



# Merchant Card Acceptance Form

Merchant Number [ ] Merchant Number [ ] . [ ] %

## Merchant Business Information

Registered Name (as in Business Registration) [ ]

Trading as in Business Registration (If different from Registered Name) [ ]

URL (If Online Merchant) [ ]

Entity Type:  Public Company  Government Body  Private Limited Company  Partnership  Foreign Company  Sole Proprietor  Charity  Trust  Society  Other please specify [ ]

Registered Address [ ]

Postal Code [ ] Country [ ]

Principal place of Business (If different from Registered Address) [ ]

Postal Code [ ] Country [ ]

Correspondence Address (If different from Principal place of Business) [ ]

Postal Code [ ] Country [ ]

Business Telephone [ ] Contact No. [ ] Fax [ ]

BusinessEmail Address [ ]

Business Registration Number [ ] GST Number [ ]

Industry Type [ ]

Place of Incorporation [ ] Date of Incorporation DD / MM / YYYY

Old Merchant Number (Change of ownership only) [ ] Date Changeover Effective DD / MM / YYYY

## Payment

Payee Name [ ]

Payment Address (If different from principal place of business) [ ]

Postal Code [ ] Country [ ]

## Direct Credit

Beneficiary Name: [ ]

Beneficiary Address: [ ]

Beneficiary Bank Name: [ ]

Beneficiary Bank Address: [ ]

Account Number (USD): [ ]

Beneficiary Bank SWIFT code: [ ]

## Authorised Signatories

Please provide board resolution or power of attorney to confirm the following individual(s) are authorised to act on your behalf

### Primary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify) [ ]

Given Name/s (As per your ID) [ ] Surname (As per your ID) [ ]

Alias Name if any (As per your ID) [ ]

Business Title [ ] Contact No. (Optional) [ ]

Home Address [ ]

Postal Code [ ] Country [ ]

ID Document Type  Passport  Passport Number  Other (Please Specify) [ ]

ID Document Number [ ]



Nationality

D.O.B  /  /   
DD MM YYYY

### Beneficial Owner (Individuals)

#### Beneficial Owner 1

Ownership (Percentage of Shares %)

Same as:  Primary Signatory  Secondary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify)

Given Name/s (As per your ID)  Surname (As per your ID)

Alias Name if any (As per your ID)

Home Address

Postal Code  Country

ID Document Type  Passport Number  Other (Please Specify)

ID Document Number

Nationality  D.O.B  /  /   
DD MM YYYY

#### Beneficial Owner 2

Ownership (Percentage of Shares %)

Same as:  Primary Signatory  Secondary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify)

Given Name/s (As per your ID)  Surname (As per your ID)

Alias Name if any (As per your ID)

Home Address

Postal Code  Country

ID Document Type  Passport Number  Other (Please Specify)

ID Document Number

Nationality  D.O.B  /  /   
DD MM YYYY

#### Beneficial Owner 3

Ownership (Percentage of Shares %)

Same as:  Primary Signatory  Secondary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify)

Given Name/s (As per your ID)  Surname (As per your ID)

Alias Name if any (As per your ID)

Home Address

Postal Code  Country

ID Document Type  Passport Number  Other (Please Specify)

ID Document Number

Nationality  D.O.B  /  /   
DD MM YYYY

#### Beneficial Owner 4

Ownership (Percentage of Shares %)

Same as:  Primary Signatory  Secondary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify)

Given Name/s (As per your ID)  Surname (As per your ID)

Alias Name if any (As per your ID)

Home Address

Postal Code  Country

ID Document Type  Passport Number  Other (Please Specify)

ID Document Number

Nationality  D.O.B  /  /   
DD MM YYYY





### Connected Party

Individual that has executive authority such as a director, chairman, CEO, CFO or managing partner

Same as:  Primary Signatory  Secondary Signatory

Title  Mr  Mrs  Miss  Ms  Other (Please Specify) \_\_\_\_\_

Given Name/s (As per your ID) \_\_\_\_\_ Surname (As per your ID) \_\_\_\_\_

Alias Name if any (As per your ID) \_\_\_\_\_

ID Document Type  Passport Number  Other (Please Specify) \_\_\_\_\_

ID Document Number \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_ • Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Primary Authorised Signatory only) (Secondary Authorised Signatory only) DD MM YYYY DD MM YYYY

Relationship Manager \_\_\_\_\_ Signature \_\_\_\_\_

### Application Checklist

**Before returning this application, please check that you have:**

- |   |  |
|---|--|
| 1 | Merchant Application Form  |
| 2 | Merchant Questionnaire Form  |
| 3 | Certificate Of Business Registration   |
| 4 | Passport copy of beneficial owner  |
| 5 | Bank Account Statement   |
| 6 | Proof of residential address of the beneficial owner (Utility bill or bank statement not older than 3 months) and of those authorised signer |

