

Mastercard Connect Access

Acesso ao MC Connect (Portal dos Participantes)

ATENÇÃO (!) Este formulário deve ser enviado para online_provisioning@mastercard.com e somente após o recebimento da confirmação de acesso ao portal, o requisitante poderá finalizar a sua adesão ao arranjo.



1—Access Information

A User ID will be required to access Mastercard Connect. The criteria for User IDs are as follows:

- Must begin with an Alphabetic character
- Cannot start with e, x, or z
- Characters a-z, A-Z, 0-9, @, \, -, _ are all allowed
- No spaces or commas
- Minimum 6 character, maximum 30 characters
- If user ID was previously chosen by another user, your User ID will be your first initial and last name

2—Security Administrators

Security Administrator (SA): The SA manages Mastercard Connect users at their company, including approving application and data access requests.

Mastercard requires two SAs to be assigned for your Company. The SA is responsible for:

- Managing new user accounts, including creating the account and sending an invitation to the user to sign in to Mastercard Connect and complete the account set-up.
- Assigning access or approving requests to applications and data.

Security Administrator 1 Information

Legal Name of Entity: _____

Contact Name: _____

Title: _____ User ID: _____

Street Address: _____ City: _____

State/Country: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

Security Administrator 2 Information

Legal Name of Entity: _____

Contact Name: _____

Title: _____ User ID: _____

Street Address: _____ City: _____

State/Country: _____ ZIP/Postal Code: _____

Phone: _____ Email: _____

Submit completed form to online_provisioning@mastercard.com

Note: Security Administrators will receive software tokens (via an encrypted email from Mastercard) to use for authentication when signing in to Mastercard Connect. The tokens are used with RSA's SecurID Software Token application to generate a number sequence the user must enter to sign in to Mastercard Connect. Your organization should become familiar with software token authentication before using Mastercard Connect and the products offered within. Please visit RSA's website to learn more about the RSA SecurID Software Token application. You may also refer to the [Frequently Asked Questions](#) and the [Software Token User and Installation Guide](#) on the Mastercard Connect sign-in page (www.mastercardconnect.com).

Formulário de Registro para Liquidação Centralizada no Brasil

Registration Form for Centralized Settlement in Brazil



Prezado Participante,

O formulário abaixo contém os dados para participação no processo de liquidação centralizada via CIP, conforme estabelecido pela Circular 3.765/2015 do Banco Central e pelo Regulamento Mastercard Brasil.

Solicitamos o preenchimento das informações para seguirmos com o processo de liquidação centralizada e assinatura do contrato de participação nos arranjos de pagamento da Mastercard Brasil.

Dear participant,

This form contain data needed to participate at process of centralized settlement by CIP, accordingly with established by Brazilian Central Bank at Circular 3.765/2015 and Mastercard Brazil Rules.

We ask you to fill in the information in order to proceed with the centralized settlement process and signature of the participation agreement in Mastercard Brasil's Payment arrangements.

ATENÇÃO(!) Este formulário deve ser enviado para regulatorio-registro@mastercard.com junto com uma cópia do contrato social.

1— Entity Info

Legal Name of Entity: _____

Tax Id (CNPJ): _____

Street Address: _____ City: _____

State/Country: _____ ZIP/Postal Code: _____

Phone: _____ Site: _____

2 – Legal Representative (1)

Complete Name: _____

Title: _____

Phone: _____ Email: _____

3 – Legal Representative (2)

Complete Name: _____

Title: _____

Phone: _____ Email: _____

Note: Legal representatives will receive the contract for filling and signing through Adobe Sign.

Participação na Liquidação Centralizada CIP	Yes	No
O Facilitador de Pagamentos possui mais de R\$ 500 MM em volume de transações e é obrigado a liquidar na CIP. Ou a Instituição é um Credenciador e/ou Emissor obrigado a liquidar via CIP. <i>The Payment Facilitator has more than R\$ 500 MM in total purchase volume and it is obligate to settle by CIP. Or the institution is an acquirer and/or issuer obligated to settle by CIP.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Desejo participar da liquidação centralizada via CIP. <i>I want to participate in centralized settlement by CIP.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Modalidade de Participação e Produtos Liquidados pela CIP Entity and Products types settled by CIP.		
Instituição Domicílio/ Merchant Entity	<input type="checkbox"/> Crédito/ Credit <input type="checkbox"/> Débito/ Debit <input type="checkbox"/> Pré-Pago/ Prepaid	
Subcredenciador/ Payment Facilitator	<input type="checkbox"/> Crédito/ Credit <input type="checkbox"/> Débito/ Debit <input type="checkbox"/> Pré-Pago/ Prepaid	
Informe abaixo o nome dos credenciadores com os quais opera/ <i>Inform below the name of acquirers with whom you operate</i>		
Caso opte em participar da CIP, informe o número do ISPB do banco liquidante. <i>If you have chosen to participate in CIP, inform the ISPB number from the settlement bank.</i>		
Data prevista para entrada em produção na CIP. <i>Expected initial date in production in CIP</i>		