

Asian Payment Network (APN) Membership Application Form

Help and Instructions: What do you need to do?

We are delighted that your organization has considered to join APN. Before completing your application, please refer to the following documents:

- **Asian Payment Network (APN) Charter:** adopted by APN Members: You need to read and understand the APN Charter and to confirm that your organization shares and supports the objectives of APN as set out in the APN Charter.
- **Benefits for Members:** by joining APN, your organization will benefit from the right to access APN's common cross-border transaction standards and guidelines as well as to connect to the to-be-completed APN Hub and gain access to other connected members. In addition, APN is a platform to exchange ideas and seek cooperation with other APN members as well as regulatory bodies to continually strengthen domestic and regional payment systems.
- **Membership Dues Guide:** Once the New Member has been admitted, each APN Member shall contribute a one-time admission fee and an annual subscription fee as outlined in the APN Charter Clause 6. This fee will be used to fund programs and strategic initiative for the common benefit of all APN Members.
- **Membership Application Form.** Complete the application form file and have it signed by the Head of your organization. The signature boxes are unprotected and allow you to insert your electronic signature. Alternatively, you can print the form, sign it and return it to us by mail, or electronically as a scanned document (PDF format preferred).
- **Important Note:** We would like to assure you that any information you provide us with will be treated in the strictest confidence by APN Secretariat at all times, and will be used for no purpose other than APN membership application.
- **Complete Application Form:** Include all the additional material necessary to complete your application file, and send your application by February 26th, 2018 with the additional material to the APN Secretariat: mananto@rintis.co.id

Checklist:

When submitting your application, please ensure that you have provided all the necessary information:

- Complete Application Form
- Latest annual audited financial statements
- Other additional information (e.g. Company Profile, etc.)

General Information

Company Name

(Please enter the text in the frames or tick as appropriate)

Name of organisation

Official translation of your organisation's name into English (if applicable):

Acronym: _____ Date of foundation of your organisation: _____ (dd/mm/yyyy)

Address

Street Address:

Street & Street Nr:

City: _____ Postal code: _____

Province/State: _____ Country: _____

Country code Area code Number

Telephone: + _____

Country code Area code Number

Fax: + _____

Email: _____

Website: _____

Mailing address (if different from the street address):

Street & Street Nr

or P.O. Box: _____

City: _____ Postal code: _____

Province/State: _____ Country: _____

Primary contact

This person will receive all correspondence from APN and is responsible for dissemination within your organisation.

Title: (Mr/ Mrs/Ms/Dr/ Prof _____ Male Female /Other)

First name: _____

Family name: _____

Position: _____

Department: _____

Telephone: _____

Country code	Area code	Number
+		

Email _____

Financial contact

This person will receive the invoice for the payment of membership dues and will be contacted for any membership dues issues.

Title: (Mr/ Mrs/Ms/Dr/Prof _____ Male Female /Other)

First name: _____

Family name: _____

Position: _____

Department: _____

Telephone: _____

Country code	Area code	Number
+		

Email _____

Head of organisation

Please indicate the name of your Head of organisation (CEO/Director General, etc). This person will only be contacted for matters of the highest importance

Title: (Mr/ Mrs/Ms/Dr/Prof _____ Male Female
/Other)

First name: _____

Family name: _____

Position: _____

Department: _____

Telephone: _____
Country code Area code Number
+ _____

Email _____

1. Pre-conditions for Qualifications

1.1 Company must own a payment network or payment scheme in one or more countries

Please state the country where it is operating.

1.2 Company must have access to ATMs and/or POS, directly or indirectly

Please state the country where it is operating, and the number of terminal (ATM/EDC/other) in your network.

1.3 Type of Central Bank/Regulatory License

2. Consideration for Admission

2.1 Vision, Mission, Activities

2.2 Financial Stability (Please see the enclosed latest annual audited Financial Statement)

2.3 Potential conflict of interest

2.4 Coverage of network

2.4.1 Is coverage of network or channels of acceptance already provided by an existing APN member?

Yes No

2.4.2 What addition percentage of network in the respective country (is) can the company provide?

2.4.3 What addition channels of acceptance in the respective country (is) can the company provide?

2.5 Channels of acceptance

2.6 Supports from Local / Member Banks

2.7 Potential Contribution to APN

3. Post Conditions of Admission

3.1 Ability to abide to APN Charter

3.2 Ability to open acquiring network to APN members' domestic cards

3.3 Ability to contribute to APN objectives and growth

We can only process your application if all of the above has been received by the relevant application deadline.

As the Head of the organization, I have read and agree to the APN Charter and hereby confirm that (name of organization) is competent to adhere to the APN Charter.

Title: (Mr/ Mrs/Ms/Dr/Prof/Other)

First name: _____

Family name: _____

Position: _____

(dd/mm/yyyy)

Signature: _____