



GLOBAL PAY PLATFORM

Company Application Form

COMPANY APPLICATION FORM

Please complete using a black pen and capital letters

USER PROFILE

Full Name: Primary contact person.

Phone: Country code + Number

Email: [Click or tap here to enter text.](#)

COMPANY DETAILS

Full Name of the Company: [Click or tap here to enter text.](#)

Entity Type: Limited Company, Sole Trader, Partnership, Association

Registered Office Address Line 1: PO Box not accepted.

Registered Office Address Line 2: [Click or tap here to enter text.](#)

District/City: [Click here to enter text.](#)

Territory:

Country and Postcode:

Phone Number:

Phone (2):

Business website (optional): [Click here to enter text.](#)

Certificate of Incorporation number: [Click here to enter text.](#)

Date of Incorporation/Registration: [Click to enter a date.](#)

Business Registration certificate number: [Click here to enter text.](#)

Country/Region of Registration:

Nature of Business: [Click here to enter text.](#)

COMMERCIAL INFORMATION

Source of Funds:

Business Revenue

Owner/Shareholder Equity or Loan to Company

Property

Retained Earnings

Market Trading Profits

Other: Please specify

Annual Net Income: [Click here to enter text.](#)

Liquid Funds: [Click here to enter text.](#)

What currencies are you likely to transfer? HKD USD AUD JPY EUR GBP SGD

Anticipated volume in the next 3 months: In USD

0 – 50,000

50,001– 500,000

500,001 – 5,000,000

5,000,000+

Monthly Remittance/ Payment amount in the last 3 months: In USD

Remittance/Payment frequency in the last 3 months:

Less than 10

10 to 20

More than 20

Purpose of Remittance/ Payments: [Click here to enter text.](#)

From what countries will funds be most frequently received? Please specify all countries.

To what countries will funds be most frequently payed? Please specify all countries.

DETAILS OF COMPANY DIRECTOR (SOLE OR DIRECTOR 1)

Director 1 Full Name: Title, Forenames & Surname.

Date of Birth: [Click or tap to enter a date.](#)

HKID/Passport: Country/Territory & Number

Nationality: [Click here to enter text.](#)

Residency: [Click here to enter text.](#)

Residential Address: PO Box not accepted

State: [Click here to enter text.](#)

Post Code: [Click here to enter text.](#)

Country: [Click here to enter text.](#)

Mobile: [Click here to enter text.](#)

Phone (1): [Click here to enter text.](#)

Phone (2): [Click here to enter text.](#)

Primary Email: Click here to enter text.		Email (2): Optional	
DIRECTOR 2 DETAILS (IF APPLICABLE)			
Director 2 Full Name: (If Applicable) Title, Forenames & Surname		Date of Birth: Click or tap to enter a date.	
HKID/Passport: Country/Territory & Number		Nationality: Click here to enter text.	
Residency: Click here to enter text.			
Residential Address: PO Box not accepted			
State: Click here to enter text.	Post Code: Click here to enter text.	Country: Click here to enter text.	
Mobile: Click here to enter text.	Phone (1): Click here to enter text.	Phone (2): Click here to enter text.	
Primary Email: Click here to enter text.		Email (2): Optional	
BENEFICIAL OWNERS/PARENT COMPANY			
Is the company majority owned and controlled (greater than 50%) by a Parent or Ultimate Parent?			
Full Name of the Company: Click here to enter text.			
Country/Region of Regulatory Body: Click here to enter text.		Name of Regulatory Body: Click here to enter text.	
Is the Ultimate Beneficiary an Individual?			
DETAILS OF INDIVIDUAL BENEFICIARY 1			
Beneficiary 1 Full Name: Title, Forenames & Surname.		Percentage Share: Click here to enter text.	
HKID/Passport: Country/Territory & Number		Date of Birth: Click or tap to enter a date.	
Nationality: Click here to enter text.		Residency: Click here to enter text.	
Residential Address: PO Box not accepted			
State: Click here to enter text.	Post Code: Click here to enter text.	Country: Click here to enter text.	
Mobile: Click here to enter text.	Phone (1): Click here to enter text.	Phone (2): Click here to enter text.	
Primary Email: Click here to enter text.		Email (2): Optional	
DETAILS OF INDIVIDUAL BENEFICIARY 2			
Beneficiary 2 Full Name: Title, Forenames & Surname.		Percentage Share: Click here to enter text.	
HKID/Passport: Country/Territory & Number		Date of Birth: Click or tap to enter a date.	
Nationality: Click here to enter text.		Residency: Click here to enter text.	
Residential Address: PO Box not accepted			
State: Click here to enter text.	Post Code: Click here to enter text.	Country: Click here to enter text.	
Mobile: Click here to enter text.	Phone (1): Click here to enter text.	Phone (2): Click here to enter text.	
Primary Email: Click here to enter text.		Email (2): Optional	
FUNDING / BANK DETAILS			
Account Name: This account name must be identical to the name of your Global Pay account.			
Financial Institution: Click here to enter text.			
SWIFT / IBAN: Click here to enter text.	BSB / Routing: Click here to enter text.	Account Number: Click here to enter text.	
KYC VERIFICATION			
Two forms of ID are required for each Director and Beneficial Owner. These documents must show proof of name, residential address, date of birth, and signature.			

<p>PRIMARY IDENTIFICATION <i>must not be expired</i></p> <ul style="list-style-type: none"> • Driver's License • Passport • Photo Identification Card 	<p>SECONDARY IDENTIFICATION <i>must have been issued within the preceding 3 months</i></p> <ul style="list-style-type: none"> • Rates notice: • Bank Statement • Health Care Card • Telephone Bill • Utility Notice • Medicare Card • Bank Card • A document issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits to you and which contains your name and residential address • A document issued by the Australian Taxation Office within the preceding 12 months that records a debt payable by you to the Commonwealth (or vice versa), which contains your name and residential address. • A document issued by a local government body or utilities provider within the preceding 3 months that records the provision of services to your address or to you, which contains the individuals name and residential address.
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CORPORATE IDENTIFICATION DOCUMENTS

Any two of the below documents will need to be submitted along with primary and secondary documentation of each Director and Beneficial Owner. *Any documentation in a foreign language will need to be translated at the notary or accredited translator before submission to ISP (AU) Pty. Ltd.*

<p>FOR AUSTRALIAN COMPANIES</p> <ul style="list-style-type: none"> • Certificate of Incorporation • Certificate of Registration of the business name • A document authorising signatories to sign for an association • Documents creating a trust (including the Trust Deed) or partnership agreement • Copies of the company's latest audited financials, if available. • Certified copies of a notice (such as a notice of assessment) issued by the ATO within the last 12 months 	<p>FOR FOREIGN COMPANIES</p> <ul style="list-style-type: none"> • Certificate of Incorporation (CI) • Memorandum and Articles of Association • Business License (or comparable documents) • Registration Certificate (or comparable documents) • A Certificate of Incumbency (COI) issued within 6 months,
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By signing this application and returning it to ISP (AU) Pty. Ltd, whether by post or in electronic form, you are declaring to ISP (AU) Pty. Ltd that; I, we acknowledge in favor of ISP (AU) Pty. Ltd that I/we:

- have supplied the KYC information specified in the KYC - Client Identification documents according to your Applicant type;
- have read and understood all of the applicable User Agreements (Part 1 & 2);
- have read, understood and agree to be bound by the User Agreements (Part 1 & 2);
- have completed and signed the sections in the Application Form that apply to my/our application type;
- am/are aware that ISP (AU) Pty. Ltd use and disclose my/our personal information in compliance with the Privacy Policy of ISP (AU) Pty. Ltd;
- will provide any further information ISP (AU) Pty. Ltd may require from me/us from time to time in relation to my/our accounts with ISP (AU) Pty. Ltd; and
- understand that ISP (AU) Pty. Ltd is not liable for any loss incurred by me/us as a result of any action which either delays my/our Account being opened or results in my/our Application being declined.

Signature of Director 1:	Date:
Print Name: First Name, Surname.	
Signature of Director 2:	Date:
Print Name: First Name, Surname.	

PLEASE RETURN YOUR COMPLETED FORM TO US BY EMAIL: info@globalpayplatform.com