

Company Name: _____

Type of Business: _____

1. Which of the following best describe your business?

- Newly incorporated
- Profit in the last 1 year
- Profit in the last 2 years
- Profit in the last 3 years
- Loss in the last 1 year
- Loss in the last 2 years
- Loss in the last 3 years

2. Do you have operations in other region(s)?

- Yes
- No

If yes, please specify the top 5 countries with the most sales.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

3. How long have you been operating your business?

a. Online Business

- Newly incorporated
 - Less than 1 year
 - 2 to 5 years
 - More than 5 years
- Please specify: _____

b. Physical World Business

- Newly incorporated
 - Less than 1 year
 - 2 to 5 years
 - More than 5 years
- Please specify: _____

4. Percentage of online sales to total sales

- Less than 10%
- 10% to 50%
- More than 50%

5. Estimated monthly sales

a. Transaction count: _____

b. Volume: \$ _____

6. Are goods sold to overseas customers?

- Yes
- No

If yes, what is the proportion?

- Less than 10%
- 10% to 50%
- More than 50%

7. Average ticket size per transaction: \$ _____

8. Which is/are the top 5 region(s) that you will expect to be receiving payments from?

Please specify:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

9. Which is/are the top 5 region(s) that you will expect to be sending payments to?

Please specify:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

10. Prior/current online payment provider

a. Name of the online payment provider:

b. Average chargeback rate for the last 6 months

i. Number of cases per month: _____

ii. Estimated chargeback value: \$ _____

iii. Chargeback Ratio to Sales (Total Chargeback Value / Total Sales): _____%

11. Process undertaken to mitigate Consumer Fraudulent Transactions (you may select more than one)

- | | |
|--|---|
| <input type="checkbox"/> Ensure that your customer signs a delivery order as acknowledgement of receipt of goods | <input type="checkbox"/> Call to confirm large value or suspicious transactions with the credit card issuing bank |
| <input type="checkbox"/> Verify order with customer | <input type="checkbox"/> IP address checking |
| <input type="checkbox"/> Post a warning message (Anti-Fraud Policy) on the website | <input type="checkbox"/> Limit transaction amount either in value or velocity per customer |
| <input type="checkbox"/> Free email address checking | <input type="checkbox"/> High risk country checking |
| <input type="checkbox"/> Clear refund policy | <input type="checkbox"/> Clearly display change fee policy and pricing on the website |
| <input type="checkbox"/> Require customer to sign credit card authorisation form | <input type="checkbox"/> Clear terms and conditions |
| <input type="checkbox"/> Others, please specify: | <input type="checkbox"/> Clear privacy policy statements |

12. Number of physical stores: _____

13. Number of employees: _____

14. Current bank partner

Bank name: _____

Duration of relationship: _____ Years _____ Months

Undertaking

This Risk Assessment Form should be read together with Terms and Conditions found in the Merchant Agreement. The Merchant agrees to be bound by the Terms and Conditions incorporated by reference herein and attached hereto in this Risk Assessment Form.

Signature (Merchant): _____

Name: _____

Position: _____

Date: _____