

Gatwick AG

Pre-Assessment Questionnaire

Please fill in this form electronically and to the best of your ability. The form must be completed in its entirety.

COMPANY INFORMATION

Registered name:

Trading names and URLs:

Country of registration:

REGULATOR INFORMATION

Regulator name and website (if applicable):

License number (if applicable):

GENERAL QUESTIONS

What is the main proposed usage of your Klarpay accounts (i.e., for invoice payments, payroll, settlements)?

Please provide a description of your business activities and list all services and products offered to your customers:

In which countries do you operate and accept business from? If you are regulated, what countries does your license allow you to accept customers from? Do you operate and accept business in countries not covered by your license (i.e., with legal opinions)?

TRANSACTIONAL QUESTIONS

Incoming:

What is the estimated monthly turnover for incoming transactions?

What is the average amount of incoming transactions?

What is the estimated number of incoming transactions per month?

Please list the clients/companies that will be sending incoming payments to your Klarpay account (country/ business type/ payment purpose).

Outgoing:

What is the estimated monthly turnover for outgoing transactions?

What is the average amount of outgoing transactions?

What is the estimated number of outgoing transactions per month?

Please list the clients/companies that you will be sending payments to (country/ business type/ payment purpose).

Required currencies and expected volume:

Currency

Expected Volume (%)

Currency

Expected Volume (%)

Currency

Expected Volume (%)

CONTACT PERSON

Full name:

E-Mail:

Contact
Number:

