

# Compare Prepaid Client Profile Analysis (CPA)

## SECTION 1: Client Background Profile and Program Interest

Full legal name of organization marketing the card

**Client/ Company Name**

**Trade or Business Name (DBA), if used**

All known entities that will be marketing the Program

**Affiliated Companies**

**Client Physical Address**

**Town / City / State**  **Post Code / Zip Code**

**Country**

Client mailing address if different from above

**Mailing Address**

**Town / City / State**  **Post Code / Zip Code**

**Country**

**Website URL**

Include secondary business locations & full addresses

**Other Business Locations**

**Full Address**

**Full Address**

Primary Contact (A landline and cell phone number is mandatory)

**Full Name**  **Title**

**Department**  **Fax**

**Direct Line** (inc extension)  **Cell**

**Email**

**Role in implementation process**

Secondary Contact (A landline and cell phone number is mandatory)

**Full Name**  **Title**

**Department**  **Fax**

**Direct Line** (inc extension)  **Cell**

**Email**

**Role in implementation process**

**Years in Business**  **State/Country of Incorporation**

Current Business Type (Not type of program)

**Business to Business**  **Business to Consumer**

**Business Objective & Background Information**

## SECTION 2: Existing Card Programs

Do you have an existing Card Program:

Yes \_\_\_\_\_ No \_\_\_\_\_

(If No skip to Section 3)

Do you provide an existing Card Platform with card management functionality

Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require your existing card platform to integrate with the Card Program to allow cross platform card to card transfers

Yes \_\_\_\_\_ No \_\_\_\_\_

Which payment products do you presently provide:

\_\_\_\_\_

Which financial networks do you hold certifications for

\_\_\_\_\_

## SECTION 3: Client Program Size

If you are a bank or retail type operation please detail the number of outlets/branches \_\_\_\_\_

What is the size of your present membership, client base, account holders, employee (customer base)

3000 – 5000 \_\_\_\_\_ 5000 – 10,000 \_\_\_\_\_ 10,000 – 50,000 \_\_\_\_\_ 50,000 – 100,000 \_\_\_\_\_ 100,000+ \_\_\_\_\_

What is the percentage spread of your client base across the following territories (See Appendix A)

USA \_\_\_\_\_% Canada \_\_\_\_\_% Latin America & Caribbean \_\_\_\_\_% European Union (EU) \_\_\_\_\_ Non EU \_\_\_\_\_%

Africa \_\_\_\_\_% Middle East \_\_\_\_\_% Asia \_\_\_\_\_% Australia & New Zealand \_\_\_\_\_%

If your program is for one specific country only outside of the US and Canada please specify which country

\_\_\_\_\_

Is your customer volume base strategy Closed \_\_\_\_\_ Open \_\_\_\_\_

**Note:**

Closed means volume of existing customer base to remain fixed or no significant increase

Open means volume of existing customer base to significantly increase due to sales/marketing activities

If your customer base is open what are your volume projections?

3 months into card program card holder base estimation \_\_\_\_\_

6 months into card program card holder base estimation \_\_\_\_\_

12 months into card program, card holder base estimation \_\_\_\_\_

**What is the intended geographic target of your additional customers over the next 12 months**

USA \_\_\_\_\_% Canada \_\_\_\_\_% Latin America & Caribbean \_\_\_\_\_% European Union (EU) \_\_\_\_\_ Non EU \_\_\_\_\_%

Africa \_\_\_\_\_% Middle East \_\_\_\_\_% Asia \_\_\_\_\_% Australia & New Zealand \_\_\_\_\_%

If your program is for one specific country only outside of the US and Canada please specify which country

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#### SECTION 4: Client Program Requirements

**What currency do you wish for the card program to be denominated in**

US Dollars \_\_\_\_\_ Sterling \_\_\_\_\_ Euros \_\_\_\_\_ Other \_\_\_\_\_

**What type of program do you require**

Off The Shelf Program \_\_\_\_\_ Co-branded Program \_\_\_\_\_

Note:

**Off The Shelf Program:** No customization of card design

**Co-Branded:** Choice of background artwork, Company Logo on card face instead of issuer, fee customization

**What are the application features of the card program you would like to implement.**

Commission pay out \_\_\_ Payroll \_\_\_ Insurance Payout \_\_\_ Tax Payout \_\_\_ Remittance \_\_\_ Affinity / Loyalty \_\_\_

Bank Sponsoring \_\_\_ Retail \_\_\_ Other (Please clarify) \_\_\_\_\_

#### SECTION 5: Client Program Infrastructure & Compliance

**Will you be acting as a loading station or providing a loading solution for your customer base**

No \_\_\_ Yes \_\_\_

If Yes, are you authorized to accept card loads, deposit taking from your customers

No \_\_\_ Yes \_\_\_

**Please detail your level of authorization or arranged solution**

- Money Services Business License (MSB): \_\_\_\_\_
- E-Money License: \_\_\_\_\_
- Authorized Third Party Deposit Takers: \_\_\_\_\_
- Other \_\_\_\_\_ Please Detail \_\_\_\_\_

**Do you have the necessary customer support infrastructure to support your card holders and if so please provide**

details

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If you don't have an existing support infrastructure please details your plans to have one implemented

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Please describe in detail your compliance process for the capturing of Know Your Customer (KYC) data and required government ID

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Please describe in detail how the electronic data of your customers are stored detailing software, authentication processes for data access, storage/security facilities for physical/electronic government ID

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**SECTION 6: Client Program Customer Acquisition Process**

Please describe in detail your sales process for providing the card to the customer including the capturing of Know Your Customer data and required government ID.

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**Please detail any third party sales/marketing relationship that will support your card program**

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Note:

**What is your customers main reason for card usage**

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**SECTION 7: Client Program Miscellaneous**

**What is your target implementation date**

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**What is the card fee that you will charge to your customers**

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