



CROSS SWITCH

Cross-Switch Malta Holdings
And its subsidiaries.

Payfac Merchant Onboarding Documentation

Version 1.01

Date: August 2024

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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			
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	

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

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 Organisation <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 donee?	<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

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 _____