

EPSM Application Form

Application for Membership in the European Association of Payment Service Providers for Merchants – EPSM

Please return a signed and scanned copy by e-mail (as pdf) to: office@epsm.eu

Short Name:	<input type="text"/>
Full Legal Name:	<input type="text"/>
Street, No.:	<input type="text"/>
ZIP- City:	<input type="text"/>
Country:	<input type="text"/>

I / We hereby apply to become member of the “European Association of Payment Service Providers for Merchants - EPSM e.V.”, Ludwigstr. 8, 80539 Munich, Germany, registered at Amtsgericht München, VR 18893, according to the current EPSM by-laws and membership fee rules that I have received (also available on the EPSM website). The annual membership fee is currently 1,400.00 Euro per year. I / we agree that the membership can be published by the EPSM. The application is endorsed by two EPSM members. The membership becomes valid after confirmation by an EPSM board member by e-mail, is a continuous membership and is valid until cancelled in writing (including e-mail) by either side.

For a full membership with voting rights:

I / We hereby certify that more of 50% of our sales revenues in the last financial year have been generated with payment and supporting services billed to merchants.

Name of the signing person (according to legal registry):	Function:
<input type="text"/>	<input type="text"/>

Name of the 2 nd signing person (according to legal registry):	Function:
<input type="text"/>	<input type="text"/>

On request, the persons will identify themselves to the EPSM-board by a passport or an ID card.

Date, authorised signature(s):
(according to legal registry)

Enclosures:

- a) EPSM Contact Form
- b) Copy of the Legal Registry Entry of the Applicant
- c) Company Profile (for distribution to other EPSM members)

Enclosure a)

EPSM Contact Form

Short Name of the Organization:

Status :

Voting

Non Voting

Representative 1:

Name :

Position :

E-mail :

Tel :

Representative 2:

Name :

Position :

E-mail :

Tel :

Representative 3:

Name :

Position :

E-mail :

Tel :

Invoicing Data:

Full Legal Name:

Invoice Name 2:

E-mail for invoicing:

Street, No.:

ZIP - City:

Country:

Other member data for publication on the EPSM website:

Web page:

Main Activity:

Separate Enclosures:

b) Copy of the Legal Registry Entry of the Applicant (showing also, who is authorized to sign this EPSM application)

c) Company Profile (for distribution to other EPSM members) in pdf-format