

MERCHANT DETAIL FORM:

Please include the necessary information in the questions. Incomplete details may cause your application to be delayed or returned. Please contact your account manager if you require any assistance.

SETTLEMENT CORPORATE BANK DETAILS

Bank Name

Bank Branch /Swift Code

Account Name

Account Number

Account Currency

IBAN Number

BUSINESS INFORMATION:

- What is the website address / Mobile App to link the payment gateway? _____.
- What is the exact nature of business? What are the products/services you intend to process payments for using the online payment gateway? _____.
- What is the company's target market countries? _____.
- How much is your projected/current annual turnover? _____. And the average amount per transaction? _____.
- What would be the highest amount expected to be paid in one transaction using the online payment gateway? _____.
- Do you offer subscription packages? ☒ YES *If yes, Please explain the details of packages (prices, subscription period)* _____.
- Does your company sell products/services through other channels apart from your website/mobile app (e.g. other marketplace (Amazon or through other social media)? _____.
- Indicate your business model: ☒ B2B
- Please specify whether you intend to use [Invoice/Payment link \("APS Collect Service"\)](#)? ☒ NO *If yes, please make sure that products/services descriptions and final prices offered are available on the website/landing page.*
- Is your website ready and built with list of products/services, and final pricing? **Note:** *Polices will be reviewed (T&Cs/Privacy Policy/Refund/Cancellation, Delivery policies)* If not, what is the final date to finalize? _____.
- Does your company have a physical presence through an office/outlet/warehouse? ☒ YES *If no, please clarify the reasons:* _____.
- What is the source of the company's initial capital? _____.
- Does the company have a branch or subsidiary? Please circle: ☒ YES *If yes, please provide the following*

Branch / Subsidiary Company Name:	Country:
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- Is the fulfillment center for the products and services offered available locally? ☒ YES *If No provide name of the country of fulfillment center:* _____.
- Do you have any other acquiring relationship (**ECOM or POS Terminal**) from another bank or PSP (Payment Service Provider)? ☒ YES *If Yes: Name/s of the bank / PSP (Payment Service Provider):* _____ Relationship since: _____.
- Key "Suppliers/ 3rd Party Vendor" information: *(Provide top vendors / suppliers your company has business relationship with).*

Full name of Supplier / Vendor	Country of Origin of Supplier / Vendor

- Please indicate below if your company is trading/importing or having branch/subsidiaries with any of the following countries: "Iran, Sudan, Syria, North Korea, Crimea Region, Cuba, Palestine, Yemen, South Sudan, Iraq Afghanistan" Region of Crimea, Russia, Ukraine, Donetsk People's Republic (DNR) region, Luhansk People's Republic (LNR) region: ☒ YES
If yes, list the country and explain the type of business being conducted.

I hereby acknowledge that all information stated above are correct and up to date.

SIGNATURE OVER PRINTED NAME

DATE:

Company Stamp:

CLEAR FORM

SAVE