

## ELAVON KAUPPIASSOPIMUS TÄYDENNETTÄVÄKSENNE

*Täytä hakemus huolellisesti käyttäen apuna keltaisella värillä merkittyjä kenttiä. Kun hakemus on täytetty, liitteeksi pitää vielä toimittaa seuraavat dokumentit:*

*Hakemuksen liitteeksi tarvitaan:*

\* *passi / ajokortti kopio*

*JOS TILINUMERONNE ON VAIHTUNUT:*

\* *todistus pankista (tilinomistajuus) malli liitteenä*

*Allekirjoita hakemus ja skanna se.*

*Sopimushakemus liitteineen toimitetaan sähköpostitse osoitteeseen:*

[camilla.rosasen@elavon.com](mailto:camilla.rosasen@elavon.com)

*Hakemuksenne käsitellään, vaikka vastauksena tulee poissaoloilmoitus.*

*Ennen maksupäätteen käyttöönottoa tarvitsemme tietoomme Elavonin kauppiastunnuksen (merchant id). Kun sopimuksenne on käsitelty, Elavon toimittaa kauppiastunnuksen suoraan Semel Oy:lle laitteen ohjelmointia varten.*

*Huom! Laitteet voi asentaa etukäteen.*

*Ystävällisin terveisin*

*Semel myynti*



Päiväys 1.1.2022

Malliyritys Oy  
00380 Helsinki

Täten todistamme, että kyseinen tili kuuluu alla mainitulle tilinomistajalle

Tilinomistajan nimi  
Malliyritys Oy

Tilinomistajan y-tunnus  
1234567-8

Tilinumero  
Flxxxxxxxxxx9

BIC: OKOYFIHH

Paikka ja aika Helsinki  
1.1.2022

Pankin allekirjoitukset

\_\_\_\_\_

nimen selvennös

\_\_\_\_\_

nimen selvennös

Tämä todistus on annettu ainoastaan tiedoksi eikä se suo minkäänlaisia oikeuksia sen haltijalle.

OP yritys pankki Oyj  
OP Corporate Bank PLC

Gebhardinaukio 1  
00013 OP

PL 308  
00013 OP

010 252 010

www.op.fi

Business ID  
0199920-7

## Additional Location Form – Nordics

\*Mandatory fields to be completed. Please fill in this merchant additional location form.

Please note: This form must only be used to add outlets. For any fields not completed data will be taken from the Central MID noted at the top of this form.



Blue fields are for internal use only

### Existing Customer Information 1

<b>*Legal Name</b>	<b>* Central Merchant ID (MID)</b>
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### New Outlet / Location Information 2

*Sales Rep Code	*RM Rep Code	*Target Live Date	Chain Number	Top Assoc.	*Client Group	*Parent Entity Code
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<b>*Trading (DBA) Name</b> (New outlet must have the same Legal Name as existing merchant)	*Trading (DBA) Address is contact for: All Shipping      Chargeback Statement      Communication Settlement
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<b>*Trading (DBA) Address</b>
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<b>*City and County</b>	<b>*Postcode</b>
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<b>*Attention (First/Middle/Last Name)</b> Ms    Mrs    Miss    Mr	Email Address
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<b>*Phone No.</b>	Mobile No.
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*Country of Incorporation	*Please state the country which generates the highest revenue per annum
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Web URL    www.	Outlet Number / Store Code
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\*Description of goods and/or services that you require Merchant Services for (and, if different from that, please also note your core business activity, products and services offered):

*(Anticipated) Card sales for this outlet p.a.	*Average Transaction Value	*Customer Annual Turnover
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*% of total turnover relating to Mail Order / Telephone Order      %	*% of total turnover relating to Internet      %	*% of total turnover relating to Card Present      %
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\*PCI Level: Please tick the box that best describes your (anticipated) numbers of Transactions

Level 4 : Processing less than 20,000 Internet Transactions or up to 1 million MO/TO and Card Present Transactions p.a.	Level 3: Processing between 20,000 and 1 million Internet Transactions p.a.	Level 2: Processing 1 million to 6 million Transactions p.a.	Level 1 – processing >6 million Transactions p.a.
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### Chargeback Information 3

* Delivery Method Online    Post    Email	*Contact Name	*Email	*Phone
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Chargeback Address (If different from Trading (DBA) Address or Legal /Registered Office address)

### Schedule of Fees 4

Schedule of Fees for this Add Location Form is the same as for the Central MID. Any Schedule of Fee annexed to this Add Location Form is only valid for the location this Add Location Form relates to.

For Customers accepting AMEX transactions, please complete the following section.

AMEX MID	Rep Code	Industry Code	Agreement Code
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### Terminal Information 5

Terminal Central	NETS	EVRY	Bambora	CreditCall	Bax no/ID no
	West	Others			

Terminal ID	Bax/terminal activation date
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Financial Information						6
Settlement Method		Delay Days		*Payment Method:		*Faster Payments
Gross	Net			Chain level	MID level	Yes (with fee) No
Funding Frequency		Funding Day		Billing Frequency		Billing Day
Daily	Weekly	Monthly		Daily	Weekly	Monthly
Account	All	Deposit	Billing	Chargeback		
Bank Name				*Account Name		
*Sort Code		*Account Number		*IBAN	*SWIFT / BIC Code	

Statement Information					7
Billing statement	Transaction level	Hardcopy (please see Sch of Fees for charge)		*Statement frequency:	*Statement format:
Funding statement	Batch summary	Online via Reporting tool		Daily	PDF
		Email		Weekly, week day	CSV
				Monthly, week day	XML

Reporting Tool		8
Full name of selected registered user(s) of the Reporting Tool		Preferred Username(s) (if any)
Email address and telephone number of registered user(s)		Please tick this box if you would like to view your Chargebacks online via the Reporting Tool

Authorised Signatory / Beneficial Owner / Director		9
<p><b>If the details of the Authorised Signatory/Beneficial Owner/Director of this Add Location form will be the same as that of the original merchant services agreement, then do not complete the section below. However, if the details of any one (or more) of the individuals differ from the original merchant services agreement, then please complete the relevant section(s).</b></p> <p>The individual signing this form ("Authorised Signatory") must complete the information in the section below and tick all applicable boxes.</p> <p>If applicable, please also complete one section for each individual who is the beneficial owner of the Customer. Beneficial Owners are those individuals who are the business owners (e.g. Sole Traders) or who directly or indirectly hold 25% or more of the shares/voting rights ("Interest") of the Customer. In the case of a complex structure, please provide details of any individual holding, directly or indirectly, 10% or more of the Interest.</p> <p>Where applicable, please also provide the information requested below for any two directors of the Customer. (Please provide either the date of birth or address). However, in the case of a complex structure please provide the name, date of birth or address for all of the directors of the Customer.</p> <p>Individuals, who perform two or more of these functions, please tick all appropriate boxes and provide the required information by only completing the section once.</p> <p>A "Responsible Party" is an individual who has control over the day-to-day operations of the business. Please ensure that at least one of the individuals identified below is a Responsible Party.</p> <p>Please use the Continuation Page if necessary.</p>		

1. Authorised Signatory Beneficial Owner Director (Please tick all applicable boxes)						
*Name (First/Middle/Last Name)		Ms	Mrs	Miss	Mr	*Date of Birth
*Interest %	*Responsible Party		*Are your interests in the Customer held Direct or Indirectly ?			
	Yes	No	Direct in the Customer		Indirect through one or more entities	
*Private Residential Address (incl City & Postcode)						
*Country			Phone No.		Mobile No.	
Email Address						
*Identification Number (passport no. or government issued no.)				Issue Date		Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)					If applicable, what is your second nationality?	

2. Authorised Signatory		Beneficial Owner		Director (Please tick all applicable boxes)	
*Name (First/Middle/Last Name)	Ms	Mrs	Miss	Mr	*Date of Birth
*Interest %	*Responsible Party Yes No		*Are your interests in the Customer held Direct or Indirectly ? Direct in the Customer Indirect through one or more entities		
*Private Residential Address (incl City & Postcode)					
*Country		Phone No.		Mobile No.	
Email Address					
*Identification Number (passport no. or government issued no.)			Issue Date		Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)				If applicable, what is your second nationality?	

3. Authorised Signatory		Beneficial Owner		Director (Please tick all applicable boxes)	
*Name (First/Middle/Last Name)	Ms	Mrs	Miss	Mr	*Date of Birth
*Interest %	*Responsible Party Yes No		*Are your interests in the Customer held Direct or Indirectly ? Direct in the Customer Indirect through one or more entities		
*Private Residential Address (incl City & Postcode)					
*Country		Phone No.		Mobile No.	
Email Address					
*Identification Number (passport no. or government issued no.)			Issue Date		Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)				If applicable, what is your second nationality?	

4. Authorised Signatory		Beneficial Owner		Director (Please tick all applicable boxes)	
*Name (First/Middle/Last Name)	Ms	Mrs	Miss	Mr	*Date of Birth
*Interest %	*Responsible Party Yes No		*Are your interests in the Customer held Direct or Indirectly ? Direct in the Customer Indirect through one or more entities		
*Private Residential Address (incl City & Postcode)					
*Country		Phone No.		Mobile No.	
Email Address					
*Identification Number (passport no. or government issued no.)			Issue Date		Expiry Date
Nationality/Citizenship (**mandatory for Authorised Signatories & Beneficial Owners only)				If applicable, what is your second nationality?	

## Privacy Notice

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References to “We”, “Us” or “Our” are references to Elavon Financial Services DAC, incorporated in Ireland (Registered No. 418442), having its registered office address at Building 8, Cherrywood Business Park, Loughlinstown, Co. Dublin, D18 W 319 Ireland operating through its Norway Branch having its principle place of business at Karensløst alle 11, PO Box 354, Skøyen, 0213 Oslo, Norway.

References to “You”, “you”, “Your” and “your” are defined in the Terms of Service.

By “Your Information” we mean the personal and financial information We obtain from you or from third parties (such as credit reference and fraud prevention agencies, joint account holders, Your employees or officers of Your business, other organisations who introduced Us, or act on your or Our behalf) which, where you are a sole trader or partnership, may relate to you and/or your business partners and guarantors and where you are a company or limited liability partnership, may relate to your officers, shareholders, partners, owners and guarantors.

Elavon Financial Services DAC

Registered in Ireland with Companies Registration Office. The liability of the member is limited.

United Kingdom branch registered in England and Wales under the number BR009373.

Elavon Financial Services DAC, trading as Elavon Merchant Services, is authorised by Central Bank of Ireland and the Prudential Regulation Authority and subject to limited regulation by the Financial Conduct Authority and Prudential Regulation Authority. Details about the extent of our authorisation and regulation by the Prudential Regulation Authority, and regulation by the Financial Conduct Authority are available from us on request.



**How do we use Your Information?**

We use Your Information for the following purposes:

Purpose:	Legal basis of processing:
Where it is necessary to use Your Information in order to provide our services to you.	Contractual necessity
To conduct anti-money laundering and counter terrorist financing checks and fulfil our regulatory obligations in connection with the services.	Legal obligation
To comply with legal requirements and Card Scheme Rules (as such term is defined in the Term of Service)	Legal obligation, contractual necessity and legitimate interests
To carry out credit checks and other enquiries to help us make decisions about whether to enter into a contract with you and to evaluate our ongoing relationship with you	Legitimate interests
For the prevention, investigation and detection of crime and fraud	Legitimate interests
To analyse and improve the running of our business	Legitimate interests
Where You have agreed that we may do so, to market and sell to you products and services offered by Elavon, its Affiliates or third parties, whether relating to Merchant Services or otherwise	Legitimate interests
For analytical purposes and we may share this aggregated information with others from time to time. This regards use of records of the transactions in combination with the records of our customers in an aggregated form	Legitimate interests
For credit-scoring or other automated decision making systems to assess this form and to verify your identity and that of the Other Individuals	Contractual necessity

**Please note that where we are using Your Information and the legal basis of our processing activities is identified as 'legitimate interests' you have a right to object to our use of Your Information. Please refer to Your rights section for further details.**

**How do we share Your Information?**

We may at any time give Your Information to:

- Any organisation who introduced Us or who acts on Your behalf to allow them to provide services to you and/or to allow them to conduct, monitor and analyse their business;
- Service providers, advisors and agents providing services to Us (including our group companies and Affiliates);
- Card Schemes covered by the Term of Service;
- VMAS™ and MATCH™ in order to report Customer's business name and the name of Customer's principals to the VMAS™ and MATCH™ listings pursuant to the Card Scheme Rules.
- Anyone who has a legal right to require disclosure of your information or to whom we are permitted by law to disclose your information (this may include third parties such as bailiffs, receivers, the police and the courts);
- Regulatory bodies where required for regulatory purposes;
- Credit reference agencies and fraud prevention agencies (for more information on these disclosures please see below);
- Our professional advisors in order to obtain advice in relation to our relationship with you;
- Any person to whom we assign or sub-contract any of the rights or obligations under our agreement with you;
- Third party investors or potential investors in Elavon or its Affiliates or otherwise in the event of the sale, disposal, merger or transfer of the business of Elavon or its Affiliates, or obtaining financing for Elavon's business, or negotiations in connection with that purpose.

In addition, We may at any time give Your Information to any organisation that requires disclosure of Your Information for regulatory purposes or as a matter of law whether or not their power is derived from an Act/Acts of Government.

You further acknowledge and agree that any information provided in connection with this form and all other relevant information, may be supplied by Us to our Affiliates for all of the purposes listed above.

**Overseas transfers of Your Information**

We may transfer Your Information to countries outside Norway and the European Economic Area where data protection laws may not be as strict as they are in Norway. If we do so we will put in place appropriate controls to ensure that Your Information is protected adequately. For more information about these controls please contact us at [EUDDataProtectionOffice@elavon.com](mailto:EUDDataProtectionOffice@elavon.com).

**For how long do we keep Your Information?**

We will keep Your Information for as long as we have a contract with you and for as long as we need Your Information for regulatory or evidential purposes after expiry of termination of your contract.

**Your rights**

Individuals have the following rights under data protection legislation:

- a right to ask for a copy of their personal data
- a right to ask Us to delete or correct any information We hold about them that is inaccurate;
- a right to request erasure of information in certain circumstances;
- a right to data portability (this is a right to ask for Your Information in a commonly used electronic format where information has been provided by the individual and the legal basis for processing that information is consent or contractual necessity);
- a right to restrict processing and a right to object to processing activities in certain circumstances;
- a right to stop Your Information from being used for direct marketing purposes; and
- a right to lodge a complaint with the Data Protection Commissioner if You believe that Your Information has not been processed in accordance with the requirements of the data protection legislation.

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Where any processing is based on consent you have a right to withdraw consent at any time, without affecting the lawfulness of processing based on consent before its withdrawal.

If you would like to exercise any of these rights, please contact us at [EUDataProtectionOffice@elavon.com](mailto:EUDataProtectionOffice@elavon.com).

#### PROVISION OF INFORMATION ABOUT OTHER PEOPLE

If you are providing personal information about other individuals in this form, you must explain to those individuals whose personal details you have disclosed ("Other Individuals"), the categories of personal information that is being disclosed and all uses and processing of their personal data as detailed in this form. This explanation must be provided to Other Individuals before you submit the form to us.

#### CREDIT REFERENCE AND FRAUD PREVENTION AGENCIES

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AND MAINTAINING OF A MERCHANT SERVICES ACCOUNT. To ensure compliance with current legal and regulatory requirements aimed at preventing financial crime, money laundering and terrorist financing and to enable Us to proceed with your application, We are required to obtain, verify and record information that identifies each person who opens up a merchant services account. We shall search your records and those of the Other Individuals at credit reference agencies who shall supply Us with information as well as information from the Electoral Register for the purpose of verifying your identity and that of the Other Individuals. Alternatively, We may ask you to provide physical forms of identification. Prior to our acceptance of this application and from time to time thereafter, we may investigate the individual and business history and background of the Customer, each such representative and any other officers, partners, proprietors and/or owners of the Customer, and obtain credit reports or other background investigation reports on each of them that We consider necessary to review the acceptance and continuation of this application.

Credit reporting agencies and other relevant agencies used by us will compile information to answer those credit inquiries and supply Us with such information as well as information from the Electoral Register for the purpose of verifying your identity and that of the Other Individuals. Credit reference agencies will record any credit searches on their file whether or not this application proceeds.

It is important that you give Us accurate details. We shall check your details and those of the Other Individuals with crime prevention agencies and if you give Us false or inaccurate information and We suspect fraud, We shall record this. We may disclose Your details and details of how you conduct your business and account to such agencies. This information may be used by other credit grantors for making decisions about you or people with whom you are financially associated. The information may also be used for prevention of financial crime and money laundering.

If upon review of the information submitted in Your application (which may or may not include all of the checks specified above) it appears that We require further information from You, We shall request for this from You. Please note that unless and until we receive this additional information we cannot proceed with your application. Please note that any such checks and inquiries may occur after opening of Your merchant services account, as they may be desirable or necessary to evaluate the continuance of the Agreement.

#### CUSTOMER DECLARATION

By submitting this Application, the Customer and its representative(s) warrant and represent to Us that (i) all information provided in this Application is true, complete and accurate, properly reflects the business, financial condition and principal partners, owners or officers of the Customer; and (ii) the person submitting this Application is duly authorised to and has the power (corporate or otherwise) to bind the Customer to all provisions of this Application and the Term of Service. Transmission of a Transaction Receipt for a Transaction to Elavon, shall be the Customer's acceptance of and agreement to the Term of Service.

The submission by a representative of the Customer of this Application, or the transmission of a Transaction Receipt or other evidence of a Transaction to Us, shall be the Customer's acceptance of and agreement to the terms and conditions contained in the Agreement, comprising, this Application, the Term of Service and the Operating Guide. The Customer agrees to comply with the Application, the Term of Service, the Operating Guide and all applicable laws, rules and regulations including the rules and regulations of the Card Schemes, and understands that failure to comply may result in termination of processing services. Words and phrases not specifically defined in this Application shall have the same meaning as set out in the Term of Service.

#### AUTHORISATION TO USE PERSONAL DATA FOR PAYMENT SERVICE PURPOSES

**In order to provide the Merchant Services to You we need to access, retain and process personal data. You hereby authorise us to use personal data to enable us to provide the Merchant Services.**


#### \*Signatures

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**By signing below (for submission of a paper version of this form) or by ticking the above box (for submissions of an electronic copy via email), you agree to and are bound by the statements in this form, including the statements below.**



I confirm that I have read and agree that the Merchant Services received by the Customer, including any processing of Transactions by Elavon at the above additional location will be subject to the terms of the Agreement agreed by the Customer and as amended from time to time.

By submitting this Application, I confirm that I have read and understood the Privacy Notice.

Signature	Full Name & Title (Please print)	Date (DD/MM/YYYY)
		

#### INTERNAL USE ONLY

I certify to the best of my knowledge and belief that the information provided in this Application was provided by the Customer and is true, complete and accurate in all respects. I further certify that the signatures were provided by the Customer's owner(s) or officer(s), as appropriate.

Signature	Full Name & Title (Please print)	Date (DD/MM/YYYY)
		

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