Legal Grandparent Designation Form

Instructions

Purpose

The Legal Grandparent Designation Form is used to update a member's Grandparent information and must be signed by the member. This form is utilized by the Licensing and Shareholder Services departments to update their records with the member's Legal Grandparent information. The 'Legal Grandparent' is a single Global identifier for an affiliated corporate group. The affiliated corporate group identified by the Legal Grandparent must own more than 50% of each member under the Legal Grandparent.

Benefits

The Legal Grandparent enables the customer level reporting for MasterCard Worldwide used for both external and internal reporting. Updated legal grandparent groupings will provide accurate customer level metrics at the Global level. These aggregations facilitate the SEC reported top customer reporting, internal customer level reporting for Board of Directors and Customer Relationship Management review as well as the annual Board of Directors voting rights calculation.

Instructions

Form preparation:

Section 1 – Contact information of person completing form to be filled out by member

Section 2 – Existing Legal Grandparent Information to be filled out with the Legal Name of Member, all ICAs/Debit IDs under that Legal Name and the Grandparent Number and Name.

Section 3 – New Legal Grandparent Information to be filled out with the Legal Name of Member and the Grandparent Number and Name. Contact information to be filled out.

Section 4 – Required Signatures section to be signed and dated by two officers of the member and the account manager as the MasterCard representative. The member also needs to affix the corporate seal to the form.

Form delivery:

Preliminary form can be faxed or emailed as a PDF file to the following:

Shareholder Services Fax Number – 1.914.249.4262
Shareholder Services E-mail address – 'shareholder_services@mastercard.com'

Final form must be mailed to the following address:

MasterCard Worldwide
Attn: MasterCard Shareholder Services
2000 Purchase Street
Purchase, NY 10577-2509 USA

This application and all attachments must be completed in English

1–General Information

Contact information of person completing this form

Name _____

Address _____

City _____

State _____

Country _____

Postal/ZIP Code _____

Phone Number _____

E-mail _____

2–Existing Legal Grandparent Information

Legal Name of Member _____

ICA Numbers/Debit IDs _____

Grandparent Number _____

Grandparent Name _____

With respect to the Legal Grandparent named above, the undersigned member notifies MasterCard of the change in Legal Grandparent information outlined below and requests MasterCard's Franchise Licensing department to update their records accordingly.

3–New Legal Grandparent Information

Legal Name of Member _____

Grandparent Number _____

Grandparent Name _____

Grandparent Contact Name _____

Grandparent Contact Title _____

Grandparent Address _____

City _____

State _____

Country _____

Postal/ZIP Code _____

Grandparent Contact Phone Number _____

Grandparent Contact E-mail _____

4–Required Signatures

Authorized signatories of member are two officers of the organization. A MasterCard authorized representative must also sign this form. Member certifies that all information provided by member in the course of this form is accurate and complete in all respects. Member certifies that the undersigned is duly authorized to execute the application in the name of the Member.

_____ Date: _____
Signature of Authorized Member Contact (Month-Day-Year)

By: _____
Typed Name and Title

_____ Date: _____
Signature of Officer (Month-Day-Year)

By: _____
Typed Name and Title

_____ Date: _____
Authorized Signature of MasterCard Worldwide (Month-Day-Year)

By: _____
Typed Name and Title

Please submit all documents to:

MasterCard Worldwide
Attention: MasterCard Shareholder Services
2000 Purchase Street
Purchase, NY 10577-2509
USA
Fax: 1-914-249-4262
E-mail: shareholder_services@mastercard.com