



OWNERSHIP CHANGE FORM

MERCHANT INFORMATION					
CORPORATE / LEGAL NAME		MERCHANT NAME (DBA OR TRADE NAME)		MID #	
<input type="text"/>		<input type="text"/>		<input type="text"/>	

CURRENT OWNERSHIP STRUCTURE				
(MUST HAVE AT LEAST 51% COMBINED OWNERSHIP)				
PRINCIPAL'S FULL NAME	CURRENT OWNERSHIP %	NEW OWNERSHIP %	OWNERSHIP % UPDATED	OWNER REMOVED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

NEW PRINCIPALS' INFORMATION					
(MUST HAVE AT LEAST 51% COMBINED OWNERSHIP)					
PLEASE LIST ALL NEW PRINCIPALS WHO, DIRECTLY OR INDIRECTLY, THROUGH ANY CONTRACT, ARRANGEMENT, UNDERSTANDING, RELATIONSHIP OR OTHERWISE, OWN 25% OR MORE OF THE EQUITY INTERESTS OF THE LEGAL ENTITY LISTED IN THIS APPLICATION.					
PRINCIPAL 1: <input type="checkbox"/> IS A P.E.P? <input type="checkbox"/> IS CONTROLLING PERSON?					
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS			CITY	STATE	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL		DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINCIPAL 2: <input type="checkbox"/> IS A P.E.P? <input type="checkbox"/> IS CONTROLLING PERSON?					
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS			CITY	STATE	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL		DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINCIPAL 3: <input type="checkbox"/> IS A P.E.P? <input type="checkbox"/> IS CONTROLLING PERSON?					
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS			CITY	STATE	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL		DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINCIPAL 4: <input type="checkbox"/> IS A P.E.P? <input type="checkbox"/> IS CONTROLLING PERSON?					
FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME ADDRESS			CITY	STATE	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL		DL NUMBER, STATE	EXP. DATE	DATE OF BIRTH
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTROLLING PERSON

IS THIS INDIVIDUAL ALREADY LISTED IN THE PRINCIPALS SECTION? (IF NO, PLEASE COMPLETE THE NEXT SECTION)

☐ NO ☐ YES

FIRST NAME	MIDDLE NAME	LAST NAME	SSN	% OWNERSHIP	TITLE
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
HOME ADDRESS			CITY	STATE	ZIP
<input style="width: 95%;" type="text"/>			<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
PHONE NUMBER	EMAIL	DL NUMBER, STATE		EXP. DATE	DATE OF BIRTH
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

NOTE:

All new principals are required to provide a copy ID and Utility Bill if requested by Pepper Pay.

Merchant is required to provide updated Operating Agreement, Capitalization Table, Annual Reporting, and/or other documents required by state's law. Pepper Pay reserves the right to request any additional information and documents if needed.

By signing this Ownership Change Form, Merchant accepts changes to the merchant account information effective on _____.

PRINCIPAL 1 SIGNATURE	PRINTED FULL NAME	TITLE	DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
PRINCIPAL 2 SIGNATURE	PRINTED FULL NAME	TITLE	DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
PRINCIPAL 3 SIGNATURE	PRINTED FULL NAME	TITLE	DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
PRINCIPAL 4 SIGNATURE	PRINTED FULL NAME	TITLE	DATE
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>