



Thetabiz™ Group

THETABIZ™ PREPAID CARD PROGRAMS DISTRIBUTION PURPOSE QUESTIONNAIRE

PLEASE ANSWER FOLLOWING QUESTIONS:

COMPANY DETAILS

Date of completion of questionnaire in words, like 1 st January 2009	
Company or organization name:	
Registered address:	
Physical business address:	
Mailing address, if different then business address:	
Trade or business names, if used:	
Names of any affiliated companies, including their countries and websites?	
Your company's Internet website	http://
Full name of contact person:	

Title:	
Department:	
Direct phone number:	
E-mail:	
Fax	
Mobile or cell number:	
Role in the implementation process:	
Since when are you in business?	
Country of incorporation:	
Do you offer business to businesses?	
Do you offer business to consumers?	

NATURE OF BUSINESS

<p>What is nature of your business?</p>	
<p>Let us know some background of your company?</p>	
<p>What is your main purpose for Thetabiz™ Prepaid Card Programs?</p>	

EXISTING CARD PROGRAMS

Do you have an existing prepaid card program?	
If yes, which payment products do you provide?	
For which financial networks do you hold certifications for?	

PROGRAM ESTIMATIONS

How many outlets or branches do you have?	
What is the size of your present membership base or clients' base, account holders, employees or customer base?	
In which continents are your clients mostly based?	
In which countries are your clients mostly based?	
In which countries or continents will be your additional clients over the next 12 months?	
Does your clients' base increase due to sales or marketing activities?	
How many card holders do you expect to have within 3 months of the prepaid card program?	
How many card holders do you expect to have within 6 months of the prepaid card program?	
How many card holders do you expect to have within 12 months of the prepaid card program?	
What benefits do you anticipate from a card project?	

Have you obtained legal advice relating to any licences and approvals you may require to conduct financial and/or card based activities in your locality?	
What will be the frequency of loadings and payments? (monthly, weekly, etc.)	
Do you have a preference for the type of card that will be used? Please leave blank if you are unsure, and we will make a recommendation based on your requirements.	
What is the expected average value of fund deposits (loads) per card per month?	
What is the required currency(s) of the cards? (Set up costs might apply per currency)	
Will the currency of the payments be the same as the currency of the cards?	
Do you require co-branding of the card solution website?	
Where would you like the cards to be sent, to your company or individually to the card holders?	

PROGRAM REQUIREMENTS

Which currencies do you require for prepaid card program?	
Do you need co-branded prepaid card program, with choice of the background artwork, company logo on the face of the card and with fee customization?	
For which purposes do you need the prepaid card program (commission payouts, payroll, insurance payouts, tax payouts, remittances, affinity or loyalty purposes, bank sponsoring, retail, MLM or other purposes)?	
Do you have some official authorization to accept card loads or do you have deposit taking license?	
Do you have Money Service Business, MSB license in United States?	
Do you have E-Money issuing license in United Kingdom?	
Any other official license?	
Do you have the necessary customer support infrastructure to support your card holders and if so please provide details?	
If you don't have an existing support infrastructure please details your plans to have one implemented?	
Please describe in detail your compliance process for the capturing of Know Your Customer (KYC) data and required government ID	

<p>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</p>	
<p>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.</p>	
<p>Please detail any third party sales/marketing relationship that will support your card program</p>	
<p>What is your customers main reason for card usage?</p>	
<p>What is your target implementation date?</p>	
<p>What is the card fee that you will charge to your customers?</p>	

ADDITIONAL NOTES

Please detail any additional information which you feel should be taken into consideration for the design of your card program.

If you have any additional supporting documentation regarding your organizational structure, stock exchange press releases and articles, corporate reports or any other documentation to support you application please provide or provide Web URL for access.

THETABIZ™ AGENT

How did you find out about Thetabiz™ Prepaid Card Programs?	By Internet
Which Thetabiz™ Agent has introduced you to our business?	THETABIZ S.A.
Name of contact person?	Mr. Jean Louis
E-mail of Thetabiz™ Agent?	support1@thetabiz.com
Phone number of Thetabiz™ Agent?	+507-832-2811

ONCE COMPLETED, SAVE THIS FILE, AND SEND IT TO THE ABOVE E-MAIL ADDRESS: SUPPORT1@THETABIZ.COM

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