

## 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](mailto:office@epsm.eu)

**Short Name:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

**Street, No.:** \_\_\_\_\_

**ZIP- City:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**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.**

I / We hereby authorize the following persons until further written notice to act on behalf of our organisation in all matters concerning the EPSM (with name and function in the organization):

Representative 1: \_\_\_\_\_ Function: \_\_\_\_\_

Representative 2 \_\_\_\_\_ Function: \_\_\_\_\_

Optional:  
Representative 3: \_\_\_\_\_ Function: \_\_\_\_\_

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

**Date, authorised signature(s):** \_\_\_\_\_  
**(according to the legal registry)**

**Name(s) in capital letters:** \_\_\_\_\_

Enclosures:

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

**Enclosures:**

- a) **EPSM Contact Form** (can be send also separately in MS Excel- or MS Word-format)

<b>Organisation</b>	(Short Name)	
<b>Status</b>	("voting" or "non-voting")	
<b>Representative 1 :</b>		
<b>Name</b>		
<b>Position</b>	(function/job title)	
<b>E-mail</b>		
<b>Tel.</b>		
<b>Representative 2:</b>		
<b>Name</b>		
<b>Position</b>	(function/job title)	
<b>E-mail</b>		
<b>Tel.</b>		
<b>optional: Representative 3</b>		
<b>Name</b>	(function/job title)	
<b>Position</b>		
<b>E-mail</b>		
<b>Tel.</b>		
<b>Billing Address:</b>		
<b>Full Legal Name</b>	(billing address)	
<b>Billing Name 2</b>	(billing address)	
<b>Street, No.</b>	(billing address)	
<b>ZIP - City</b>	(billing address)	
<b>Country</b>	(billing address)	
<b>Web page</b>	(web page of the member)	
<b>Main Activity</b>	(e.g. acquirer, internet PSP)	

**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