



CAN PAY PSP LLC APPLICATION

Can Pay Payment Service Provider (“Can Pay”) Products & Services Application Form (the “Application”) should be signed by or a duly authorised person on behalf of the Client. Before signing it is very important that the Client has read the Application and the declarations set out within, as defined in the “Declarations” section below. **By signing the Application**, you are confirming that the details provided within are correct. Please email completed Application along with the necessary documents to info@canpay.ae

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

Company Profile

Company name (Full Legal Name):

Trading Name / Doing Business As (DBA) (if applicable):

Primary Contact for queries related to this application:

Name:

Phone Number:

E-mail address:

Principal Place of Business:

Street (name and number):

City:

County/State/
Province:

Post
Code:

Country:

Company Registered Address (If different from above):

Street (name and number):

City:

County/State/
Province:

Post
Code:

Country:

Website URL(s):

Company Email Address(es):

Incorporation Number:

VAT Number (or Tax
Identification Number):

Date of Incorporation/Registration:

Company Legal Status
Private Limited
Liability, Public Limited
Liability, General
Partnership, Limited
Company, Proprietary
Partnership etc.

Date Company began Trading:

Number of Directors/Partners:

Number of Employees:



PEP - Politically Exposed Person

Please provide details of each person authorised to instruct or order transactions on behalf of your company for matters related to this Application and who will be the main contact for this business relationship and attach:

- (1) a copy of a valid photo ID (passport or driver's license), and
- (2) a utility bill or bank statement (not more than 3 months old), confirming residential address.

Note: If the authorised representative is not a Director, then please attach an authority for them to act on the company's behalf signed by a Director.

First Name:		<u>Current home address</u>	
Other Names:		Street name, No	
Last Name:		City:	
Date of Birth		Post Code:	
E-mail Address:		County / State / Province:	
Phone Number:		Country:	
Position in Company:		Nationality and Citizenship:	
Authority Requested:	<input type="checkbox"/> Reporting <input type="checkbox"/> Authorising Payments		

Operational Contacts / Additional Users

Please give details of any **additional** contacts who will have authority on the system to access reports and/or to post payments

	1	2	3	4
First Name:				
Other Names:				
Last Name:				
Date of Birth:				
E-mail Address:				
Phone Number:				
Position in Company:				
Authority Requested:	Reporting <input type="checkbox"/>	Reporting <input type="checkbox"/>	Reporting <input type="checkbox"/>	Reporting <input type="checkbox"/>
	Authorise Payments <input type="checkbox"/>	Authorise Payments <input type="checkbox"/>	Authorise Payments <input type="checkbox"/>	Authorise Payments <input type="checkbox"/>

**** Use this space at bottom of page 2 and mention ALL additional countries that you will be receiving from or sending funds to, Please Include the Percentage split.**

** (Incoming Payments) Currencies and Countries
** (Outgoing Payments) Currencies and Countries



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<p>Please describe your Products or Services and Business Model, Including Main Business Regions, EEA, Asia, Africa, Russia, The USA, Canada please provide is other.</p> <p>This will allow Can Pay to better understand your business and potential needs, and also speed up your onboarding process.</p> <p>Please feel free to attach additional pages or use space on Page 9.</p> <p><i>Number of Additional Pages?</i></p> <p>Last Years Turnover</p> <p>Next Years Estimated Turnover</p>	
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Incoming Funds *				
Source / Purpose of Incoming Funds				
Main Business Partners, Suppliers, Customers etc.				
Number of Customers / Clients, by category:	Individuals:	Corporates:		
Total Amount to be Received per Month: SPECIFY CURRENCY:	Individuals:	Corporates:		
Number of Payments per Month:	Individuals:	Corporates:		
Average individual payment value:	Individuals:	Corporates:		
Payments to be Received from which countries: **				
Percentage split by Country:				

Outgoing Payments *				
Purpose for Outgoing Payments				
Main Business Partners, Suppliers, Customers etc.				
Number of Payees / Clients, by category:	Individuals:	Corporates:		
Total Amount to be Sent per Month: SPECIFY CURRENCY:	Individuals:	Corporates:		
Number of Payments per Month:	Individuals:	Corporates:		
Average individual payment value:	Individuals:	Corporates:		
Payments to be Sent to which countries: **				
Percentage split by Country:				

* **attach a spreadsheet if required.**

** **use space at bottom of page 2 and mention ALL additional countries that you will be receiving from or sending funds to, Please Include the Percentage split.**



Does your product or service require regulatory approval?	
If so, who is the Regulatory Authority? Please include the Country the Regulatory Authority is based in	
Please specify if any other local or international regulation applies to your business model:	
Please provide your Regulatory Registration / Licence number and details.	

Service Requirements

Please indicate which of Can Pay's Services you would like to use. Can Pay will provide firm quotations of rates, set-up requirements, file format instructions, and relevant service agreements in due course. Some of these services will be provided through Can Pay's business and payment partners. Do not hesitate to contact us with questions about any of our services.

Services	
<input type="checkbox"/> DIRHAM <input type="checkbox"/> GBP <input type="checkbox"/> SEPA (Euro) <input type="checkbox"/> SWIFT	<input type="checkbox"/> Card Services <input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
<input type="checkbox"/> Client Safeguarding Account	<input type="checkbox"/> Card Acquiring Services for Merchants / Clients
<input type="checkbox"/> Corporate IBAN Settlements	<input type="checkbox"/> Cross-Border Payment Solutions
<input type="checkbox"/> Personal IBAN Settlements	<input type="checkbox"/> FX Services (including FX and forward Remittance Globally)
<input type="checkbox"/> India UPI / NB	<input type="checkbox"/> Trading in Digital Assets

IBAN: In which currencies do you wish settlements or FX	<input type="checkbox"/> Dirham	<input type="checkbox"/> Euro (EUR)	<input type="checkbox"/> Other please state _____
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Bank Account Details

Please give details of the company bank account for the transfer of funds to or from Can Pay (* fill in applicable fields)

Bank Name:	
Bank Address:	
Sort Code / Transit / ABA No:	
Account Name:	
* Account Number:	
* IBAN:	
SWIFT Code / BIC:	
Currency of Account:	



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Depending on your business type we require information from the following Principals to complete this section:

- in the case of a sole proprietor, the sole proprietor;
- in the case of a partnership, all partners;
- in the case of a Limited Partnership, the general partner;
- in the case of a Limited Company all directors.

Please attach further sheets if required

	Director # 1	Director # 2	Director # 3	Director # 4
First Name				
Other Names:				
Last Name:				
Date of Birth				
E-mail Address:				
Phone Number:				
Current home address: Street name, No:				
City:				
Post Code:				
County/Province/State:				
Country:				
Nationality:				

Please attach further sheets if required.



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Ultimate Beneficial Owner

Please confirm the Shareholders and Ultimate Beneficial Owners. For trusts all parties with beneficial voting rights will need to be identified.

Shareholders will be classified as beneficial if they hold **10% or more** of the total share or voting rights. If the beneficial owner of a company is another company or legal entity we will require an explanation to identify a natural person/s as beneficial owner.

	Beneficial Owner # 1	Beneficial Owner # 2	Beneficial Owner # 3	Beneficial Owner # 4
First Name				
Other Names				
Last Name:				
Date of Birth				
E-mail Address:				
Phone Number:				
Current home address: Street name, No:				
City:				
Post Code:				
County/Province/State:				
Country:				
Nationality:				
% Ownership:				

Please attach further sheets if required



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Is the applicant company a member of a group of companies either as a subsidiary or a parent company?

If yes, please provide details on the other companies in the group and their relationship to the applicant company and Please also provide an Organisational Chart.

Name of Group company (please include any trading name)	Relationship to applicant company (Parent, Subsidiary, Related group member)	Country/Jurisdiction company is registered in.	Are there common directors with applicant company (if yes please name)	Are any of the group companies regulated (if yes please provide details for Example the FCA)

Please attach further sheets if required

<p>Do any of the above-named Directors, Shareholders, UBO's or any members of their family hold a politically exposed position or are they close associates or cohabitants of anyone who holds a politically exposed position?</p>	
<p><i>A politically exposed position is a head of state or government minister, senior politicians. A member of the executive council or legislature, senior bureaucrat or government official. Ambassador, embassy attaché or counsellor. A high-ranking officer in the armed forces. A member of the administrative management or supervisory body of a state-owned enterprise. A member of a court of auditors or the board of a central bank. A head of a government agency. A member of a supreme court, constitutional court or high level judicial body.</i></p>	
<input type="checkbox"/> Yes	If yes, please name the person(s), position held by the PEP and the relationship:
<input type="checkbox"/> No	



Please provide the following Required Documents which must be accompanied with this Application and the EDD Questionnaire Form.

Corporate Documents:

1. Certificate of Incorporation
2. Memorandum and Articles of Association
3. Copy of Register of Directors
4. Copy of Register of Shareholders
5. Certificate of Good Standing / Certificate of Incumbency (where applicable)
6. Copy of Company bank statement (last 3 months)

Individual(s) Documents:

7. Individual verification of all active Directors (POI, POA)
8. Individual verification of Shareholders / Beneficial Owners with a holding of 10% or more (POI, POA)
9. Individual verification(s) of All Authorised Users on the Account (POI, POA)

NOTE: Where the Authorised Representative is not a Director of the company, a Director will need to confirm in writing the name and authority of the of the person responsible for the administration of the account and we will need;

10. Individual verification of Authorised Representative (POI, POA)

NOTE: In instances where the Entity is required to be Licensed and/or Regulated, we need;

11. Copy of any Licence(s)
12. Copy of Authorisation document from the relevant Regulatory body
13. AML and KYC Policies and a CV for the MLRO or Head of Compliance

NOTE: For Corporate shareholders (where the registered shareholder is another company), we need;

14. All of the above (1-12) for all Parent companies
15. Organisational Chart

NOTE: In certain cases, other information or documents may be requested if required during the onboarding process, e.g.

- Certification of Documents
- A copy of the Business Plan, A Legal Opinion of the business model
- Meeting in person, Video call, A Selfie with your passport
- CV / Resume, Professional References
- Source of Funds declaration
- An Additional Proof of Identity and Proof of Address

Supporting Documents Guideline:

- **POI** - Proof of ID (valid passport or other government issued photo ID in colour)
- **POA** - Proof of Residential Address (utility bill or bank statement dated within the last 3 months clearly showing the Name and physical Address, (P.O. box address is not acceptable)
- All Documents must be in English. Where translated, they must be certified by a competent authority.



<input type="checkbox"/> Referred by another company: Which company?	
<input type="checkbox"/> Referred by an individual: Which individual?	
<input type="checkbox"/> Magazine Advertisement: Which magazine?	
<input type="checkbox"/> Online Advertisement: Which website?	
<input type="checkbox"/> Online Search: Which keyword?	
<input type="checkbox"/> Tradeshow: Which tradeshow?	
<input type="checkbox"/> Other: Please specify	

Use this space to add any Comments, Queries or Additional Information.

Can Pay may request relevant URLs or other relevant promotional material along with completed and signed service agreements before we can set up accounts or process payments on your behalf. If service agreements have not been sent to you already, they will be issued based on information provided in this Application Form.



Declarations

Words and expressions used in this Application will, unless otherwise defined in this Application, have the same meaning as set out in the Terms and Conditions. By signing this Application, you are:

- Confirming that you are duly authorised to sign for and act on behalf of the Company and no consent or approval is required from any other person.
- Confirming that the information that you have provided in this Application is accurate and correctly reflects the profile, products and services of your business and the payment services you wish to receive. You further confirm and agree that you will notify Can Pay in good time of any changes to the information provided herein.
- Agreeing to and authorising the searches, due diligence enquiries and use of your information as required for the processing of this application as set out in the Company’s Privacy Policy and Terms for Payment Services.

Signature

I certify the above information to be true and correct:

Signature:			
Print name:		Position:	
Date:			

Can Pay Payment Services Provider, company number 1459629, incorporated in the UAE at L18, Burjuman Business Tower, Sky Lobby, PO Box no 42834 Dubai. Regulated under the CBUAE (859151)

Can Pay Payment Service Provider LLC Office Only:

Applicant’s Contact:
Case Officer, Checked/Approved by: