Note: All Director will be checked with 3rd parties to verify their identity and to check for PEP or Sanctions.
If there are more than 4 (four) directors/signatories please provide separately.

3. Corporation (Company)

Industry	☐ Agriculture Forestry & Fishing ☐ Animals & Pets ☐ Arts & Culture ☐ Babies & Kids ☐ Beauty ☐ Books ☐ Business to Business ☐ Cars /Motorcycles ☐ Clothing & Accessories ☐ Communications ☐ Computer Hardware ☐ Computer Service ☐ Construction ☐ Design ☐ Education ☐ Electronics & Appliances ☐ Entertainment and Events ☐ Financial Services ☐ Food ☐ Gifts ☐ Government ☐ Group Buying ☐ Self & Personal Care ☐ Home & Garden ☐ Logistics & Delivery ☐ Mining ☐ Online Gaming ☐ Online Services ☐ Printing & Photo ☐ Real Estate ☐ Religion & Charity (for Profit) ☐ Retail ☐ Sports ☐ Ticket Sales ☐ Toys & Hobbies ☐ Travel ☐ Utilities ☐ Other

4. Beneficial Ownership / Shareholder Details (Owning more than 5%)

Organogram Attached	Yes No To follow (please provide an organogram of the corporate ownership from this entity to the final entity)		
Beneficial Owner 1			
Full Name / Company Name		Individual Business	% owned
Full Address			
Postal Code			
Proof of Address Attached	Yes No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type			
Identity Document Attached	Yes No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Beneficial Owner 2			
Full Name / Company Name		Individual Business	% owned
Full Address			
Postal Code			
Proof of Address Attached	Yes No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type			
Identity Document Attached	Yes No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Beneficial Owner 3			
Full Name / Company Name		Individual Business	% owned
Full Address			
Postal Code			
Proof of Address Attached	Yes No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type			
Identity Document Attached	Yes No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No
Beneficial Owner 4			
Full Name / Company Name		Individual Business	% owned
Full Address			
Postal Code			
Proof of Address Attached	Yes No Note: The Proof of Address must be dated not more than 90 days prior to signature of this form		
Identity Document Type			
Identity Document Attached	Yes No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No

5. Not For Profit

Legal Status	☐ Non-Profit Company (NPC) ☐ Trust ☐ Non-Profit Organisation other
Type of Non-Profit	☐ AIDS ☐ Animal ☐ Arts & Culture ☐ Children ☐ Community ☐ Crime Prevention ☐ Crisis ☐ Education ☐ Elderly ☐ Environment ☐ Family ☐ Health & Disability ☐ Homeless ☐ News ☐ Sports ☐ Victims of Crime ☐ Women in need
NPO Number & attached certificate	
PBO Number & attached document	
Attached NPC/Trust Deed/Constitution document	☐ Yes ☐ No
Attached trustees'/members' /authorised signatories' resolution	☐ Yes ☐ No
Do you issue Tax certificates to donors?	☐ Yes ☐ No Note: This document will be verified with the relevant authorities via a 3rd party
Description of the Offering	

6. Contacts within your organisation

Finance 1: Position	Name	Email	Contact No
Finance 2: Position	Name	Email	Contact No
CEO: Position	Name	Email	Contact No
Technical 1: Position	Name	Email	Contact No
Technical 2: Position	Name	Email	Contact No
Fraud: Position	Name	Email	Contact No
Chargebacks: Position	Name	Email	Contact No

7. Bank Account and Policies

Bank Account Name		Bank Address	
Bank BIC Code / Sort Code		Bank IBAN / Account Number	
Do you perform recurring transactions?	☐ Yes ☐ No	Customer Terms & Conditions – attached?	☐ Yes ☐ No
Returns Policy attached?	☐ Yes ☐ No	Refund Policy	☐ Yes ☐ No
Audited Financial Statement attached? Past 2 Years	☐ Yes ☐ No	Bank Statement Attached (3 months)?	☐ Yes ☐ No
Proof of Bank Account Letter	☐ Yes ☐ No	Processing history for 6 months (if with another payments partner)?	☐ Yes ☐ No

8. Actual and Estimated Processing Volumes (If ISO Merchant)

Current Total Value	Currency	Estimated Increase by using CS+	Currency
Current Total Volume		Estimated Increase by using CS+	
Chargeback Ratio		Average Chargeback Value	
No of Refunds per month		Current Payment Partner	

9. General Requirements (Cross Switch Resources will assist with this section)

Required Processing Currencies	☐ ZAR ☐ USD ☐ EUR ☐ MAD ☐ NGN ☐ KSH ☐ Other
Settlement Currencies	☐ ZAR ☐ USD ☐ EUR ☐ MAD ☐ NGN ☐ KSH ☐ Other
If you are **not** PCI Certified	
How do you intend to work with CS+?	☐ Pay By Link ☐ Hosted Paywall ☐ Deep Linked to Payment Method
If you are PCI Certified, additional options available to you	☐ Full API ☐ Reverse API
Please attach a copy of your PCI AOC	Attached ☐ Yes ☐ No
Which alternative payment options are required?	☐ Nedbank ☐ ABSA ☐ Ozow ☐ Apple Pay ☐ Google Pay ☐ Payflex ☐ MPesa ☐ Airtel ☐ EFT (Bank Transfer) ☐ Capitec ☐ Others (many more are available, so please add the ones you additionally require).

Settlement Options	☐ EFT ☐ Mobile Wallet ☐ {Crypto}

To our Partner

We would like to welcome you to the partnership with Cross Switch South Africa Technologies (PTY) Limited. We conduct comprehensive due diligence reviews of all entities with whom we partner. Please provide the following documentation to support your answers on this questionnaire, for review.

Required supporting documentation

1. Business Information

   - Completed & Signed Onboarding Questionnaire (This document)
   - Government provided document Certificate of Incorporation and /or Registration Document regarding the registration of the country in ALL the countries in which you operate (are domiciled)
   - Proof of Address for the Company
   - If your company is licenced, details of the licence obtained on government issued documentation for each of the countries in which you operate
   - List of Countries in which you operate
   - Letter of confirmation of VAT / Tax Identification numbers

2. Directors and Authorised Signatures

   - Government provided document Certificate of Incorporation and /or Registration Document detailing the Directors
   - For each Director / Authorised Signature
     - Proof of Address (less than 90 days old)
     - Copy of Identity Documentation

3. No additional information required
4. Beneficial Owners and Shareholding

   - Beneficial Ownership and Shareholding Organogram Indicating individuals or entities owning more than 5%.
   - For each Beneficial Owner / Shareholder
     - Proof of Address (less than 90 days old)
     - Copy of Identity Documentation
     - Registration document for entities
5. Not for Profit
   - Founding Documentation/CIPC document
   - Resolution confirming authorised signatories
   - ID & Proof of Address (less than 90 days old) of trustees/directors/members,
   - NPO Certificate
   - PBO Certificate if you issue tax certificates to donors
   - Proof of trust physical address (less than 90 days old)

- Bank account proof and latest 3 months' bank statements
- SARS income tax number

6. No additional information required

7. Bank Account and Policies

- Proof of Bank Account on Bank Letterhead
- Latest 3 months' bank statements
- Customer Terms & Conditions or URL Link
- Refund Policy or URL Link
- Audited Financial Statements for the past 2 years
- Proof of Processing history if with another provider

8. Processing Volumes
   - Proof of Processing history if with another provider

9. General Requirements

10. AOC document for PCI Compliance (if appropriate)

Signed by Merchant

Merchant Name _____

Signature of Applicant _____

Applicant Name _____

Date _____

Location _____