

Ukash Partner KYC

Version 2.5

Note : This form is required to be filled in electronically, printed, signed and returned to Ukash.

This form is required for Know Your Customer (KYC) Validation as part of our Financial Services Authority (FSA) requirements. All information required is mandatory and failure to supply any part may result in a delay to your application to Ukash.

Business Information

Business Information	
Registered Company Name	
Company Registration Number	
Country of Incorporation	
Date of Incorporation	
VAT Number	
Type of Business (e.g. Plc, Ltd, etc.)	
Trading Name(s)	
Are you regulated by (or an authority equivalent to) the FSA?	
From what jurisdiction does your main customer base derive?	
In which jurisdiction resides the server that hosts your trading websites?	
Where did you hear about Ukash?	
Corporate Website Address (URL)	
Payment confirmation email address. (Required for clients using Ukash Lite / Direct Payments integration only)	

Business Registered Address	
Line 1	
Line 2	
City	
Post Code	
Country	
Jurisdiction	
Business/Billing Address (if different from the above)	
Line 1	
Line 2	
City	
Post Code	
Country	
Jurisdiction	

Nature of Business (e.g. Gambling)

Please list each URL where you are planning to integrate Ukash in the appropriate category. Add more rows as required.

Market Sector	URLs
Adult	
Adult Content	
Adult Dating	
Adult Physical Goods	
Charities	
Charities	
Community	
Dating	
Social Networks	
Mobile Community	
Other – Specify:	
eCommerce	
Accommodation	
Auctions	
Delivered Goods	
Delivered Media -News,Archives	
eShops Enabler	
Hosting	
Music & Video Downloads	
Software Downloads	
Other – Specify:	
Financial Services	
Money Transfer	
Online Wallet	
Pre-Paid Card	
Bill Payment	
Insurance	
Other – Specify:	
Gambling	
Bingo	
Casino	
Exchange	
Gambling Multi Platform	
Lottery	
Multi-Platform	
Poker	
Skill Games	
Sports Betting	
Spread Betting	
Games	
MMO & Browser Games	
Virtual Goods	
Other – Specify:	
Issuing	
General	
Partners	
Payment Software Providers	
Software Provider	
Strategic Partners	
Ukash System Resellers	
Ukash Voucher Resellers	
Telecoms	
Internet Service Provider	
SIM cards & Top-Ups	
VOIP	
Other – Specify:	
Travel & Leisure	

	Accommodation	
	Airlines	
	Portal	
	Ticketing	
Public Sector		
	Utilities	
	Transport	
	Local government	
	Central government	

Client Profile

The information in this section is required in line with JMLSG and FSA requirements and will be verified where possible. Any information omitted in this section may result in delays and potentially decline of your application.

For corporate shareholders, or should you require more space for additional information please use the additional space provided on the last page of this form.

All Executive Directors/Partners (If more than two Executive Directors please use additional form on Appendix 1)

Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	

Individual Shareholders with 25% or more shareholding

	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	If Yes to above question, please complete below.
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	

Corporate Shareholders

By law we are required to ascertain and verify the ultimate beneficial owner of the contracting party. Note: where another entity owns 25% or more of the contracting party you are required to submit the information on each company until the point at which the individual ultimate beneficial owners with 25% or more shareholding is clear. Please update Appendix 2 with this information.

Corporate Shareholders with 25% or more shareholding	
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	If Yes to above question, please complete Appendix 2.

Contacts

Contact Information	
Project Manager	
Name	
Phone	
Email	
Technical Administrator	
Name	
Phone	
Email	
Finance	
Name	
Phone	
Email	
Customer Support Escalation	
Name	
Phone	
Email	
Emergency 24/7 Escalation	
Name	
Phone	
Email	
Marketing	
Name	
Phone	
Email	
Fraud Prevention	
Name	
Phone	
Email	

Settlement Account Details

USD (All fields Mandatory)	
Account Name / Beneficiary (To correspond with Registered Company Name on Merchant Agreement)	
Bank Name	
Bank Address	
Account Number	
Sort Code	
IBAN	
SWIFT/BIC	
GBP (All fields Mandatory)	
Account Name / Beneficiary (To correspond with Registered Company Name on Merchant Agreement)	
Bank Name	
Bank Address	
Account Number	
Sort Code	
IBAN	
SWIFT/BIC	
EUR (All fields Mandatory)	
Account Name / Beneficiary (To correspond with Registered Company Name on Merchant Agreement)	
Bank Name	
Bank Address	
Account Number	
Sort Code	
IBAN	
SWIFT/BIC	
CAD (All fields Mandatory)	
Account Name / Beneficiary (To correspond with Registered Company Name on Merchant Agreement)	
Bank Name	
Bank Address	
Account Number	
Sort Code	
IBAN	
SWIFT/BIC	
Other – Specify: (All fields Mandatory)	
Account Name / Beneficiary (To correspond with Registered Company Name on Merchant Agreement)	
Bank Name	
Bank Address	
Account Number	
Sort Code	
IBAN	
SWIFT/BIC	

Settlement Currencies Required	<p>Please mark with an "X" where appropriate</p> <table border="1"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">CURRENCY</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td>GBP</td></tr> <tr><td><input type="checkbox"/></td><td>EUR</td></tr> <tr><td><input type="checkbox"/></td><td>USD</td></tr> <tr><td><input type="checkbox"/></td><td>CAD</td></tr> <tr><td><input type="checkbox"/></td><td>ZAR</td></tr> <tr><td><input type="checkbox"/></td><td>SEK</td></tr> <tr><td><input type="checkbox"/></td><td>Other – Specify:</td></tr> </tbody> </table>	CURRENCY		<input type="checkbox"/>	GBP	<input type="checkbox"/>	EUR	<input type="checkbox"/>	USD	<input type="checkbox"/>	CAD	<input type="checkbox"/>	ZAR	<input type="checkbox"/>	SEK	<input type="checkbox"/>	Other – Specify:
CURRENCY																	
<input type="checkbox"/>	GBP																
<input type="checkbox"/>	EUR																
<input type="checkbox"/>	USD																
<input type="checkbox"/>	CAD																
<input type="checkbox"/>	ZAR																
<input type="checkbox"/>	SEK																
<input type="checkbox"/>	Other – Specify:																
Anticipated Monthly Transaction Volume with Ukash																	
Average Transaction Value																	

Technical Information	
What is the environment/technology your website operates on (e.g. Windows 2000, ASP, etc.)?	
What store integration software (if any) are you using?	
From which IP address(s) will you submit transactions to Ukash (required for live transaction only)?	

Age Verification (Betting and Gaming, Adult – products aimed at 18+ Mandatory completion)	
Do you have age verification as part of your registration or on going transactions?	
Which provider of Age Verification services do you use?	
In what countries do you verify age?	
Do you verify age by Credit or Debit card usage?	

I certify that I am authorised to give the above information and that I believe it to be true to the best of my knowledge.

Full Name : _____

Date : _____

Authorised Signatory : _____

For Ukash use only	Date	By
1. Data validated with external source		
2. Information updated to central FSA store		
3. Released for Integration		
4. Age Verification (if appropriate) is in place and meets with industry standards?		

Appendix 1 – Corporate Structures

All Executive Directors/Partners	
Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
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Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
Company Title	
Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	

Appendix 2 – Corporate Structures

Note: A copy of this page is required for every company with 25% or more shareholding in the contracting party or the holding company. Where another entity owns the holding company in question this information also needs to be supplied.

Shareholders - Companies with 25% or more shareholding	
Registered Company Name	
Company Number	
Country of Incorporation	
% Shareholding	
Subsidiary Name	
Shareholder - Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	
Shareholder - Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	
Shareholder - Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	
Shareholder - Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	
Shareholder - Full Name	
Date of Birth	
Passport Number	
Address Line 1	
Post Code	
Country	
% Shareholding	