

New Existing MID: _____

MERCHANT APPLICATION FORM			
Services Required			
<input type="checkbox"/> Retail <input type="checkbox"/> Batch Processing		<input type="checkbox"/> Retail Instalment Payment Plan <input type="checkbox"/> Others (please specify) _____	
COMPANY INFORMATION			
Registered Business Name (as per ACRA records or relevant registered record)			
Registered Business Number (as per ACRA records or relevant registered record)		Date of Registration	Country of Incorporation
Constitution			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Non-profit Organisation		<input type="checkbox"/> Partnership/ Limited Liability Partnership (LLP) <input type="checkbox"/> Singapore Incorporated Company	
		<input type="checkbox"/> Society / Club / Association <input type="checkbox"/> Others (please specify) _____	
Registered Business Address			
			Postal Code: _____
GST Registered <input type="checkbox"/> Yes <input type="checkbox"/> No GST Registration Number: _____		Main Crediting Account No.: <input type="checkbox"/> Maybank <input type="checkbox"/> Others (please specify): _____	
CONTACT PERSON			
Name of Key Contact Person <input type="checkbox"/> Mr <input type="checkbox"/> Mrs		Designation	Telephone (Mobile)
Email		Telephone (Office)	Facsimile
OUTLET INFORMATION			
Outlet Name or Trading Name			
Outlet Address			
			Postal Code: _____
Name and Designation of Contact Person <input type="checkbox"/> Mr <input type="checkbox"/> Mrs		Telephone (Office)	Telephone (Mobile)
Email	Facsimile		
BUSINESS DETAILS			
Please describe the nature of your business, business model and products sold (e.g. electronics goods, computers).			
			Country of operations: _____
Estimated Annual Sales Volume	Estimated Annual Card Sales Volume	Average Ticket Size	No. of Outlets
Source of Revenue <input type="checkbox"/> Singapore <input type="checkbox"/> Others (please specify): _____		Source of Incoming Fund <input type="checkbox"/> Business Proceeds <input type="checkbox"/> Commissions <input type="checkbox"/> Service Rendered <input type="checkbox"/> Return of Investment <input type="checkbox"/> Others (please specify): _____	
Delivery of product and services <input type="checkbox"/> Immediately <input type="checkbox"/> _____ days <input type="checkbox"/> Others (please specify): _____		Profile of Customers <input type="checkbox"/> Locals <input type="checkbox"/> Corporate <input type="checkbox"/> Tourists	
Card present during transaction <input type="checkbox"/> Card Present <input type="checkbox"/> Card Not Present		Storing of credit card details: <input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No	

Specify Credit Card Return Policy

Specify Policy, Standards and/or Practices in Information Security

TERMS AND CONDITIONS

By submitting this application, I/We:

- hereby declare that all information provided herein is correct and I/we have understood all requirements as per indicated by Maybank Singapore Limited (the 'Bank'), and will ensure that total compliance is met at all times in handling the Card Information being stored in my/our Company/Business Premises. The Bank shall be notified in writing if there is/are any change(s) on the information provided earlier. The method of storage will be subjected to audit by the Bank to ensure compliance. Any penalty(s) imposed due to non-compliance by the Card Association(s) (i.e. MasterCard International and/or VISA International) or MAS (in the event of any breach of data/non-compliance) will be fully borne by me/us.
- agree that the Bank shall reserve the right to approve or reject my/our application as the Bank deems fit without assigning any reason.
- agree to be bound by the attached Merchant Card Service Terms and Conditions.
- agree to accept the Cards unconditionally and not to charge Cardmembers any fees for using the Cards.
- agree to destroy the Cards' CVV Value upon completion of sales transaction (if applicable).
- acknowledge that the processing of Retail application will take approximately 4 weeks upon receiving full set of completed documents.
- acknowledge that the processing of EC application will take approximately 6 weeks upon receiving full set of completed documents.
- acknowledge that the Bank will inform merchant of the application status and for approved applications, our relationship manager will establish the final deployment / setup date once the merchant account has been setup.

Documents required:

- a photocopy of all directors' NRIC (front and back) OR Passport (Particulars Page)
- a photocopy of all shareholders' NRIC with 25% or more ownership
- For Passport, please provide proof of address (e.g. utilities bills)
- certified true copies of the Company audited financial statements for the last two (2) financial years.
- a copy of cheque

I/We acknowledge and agree that we are responsible for ensuring that each individual whose personal data has been provided to you pursuant to our application hereto and from time to time consents to the collection, use, disclosure and/or processing of his personal data by you and your authorized service providers for purposes set out in policies, circulars, notices or guidelines governing Bank's collection, use and/or disclosure of personal data, including the Data Protection Policy available *inter alia* at <http://www.maybank2u.com.sg/>, which you may update from time to time ("Data Protection Policies"). I/We shall ensure that all relevant individuals are furnished with a copy of the terms that apply to any account with or service provided by you and the aforesaid Data Protection Policies.

I/We hereby confirm with the Bank that I/we are duly authorized by the applicant mentioned under the registered name herein to apply to the Bank for Merchant facilities and to execute all relevant documents relating to the Merchant facilities and to acknowledge the acceptance of the Terms and Conditions set forth herein.

Signature

Company Stamp

Authorised Signatory:

Designation:

NRIC/Passport:

Date:

Please send a set of the completed forms and supporting documents to corp_ma@maybank.com.sg for verification and undergo the application process. After which, please forward the originals to:

Maybank Singapore Limited
2 Battery Road #10-01
Maybank Tower
Singapore 049907
Attn: Merchant Acquiring

ANNEX A

RETAIL MERCHANTS																																	
Scheme <input type="checkbox"/> Mastercard/Visa <input type="checkbox"/> Amex <input type="checkbox"/> Diners		Instalment Payment Plan <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months																															
Types of Terminals <input type="checkbox"/> Wired (No. of Terminals: _____) <input type="checkbox"/> Wireless (No. of Terminals: _____) (Not Applicable for Instalment Payment Plan) (Data SIM service provider: _____ (Pre-Paid/Post-Paid))		Shop Details <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>Signboard Present</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>Shop setup fully furnished</td> <td style="text-align: right;"><input type="checkbox"/></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3">Not furnished, please state date of completion: _____</td> </tr> </table>			YES	NO	Signboard Present	<input type="checkbox"/>	<input type="checkbox"/>	Shop setup fully furnished	<input type="checkbox"/>	<input type="checkbox"/>	Not furnished, please state date of completion: _____																				
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Not furnished, please state date of completion: _____																																	
PRE-SAQ (COMPLIANCE TO PCIDSS)																																	
Do you store card data?* <input type="checkbox"/> Yes (Please proceed to i, ii and iii) <input type="checkbox"/> No (Please proceed to ii)																																	
i. CARD DATA SECURITY																																	
Storage Type <input type="checkbox"/> Server/Computer Based <input type="checkbox"/> Hard Copy		Data Stored <input type="checkbox"/> Card Number <input type="checkbox"/> Expiry Date CVV																															
Security measure(s) in place for server/computer based storage: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>Unique password controlled user access</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Password protected file(s)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Password to be refreshed every 60 DAYS (disallow password recycling)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Encryption/Truncation of card number (display only first 6 and last 4 digits) Remarks (if any):</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO	Unique password controlled user access	<input type="checkbox"/>	<input type="checkbox"/>	Password protected file(s)	<input type="checkbox"/>	<input type="checkbox"/>	Password to be refreshed every 60 DAYS (disallow password recycling)	<input type="checkbox"/>	<input type="checkbox"/>	Encryption/Truncation of card number (display only first 6 and last 4 digits) Remarks (if any):	<input type="checkbox"/>	<input type="checkbox"/>	Security measure(s) in place for hard copy storage: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>File(s) kept under lock/safe Labeling of file to be "discreet"</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Masking/Truncation of Card Number (display only first 6 and last 4 digits)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Limited access to files</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Periodical destruction of data (storage duration: _____ years)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			YES	NO	File(s) kept under lock/safe Labeling of file to be "discreet"	<input type="checkbox"/>	<input type="checkbox"/>	Masking/Truncation of Card Number (display only first 6 and last 4 digits)	<input type="checkbox"/>	<input type="checkbox"/>	Limited access to files	<input type="checkbox"/>	<input type="checkbox"/>	Periodical destruction of data (storage duration: _____ years)	<input type="checkbox"/>	<input type="checkbox"/>
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ii. PA-DSS APPLICABILITY INFORMATION																																	
1. Is the MBB EDC Terminal(s) connected to any of your network/system?		YES	NO																														
2. Do you swipe and/or key in the payment card on any other devices (eg. cash register machine) other than MBB's EDC terminal? If NO for both 1) and 2), please omit (iii)		<input type="checkbox"/>	<input type="checkbox"/>																														
iii. POS CASH REGISTER VENDOR DETAILS																																	
1. Payment Software Name: _____ 2. Software Version: _____ 3. Software Vendor Name: _____		4. Has the vendor's payment software/application been validated against PA DSS (if yes, please provide relevant document(s)) <input type="checkbox"/> YES <input type="checkbox"/> NO																															

ANNEX B

ECOMMERCE MERCHANTS																																	
Scheme <input type="checkbox"/> Mastercard/Visa <input type="checkbox"/> Amex <input type="checkbox"/> JCB <input type="checkbox"/> CUP <input type="checkbox"/> Diners	Website <input type="checkbox"/> Yes, please state url: _____ <input type="checkbox"/> No																																
Sales/Delivery to Overseas <input type="checkbox"/> Yes, please state country/ies: _____ <input type="checkbox"/> No	Goods/Services Owned by Company <input type="checkbox"/> Yes <input type="checkbox"/> No																																
PRE-SAQ (COMPLIANCE TO PCIDSS)																																	
Do you store card data?* <input type="checkbox"/> Yes (Please proceed to i and ii) <input type="checkbox"/> No																																	
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