Payment Services

Dynamic Currency Conversion (DCC)

Confirmation for Visa Europe and MasterCard International

MERCHANT

Company _____ Merchant No. _____

Postal code / City _____ _____ Country _____

Contact person ☐ Mr. ☐ Ms. First name _____ Last name _____

Function _____ E-mail _____

Number of staff at POS _____

DCC PROVISIONS

The merchant confirms that he/she has read and understood the «Additional Conditions for Dynamic Currency Conversion (DCC)» listed in the «General Business Conditions for Cashless Payments».

In particular, the merchant agrees to:

1. Ask each holder of a foreign card whether he/she wishes to pay in the card currency before making the DCC transaction;
2. Ensure that the cardholder can pay in the currency that is applicable at the location of the merchant's headquarters;
3. Make sure that all DCC information pertaining to the cardholder is placed so that it is clearly visible;
4. Inform the cardholder upon request about the DCC service and the cardholder's rights;
5. Inform the merchant's employees about the DCC-specific rules and to ensure their proper implementation.

The Merchant acknowledges that failing to adhere to the DCC-specific provisions can lead to immediate termination of the «Dynamic Currency Conversion (DCC)» contract module respectively supplemental agreement.

Use the DCC training to train your staff. The audiovisual program summarizes in 10 minutes all the important information about DCC. Please forward the following link to all members of your staff that should receive information about DCC.

www.six-payment-services.com/dcc-training

The DCC training can also be used to refresh staff about the material.

☐ **Transfer to DCC acceptance points pursuant to enclosed branch list**

The Merchant confirms that the branch offices specified in the branch list will be obliged to adhere to all aforementioned DCC-specific provisions and will ensure corresponding implementation at all DCC acceptance points.

_____ _____

Place and Date The Merchant's legal signature(s)*

* First and last name(s) in block letters: _____

VP-Nr. _____ Partner ID _____ Trainer ID _____

Mailing address: SIX Payment Services, Hardturmstrasse 201, P.O. Box, CH-8021 Zurich
For your local contact: www.six-payment-services.com/contact

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