



CROSS SWITCH

Cross-Switch Malta Holdings
And its subsidiaries.

Merchant Onboarding Documentation

Version 1.01

Date: August 2024

Effective Date: 26th August 2024

By:
Mark Chirnside

Version	Updated	Updated By	Notes
1.00	26/08/2024	Mark Chirnside	Created from older templates
1.01	17/09/2024	Mark Chirnside	Updated various new requests

1. Business Information			
Company Legal Name		Company Trading As	
Company Registration No		Company Registration Date	
Company Registration Country		VAT / Tax Identification No	
Company Governing Body Name			
Company Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Partnership <input type="checkbox"/> Limited Liability Co <input type="checkbox"/> Partnership <input type="checkbox"/> Bank <input type="checkbox"/> Other		
Registered Company Address		Operational Address (if different)	
Registered Address Postal Code		Operational Address Postal Code	
Main Telephone Number		Company Email Address	
Describe your business activities		Company Web Site	
Is your business licensed?		Type of Licence and Jurisdiction	
MCC Code		Have you ever been terminated by a scheme and why?	<input type="checkbox"/> Yes <input type="checkbox"/> No Why
Do you operate in any FATF restricted countries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which countries?	

2. Directors / Authorised Signatories			
Director 1			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: This document will be verified with the relevant authorities via a 3 rd party		
Date of Birth		Email Address	Contact No
Director 2			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: This document will be verified with the relevant authorities via a 3 rd party		
Date of Birth		Email Address	Contact No
Director 3			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: This document will be verified with the relevant authorities via a 3 rd party		

Date of Birth		Email Address	Contact No
Director 4			
Full Name			
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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. Beneficial Ownership / Shareholder Details			
Organogram Attached	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To follow (please provide an organogram of the corporate ownership from this entity to the final entity)		
Beneficial Owner 1			
Full Name / Company Name	<input type="checkbox"/> Individual <input type="checkbox"/> Business % owned		
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Individual <input type="checkbox"/> Business % owned		
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Individual <input type="checkbox"/> Business % owned		
Full Address			
Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Individual <input type="checkbox"/> Business % owned		
Full Address			

Postal Code			
Proof of Address Attached	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: This document will be verified with the relevant authorities via a 3rd party		
Date of Birth		Email Address	Contact No

Note: All Beneficial Owners will be checked with 3rd parties to verify their identity and to check for PEP or Sanctions. If there are more than 4 (four) beneficial owners, please provide separately.

4. Contacts within your organisation				
Finance 1: Position	Name	Email	IM	Contact No
Finance 2: Position	Name	Email	IM	Contact No
CEO: Position	Name	Email	IM	Contact No
Technical 1: Position	Name	Email	IM	Contact No
Technical 2: Position	Name	Email	IM	Contact No
Fraud: Position	Name	Email	IM	Contact No
Chargebacks: Position	Name	Email	IM	Contact No

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

6. Actual and Estimated Processing Volumes			
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	

7. General Requirements (Cross Switch Resources will assist with this section)	
Required Processing Currencies	<input type="checkbox"/> ZAR <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> MAD <input type="checkbox"/> NGN <input type="checkbox"/> KSH <input type="checkbox"/> Other
Settlement Currencies	<input type="checkbox"/> ZAR <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> MAD <input type="checkbox"/> NGN <input type="checkbox"/> KSH <input type="checkbox"/> Other
If you are not PCI Certified	
How do you intend to work with CS+?	<input type="checkbox"/> Pay By Link <input type="checkbox"/> Hosted Paywall <input type="checkbox"/> Deep Linked to Payment Method
If you are PCI Certified, additional options available to you	<input type="checkbox"/> Full API <input type="checkbox"/> Reverse API
Please attach a copy of your PCI AOC	Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Which alternative payment options are required?	<input type="checkbox"/> Nedbank <input type="checkbox"/> ABSA <input type="checkbox"/> Ozow <input type="checkbox"/> Apple Pay <input type="checkbox"/> Google Pay <input type="checkbox"/> Payflex <input type="checkbox"/> MPesa <input type="checkbox"/> Airtel <input type="checkbox"/> EFT (Bank Transfer) Others (many more are available, so please add the ones you additionally require).
Cash Out Options	<input type="checkbox"/> EFT <input type="checkbox"/> Mobile Wallet <input type="checkbox"/> {Crypto}

Applicable Terms and Data Protection – Cross Switch South Africa Technologies (PTY) Ltd (‘Cross Switch’)

In terms of applicable data protection laws and regulations, Cross Switch will process the above data and any other data which you (or your Provider) may subsequently give in any manner or which has been obtained by Cross Switch independently of this application (the “Data”), for the following purposes, namely:

- To be able to process this application and provide its services;
- For due diligence procedures, internal assessment, credit scoring, risk assessment and analysis;
- For the detection and prevention of fraud and other criminal activity which Cross Switch is bound to report;
- To comply with any laws, rules, or regulations imposed on Cross Switch by any relevant authority, regulator or card scheme;
- For direct marketing, such as to inform you, by mail, telephone, fax, e-mail or other electronic means, about other services supplied by Cross Switch, its subsidiaries, associates, agents, introducers and other carefully selected third parties, and for research purposes.

Cross Switch reserves the right to request additional information/documentation. Completing this application does not imply acceptance by Cross Switch, which reserves the right at its absolute discretion and without incurring any liability, to decline any application without giving any reason for so declining.

I/we consent to the processing of Data for the purposes specified in this application and consent to the disclosure of the Data to employees of Cross Switch South and to Cross Switch, the payments provider if any, their subsidiaries, agents, partners, competent authorities, credit institutions, card schemes 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.

I/we represent that:

- All the information I/we have given in this Application form is true, complete and accurate and properly reflects our business, its shareholders and directors;
- Persons whose personal data is disclosed in this application have provided their explicit consent to such use and processing;
- I/we am/are duly authorised to bind the applicant to the terms of this merchant application for

Important Merchant Responsibilities

- Ensure compliance with cardholder data security and storage requirements.
- Maintain fraud and chargebacks below Card Network thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Network rules.
- Retain a signed copy of this Disclosure Page.

Merchant Resources

- You may download “Visa Regulations” from Visa’s website at:
<https://usa.visa.com/support/small-business/regulations-fees.html>
- You may download “MasterCard Rules” from MasterCard’s website at:
<https://www.mastercard.us/en-us/about-mastercard/what-we-do/rules.html>

Signature	Name	Designation	Date

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. Beneficial Owners and Shareholding

- Beneficial Ownership and Shareholding Organogram
- For each Beneficial Owner / Shareholder
 - Proof of Address (less than 90 days old)
 - Copy of Identity Documentation

4. No additional information required

5. Bank Account and Policies

- Proof of Bank Account on Bank Letterhead
- 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

6. Processing Volumes

- Proof of Processing history if with another provider

7. General Requirements

- AOC document for PCI Compliance (if appropriate)

Internal Process

Section	Status	Notes
1.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
2.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
3.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
4.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
5.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
6.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
7.	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject
SOW/SOF	<input type="checkbox"/> Approved <input type="checkbox"/> Refer <input type="checkbox"/> Reject	Step for Refer / Reject

Documents checked by _____

Date Checked _____

Signed _____

Documents Referred

Documents Referrer _____

Date Checked _____

Signed _____

Outcome _____

Letter of **Approval** **Rejection generated**

Date of Letter _____

Sent for onboarding _____