



Merchant Application



1. Merchant Business Details:
 - a. Business Name:.....
 - b. Is Business a: - Sole Proprietorship - Partnership - Limited Liability Company - PLC
 - c. Date of Incorporation: Certificate:(enclose copy of Certificate)
 - d. Current Audited Accounts (enclose copy if available)

2. Merchant Contact information:
 - a. Telephone Numbers b. E-mail Address.....
 - c. Website Address

3. Number of Employees:..... b. Opening Hours/Days of the Week:.....

4. Sales Activity:
 - a. Provide full description of products/services sold.....
 - b. Turnover (actual or estimated): i Annual Business Turnover:..... ii Annual Card Turnover:.....
 - iii Average Card Transaction Value:.....iv Maximum Card Transaction Value:.....

5. Particulars of Directors/Partners
 - a. (i) Names:(ii) Office Address/Phone Number:
 - (ii) Residential Address/Phone Number:
 - (iv) Occupation:

 - b. (i) Names:(ii) Office Address/Phone Number:
 - (iii) Residential Address/Phone Number:
 - (iv) Occupation:

 - c. (i) Names:(ii) Office Address/Phone Number:
 - (iii) Residential Address/Phone Number:
 - (iv) Occupation:

 - d. (i) Names:(ii) Office Address/Phone Number:
 - (iii) Residential Address/Phone Number:
 - (iv) Occupation:

6. Merchant Location: a. Street Address:

City State.....

 - b. Is the Business in a Residential Address? Yes No
 - c. Number of Outlets/Locations requiring Card Payment facilities
 - i. Location/Address:ii. Location/Address:.....
 - iii. Location/Address:.....iv. Location/Address:.....

7. Merchant Principal's information:
- i. a. Name of Officialb. Street Address:.....
c. Telephone Numbersd. E-mail:
 - ii a. Name of Officialb. Street Address:.....
c. Telephone Numbersd. E-mail:
 - a. Name of Officialb. Street Address:.....
c. Telephone Numbersd. E-mail:

8. Merchant History:
- a. Date of commencement of Businessb. State whether previously filed for bankruptcy.....
 - c. Any prior relationship with any acquirer? Yes No (i) Is the relationship still in place? Yes No
(ii) If "No" to c(i): When did it end?Why did it end?
 - d. Provide details on any other business owned
 - e. Name(s) of subsidiary(ies) [if any]:

9. Financial History:
- a. Gross annual income /operating profit (for the last 3 years)
 - Year 20Year 20.....Year 20
 - b. Loans: State details of any outstanding loans

10. Bank Details:
- a. Bankb. Account Type Savings, Current, Others)
 - c. Account Number Bank Branchd.Account opening date
 - e. Enclose 12 months bank account statements

Note: VNP's Marketing Team will provide Merchants lists of VISA approved banks.

- 11. Do you have a Credit and/Return policy that is communicated to customers? Yes No
- 12 (i). Do you have contractual relationship with third parties that may affect the business if the contract is cancelled? Yes No
(ii). If yes to 13(i), provide details

13. Card Payment Acceptances: a. Please tick or indicate payment cards that you accept from your customers:
- (i) Visa (ii) Master Card (iii) Amex (iv) Diners (iv) Others
 - b. If you accept International payment cards, state name(s) of your present acquirer(s)
i(ii).....

14. Tax Details:
- a. VAT Registration Number (Please enclose copy)b. WHT Certificates (Please enclose copies)
 - c. Corporate Tax (If applicable) (Attach copy of the most recent cert.)
 - d. Personal Income Tax (If applicable) (Attach copy of the most recent cert.)

DECLARATION

THE INFORMATION ABOVE IS TRUE AND ACCURATE AND VALUCARD IS AUTHORISED TO VERIFY SAME BY REFERENCE TO APPROPRIATE PERSONS OR OFFICES OR TAKING SUCH OTHER STEPS AS VALUCARD MAY DEEM FIT.

.....
AUTHORISED SIGNATURE & NAME

.....
AUTHORISED SIGNATURE & NAME