

MERCHANT Application Form

SERVICE REQUESTED

New Application	<input type="checkbox"/> Electronic Data Capture (EDC) Terminal, BML Merchant Portal / BML mPOS <input type="checkbox"/> BML Payment Gateway
Change Request	<input type="checkbox"/> Add Terminal <input type="checkbox"/> Change Address <input type="checkbox"/> Change Settlement Account
No. of terminals	<input type="text"/> <input type="text"/>

MERCHANT INFORMATION

Name of Business / Institution			
Registration No. (Business /Company/shop/Institution)		Registration Date	
Business location (address)			
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>
Flat No. / Floor	<input type="text"/>	Atoll, Island	<input type="text"/>
Post Code	<input type="text"/>	Country	<input type="text"/>
Phone	<input type="text"/>	Fax No.	<input type="text"/>
Contact Name	<input type="text"/>		
Designation	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	(Please note that notification for Static QR transactions will be sent to above listed email and/or mobile details)	
Type of Business	<input type="checkbox"/> Resort/Hotel <input type="checkbox"/> Utility <input type="checkbox"/> Restaurant/Café <input type="checkbox"/> Retail Shop <input type="checkbox"/> Supermarket <input type="checkbox"/> Online Store <input type="checkbox"/> Travel Agent <input type="checkbox"/> Telecommunication <input type="checkbox"/> Others, please specify main Products/Services sold _____		
Average Transaction Amount	<input type="text"/>		
Estimated Monthly Volume	<input type="text"/>		

SIGNATURE: _____

OWNERSHIP INFORMATION

Type of Ownership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Public Company	<input type="checkbox"/> Limited Liability Company
	<input type="checkbox"/> Non-Profit Organisation	<input type="checkbox"/> Government	<input type="checkbox"/> Others, Please specify. _____	
Owner's Name				
Registration No. / ID Card No.				
Registered Address				
House / Building Name	<input type="text"/>	Street Name	<input type="text"/>	
Flat No. / Floor	<input type="text"/>	Atoll, Island	<input type="text"/>	
Post Code	<input type="text"/>	Country	<input type="text"/>	
Phone	<input type="text"/>	Fax No.	<input type="text"/>	
Email	<input type="text"/>			
<small>(For Sole Proprietorship business, BML Merchant Portal / BML mPOS login credential will be sent to the email address provided in Ownership Information)</small>				

SETTLEMENT ACCOUNT DETAILS

Account Name					
Account Number	<table border="1"> <tr> <td>MVR</td> <td><input type="text"/></td> </tr> <tr> <td>USD</td> <td><input type="text"/></td> </tr> </table>	MVR	<input type="text"/>	USD	<input type="text"/>
MVR	<input type="text"/>				
USD	<input type="text"/>				
<small>Account should be a Business Account opened with BML in the name of Merchant or Merchant Owner.</small>					

DOCUMENTS REQUIRED

Please submit the following with your completed application form

- Import License / Local Investment Registry / Vehicle Registry & Taxi Permit
- Operating License
- Owner(s) ID Card
- Partnership deed if Partnership
- Tax Registration
- Business Activity Registration
- Business Name Registration

Following additional documents are required, if business is owned by a company

- Certificate of Registration
- Memorandum and Articles of Association
- Board Resolution giving authority to sign the Merchant Application Form*
- Information form for Business & Institutions* (if you have not previously submitted or require to update)
- BML Merchant Portal and/or BML mPOS User Access letter for additional users*
- Domain Registration (for Payment Gateway)
- Company Profile Information Sheet

*Available from our website www.bankofmaldives.com.mv

Note: Incomplete applications and premises not ready for inspection will be cancelled after one month from the date of submission. Please ensure the premises is ready for operations prior to submitting the application.

DECLARATION

Please setup the business named above as a merchant to accept card/s. I/We, have read, understood and agree to be bound by the "Terms and Conditions for Card Acceptance" (the "Terms"), available from Bank of Maldives (the "Bank") website. I/We agree that these Terms may vary from time to time and that any changes made to the Terms will be published on the Banks' website or communicated by other means at the discretion of the Bank. It shall be my/our responsibility to ensure compliance to such published changes made to the Terms. I/We agree not to charge Cardholders any fee for using the Card as defined in the Terms. In addition I/We am/are aware and agree to the section 9 (Accepting the Card - Card Not Present Transactions) of the Terms and Condition for Card Acceptance.

_____ Authorised Signature	_____ Date
_____ Authorised Signature	_____ Date

Company Seal

For Bank use only

Authorized Signature _____

Date

Comments

Merchant Details

Payment Currency

 840 462 DUAL

MCC

Merchant Discount

Bank of Maldives Debit Cards	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%
Visa / Mastercard	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%
American Express	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%
Diners	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%
UnionPay	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%
International Digital Wallets	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	%

Merchant ID

 -

Currency

Terminal ID

Merchant ID

 -

Currency

Terminal ID

Terminal Details

Model

SIM #

S/N

IMEI NO.

Staff ID:

Signature:

Date:

Application received by

Signature verified by

CRM input by

Merchant created by

Terminal ID created by

MPI created by

Input checked by

Terminal setup by



SIGNATURE: _____

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