



CROSS SWITCH

Cross-Switch Malta Holdings
And its subsidiaries.

Payfac Merchant Onboarding Documentation (<\$1m per annum with VISA)

Version 1.03

Date: January 2025

Effective Date: 21st January 2025

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
1.02	21/10/2024	Mark Chirnside	Payfac
1.03	21/01/2025	Mark Chirnside	Updated process

1. Business Information			
Legal Name		Company Trading As	
Registration No		Company Registration Date	
Registration Country		VAT / Tax Identification No	
Company Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit <input type="checkbox"/> 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 Web Site	
Is your business Licenced?		Type of Licence and Jurisdiction	
MCC Code		Have you ever been terminated by a scheme (e.g. VISA) and why?	

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 3rd 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 3rd 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 3rd 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

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

3. Not For Profit	
Legal Status	<input type="checkbox"/> Non Profit Organization <input type="checkbox"/> Section 21 <input type="checkbox"/> Trust <input type="checkbox"/> Other
Type of Non-Profit	<input type="checkbox"/> AIDS <input type="checkbox"/> Animal <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Children <input type="checkbox"/> Community <input type="checkbox"/> Crime Prevention <input type="checkbox"/> Crisis <input type="checkbox"/> Education <input type="checkbox"/> Elderly <input type="checkbox"/> Environment <input type="checkbox"/> Family <input type="checkbox"/> Health & Disability <input type="checkbox"/> Homeless <input type="checkbox"/> News <input type="checkbox"/> Sports <input type="checkbox"/> Victims of Crime <input type="checkbox"/> Women in need
NPO Number	
PBO Number	
Attached Section 21 Document	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you issue Tax certificates to donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No Note: This document will be verified with the relevant authorities via a 3rd party
Description of the Offering	

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

Signed by Merchant

Merchant Name _____

Signature of Applicant _____

Applicant Name _____

Date _____

Location _____

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

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 _____