



# Transfer Agreement

This Transfer Agreement is entered into between Party I (as specified below) and Party II (as specified below). Klarna and Party I have an existing cooperation subject to the terms and conditions of the Cooperation Agreement which was signed by Party I and by Klarna (the “Agreement”). Party I now wishes to transfer all its rights and obligations under the Agreement whereas Party II wishes to assume these rights and obligations. Party I and Party II may be referred to individually as a “Party” and/or jointly as the “Parties”. The Parties hereby agree as follows:

Subject to the terms of this Transfer Agreement, Party I agrees to transfer all its rights and obligations under the Agreement (including, but not limited to, K-invoices, current debts and claims, ownership of active invoices) to Party II (as specified below), and Party II hereby fully assumes all such rights and obligations as of the Date of Transfer (as specified below). Subject to Klarna’s approval by signing this Transfer Agreement, Party II thereby becomes Klarna’s contractual counterparty to the Agreement.

The Parties acknowledge and agree that any cancellation or termination of the Agreement by Party I (and, as the case may be, any approval thereof by Klarna) prior to the date of this Transfer Agreement shall become ineffective and null and void upon Klarna’s execution of this Transfer Agreement.

This Transfer Agreement and all related documents have been drafted in the English language at the express request of the Parties.

Before we can proceed with the review of your Transfer Agreement, please ensure the following steps are completed:

1. Fill out the entire Transfer Agreement, including all Appendices.
2. If you have printed out the Transfer Agreement, scan every page of the Transfer Agreement into one document/file.
3. Scan ID copies of the authorized signatories of the Parties.
4. Verify that the photos or scans are clear and easily visible.
5. Email the completed and scanned documents to the email address from which this form was sent or [merchant@klarna.com](mailto:merchant@klarna.com).
6. Wait for our review of the documents. We will either respond with a confirmation that we are processing the transfer, or provide comments for your consideration.

Thank you!  
Klarna

For the purpose of this Transfer Agreement, please provide the necessary details for Party I and Party II, along with any other required information.

Party I	
Corporate Information (Block letters)	
Store ID:	Date of Transfer (YYYYMMDD):
Registered Entity Name:	
Registration/Corporate Identity Number:	
Starting from the specified <u>date</u> here, Party II will become the exclusive recipient of all payments from Klarna:	
Name of Contact Person <sup>1</sup> :	
E-mail address of the Contact Person:	Phone Number of the Contact Person:

Party II		
Corporate Information (Block letters)		
Registered Entity Name:	Entity form (Corporation, sole proprietorship, etc.)	
Registration/Corporate Identity Number:		
VAT identification number <sup>2</sup> :		
Registered Address of the Entity (Street, Number) <sup>3</sup> :		
Postal Code:	City:	Country:

<sup>1</sup>By the signatures of the authorized signatories below, Party I appoints the Contact Person to act solely on its behalf. This includes making necessary decisions, approving changes to this Transfer Agreement, and signing any related documentation regarding the transfer.

<sup>2</sup>Please state the VAT identification number you have in the country of your establishment (where your main/only office is registered). If you lack a VAT identification number in your country of establishment, please state the reason for this instead.

<sup>3</sup>This address has to be Party II's current registered address of the Legal Entity. Party II may change the address once the transfer has been completed.



Contact details of Administrator(s) in Merchant Portal <sup>4</sup>	
Unchanged contact details of administrator(s):	<input type="checkbox"/>
Changed/new contact details of administrator(s) as set forth below:	<input type="checkbox"/>
Name:	E-mail address:
Name:	E-mail address:
Contact details for operational matters	
Email address for customer service (e.g. disputed orders, general enquiries):	Phone number to customer service (including country code):
Email address for fraudulent errands:	Email address for finance and settlement related matters:
Other Details	
Unchanged domain name /website address:	<input type="checkbox"/>
Changed domain name / website address <sup>5</sup> :	

<sup>4</sup> The Administrator is responsible for all user management within Klarna's Merchant Portal. In order to contact Klarna on behalf of the Party II, you need to be a registered user in Klarna's Merchant Portal.

<sup>5</sup> Please note that Klarna will assume that the domain name will remain unchanged if no information is provided regarding the domain name.

By signing this Transfer Agreement, the Party I and Party II agree to the transfer of the Agreement in accordance with what is set out above.

<b>Party I</b>	
Date of signing (YYYYMMDD):	
Signatory's name in block letters:	Signature authorized signatory 1:
Personal Identity number (if you have been assigned one):	Date of birth of the Signatory (YYYYMMDD):

Date of signing (YYYYMMDD):	
Signatory's name in block letters:	Signature authorized signatory 2:
Personal Identity number (if you have been assigned one):	Date of birth of the Signatory (YYYYMMDD):

<b>Party II</b>		
Date of signing (YYYYMMDD):		
Signatory's name in block letters:	Signature authorized signatory 1:	
Personal Identity number of the Signatory (if you have been assigned one):	Date of birth of the Signatory (YYYYMMDD):	
Residential Address of the Signatory (Street, Number):		
Postal Code:	City:	Country:

Date of signing (YYYYMMDD):		
Signatory's name in block letters:	Signature authorized signatory 2:	
Personal Identity number of the Signatory (if you have been assigned one):	Date of birth of the Signatory (YYYYMMDD):	
Residential Address of the Signatory (Street, Number):		
Postal Code:	City:	Country:

By signing this Transfer Agreement, Klarna Bank AB (publ) confirms that all applicable Klarna affiliates have approved and agreed to the transfer of the Agreement in accordance with what is set out above.

<b>Klarna Bank AB (publ)</b>	
Date (YYYYMMDD):	
Signatory's name in block letters:	Signature authorized signatory 1:

# Appendix 1 – Bank account details

Please enter the account details for each respective sales country in which Klarna’s services shall be provided under the Cooperation Agreement. The IBANs can be applied to any of our available currencies. If you are unsure what currencies you have available on your account, IBAN 1 can be added to all currencies by checking the top checkbox.

Please note that if no new bank details are provided for a currency, or if the provided details are incorrect, payouts will be put on hold until you have updated your details in Klarna’s Merchant Portal.

Account Name / Bank Account Holder:
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*This information will be sent along with the payment to help the bank identify the transaction.*

International Bank Account Number (IBAN)							
<b>IBAN 1</b>	If IBAN 1 should be applied to all currencies available on the Klarna Merchant ID, check this box <input style="float: right; margin-left: 20px;" type="checkbox"/>	The below IBAN shall apply to the selected currencies.					
	IBAN:	SEK	NOK	DKK	EUR	GBP	CHF
	BIC/Swift:	USD	AUD	CAD	PLN	CZK	MXN
		RON					
<b>IBAN 2</b>	IBAN:	SEK	NOK	DKK	EUR	GBP	CHF
	BIC/Swift:	USD	AUD	CAD	PLN	CZK	MXN
			RON				
<b>IBAN 3</b>	IBAN:	SEK	NOK	DKK	EUR	GBP	CHF
	BIC/Swift:	USD	AUD	CAD	PLN	CZK	MXN
			RON				
<b>IBAN 4</b>	IBAN:	SEK	NOK	DKK	EUR	GBP	CHF
	BIC/Swift:	USD	AUD	CAD	PLN	CZK	MXN
			RON				

The local bank accounts are only available for the currencies included in this section. Please note that only one option can be added for SEK. The local bank accounts will be prioritized over those in the IBAN section if both bank accounts are applicable for the same currency.

Local bank accounts		
SEK	BankGiro:	PlusGiro:
	Clearing and bank account number:	
NOK	Bank account number:	
AUD	BSB-number:	Bank account number:
USD	Routing-number:	Bank account number:

## Appendix 2 - Collection of Beneficial Owners' Details

Being a regulated company under supervision of the Swedish Financial Supervisory Authority, Klarna is required to prevent money laundering as set forth in EU directive EU 2015/849 (as amended or replaced). For you as a merchant (Party II), the directive means that Klarna will collect information about the persons controlling your company (beneficial owners) before you can start using Klarna's services.

The beneficial owners are individuals who - directly or indirectly - own or control more than 25% of the company, or have a role with significant control within the company. Please provide us with information about who has the ultimate control of the company of Party II, and state their percentage of ownership and what role they have in the company. Where you cannot identify such a beneficial owner, please provide the reason why.

### Ultimate Beneficial Owners of Party II

Please provide here the individuals who:

- directly or indirectly own more than 25% of the company;
- directly or indirectly hold more than 25% of the company's shares;
- directly or indirectly hold more than 25% of the company's voting rights.

#### Beneficial Owner 1 (Required fields\*)

Full name\*

Personal Identity number (if you have been assigned one)

Date of birth (YYYYMMDD)\*

Residential address of Beneficial Owner 1 (Street, Number)\*

Postal Code\*

City\*

Country\*

Percentage of ownership / shares / voting rights of Party II\*

Role within the company (if any) of Party II

#### Beneficial Owner 2

Full name

Personal Identity number (if you have been assigned one)



Date of birth (YYYYMMDD)		
Residential address of Beneficial Owner 2 (Street, Number)		
Postal Code	City	Country
Percentage of ownership / shares / voting rights of Party II		Role within the company (if any) of Party II

<b>Beneficial Owner 3</b>		
Full name		
Personal Identity number (if you have been assigned one)		
Date of birth (YYYYMMDD)		
Residential address of Beneficial Owner 3 (Street, Number)		
Postal Code	City	Country
Percentage of ownership / shares / voting rights of Party II		Role within the company (if any) of Party II

<p><b>Other individuals with significant control of Party II</b>  <b>If applicable, please provide us with the details of individuals who:</b></p> <ul style="list-style-type: none"> <li>• has the right to directly or indirectly appoint or remove a majority of directors;</li> <li>• has the right to exercise or is exercising significant influence or control over the company due to an arrangement with owners, members or other arrangement;</li> <li>• has a combination of minority ownership and a significant role in the company, e.g. an individual holds 20 % of the company and is the CEO or founder.</li> </ul>
<b>Person with significant control</b> (Please add if applicable)
Full name*
Personal Identity number (if you have been assigned one)

Date of birth (YYYYMMDD)*		
Residential address of individual with significant control (Street, Number)*		
Postal Code*	City*	Country*
Description of significant control of Party II*		

<p><b>If no Ultimate Beneficial Owner has been identified for Party II, please provide the reason why this is:</b></p> <p><input type="checkbox"/> Company is listed on a stock exchange with more than 75% of shares owned by shareholders (free float)</p> <p><input type="checkbox"/> Company is more than 75% state owned</p> <p><input type="checkbox"/> No individual holds more than 25% ownership, voting rights or shares</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p><b>Alternative Beneficial Owner of Party II</b></p> <p><b>If no Ultimate Beneficial Owner has been identified, please provide us with the details of the individual who:</b></p> <ul style="list-style-type: none"> <li>• is able to make executive decisions;</li> <li>• has a high ranking role in the company, such as managing director, chairman of the board, or similar.</li> </ul>
<p><b>Person with significant control</b> (Please only add if no Ultimate Beneficial Owner has been identified)</p>
<p>Full name*</p>
<p>Personal Identity number (if you have been assigned one)</p>
<p>Date of birth (YYYYMMDD)*</p>

Residential Address of the Alternative Beneficial Owner (Street, Number)*		
Postal Code*	City*	Country*
Description of significant control of Party II (for example a high ranking role/position within the company)*		