

# Risk Assessment Form

Company Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

1. Best description of your business

- |   |   |
|---|---|
| <input type="checkbox"/> Newly incorporated         | <input type="checkbox"/> Loss in the last 1 year  |
| <input type="checkbox"/> Profit in the last 1 year  | <input type="checkbox"/> Loss in the last 2 years |
| <input type="checkbox"/> Profit in the last 3 years | <input type="checkbox"/> Loss in the last 3 years |

2. Duration of business operation

a. Online business

- |   |  |
|---|--|
| <input type="checkbox"/> Newly incorporated | <input type="checkbox"/> 2 to 5 years      |
| <input type="checkbox"/> Less than 1 year   | <input type="checkbox"/> More than 5 years |
- Please specify: \_\_\_\_\_

b. Physical business

- |   |  |
|---|--|
| <input type="checkbox"/> Newly incorporated | <input type="checkbox"/> 2 to 5 years      |
| <input type="checkbox"/> Less than 1 year   | <input type="checkbox"/> More than 5 years |
- Please specify: \_\_\_\_\_

3. Percentage of online sales to total sales

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

4. Prior/current online payment provider

a. Name of online payment provider:  
\_\_\_\_\_

b. Average chargeback rate for last 6 months

- i. Number of cases (per month): \_\_\_\_\_
- ii. Estimated chargeback value (per month): \$ \_\_\_\_\_
- iii. Chargeback ratio to sales (total chargeback value/total sales): \_\_\_\_\_%

5. 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"/> 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"/> Clearly display change fee policy & pricing on the website                               |
| <input type="checkbox"/> Clear refund policy   | <input type="checkbox"/> Clear terms and conditions   |
| <input type="checkbox"/> High risk country checking  | <input type="checkbox"/> Clear privacy policy statements  |
| <input type="checkbox"/> Require customer to sign credit card authorisation form                                 |   |

6. Estimated monthly sales

- a. Transaction count: \_\_\_\_\_
- b. Volume: \$ \_\_\_\_\_
- c. Average ticket size per transaction: \$ \_\_\_\_\_

7. Are goods sold to overseas customers

- Yes       No

If yes, what is the proportion?  Less than 10%       10% to 50%       More than 50%

## Additional Compliance Questions

8. 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) \_\_\_\_\_

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

11. Number of physical stores: \_\_\_\_\_

12. Number of employees: \_\_\_\_\_

## **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.

By executing this Risk Assessment Form, the executor warrants and represents that they have the full power and authority to execute this Risk Assessment Form on behalf of the Merchant.

Signature (Merchant): \_\_\_\_\_

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_