

MERCHANT ACQUIRING

Merchant Registration & Maintenance Form



Service Request Type:

New Merchant

☐ New Merchant Account

Existing Merchant

☐ Additional Merchant Account

☐ Close Merchant Account

☐ Modify Merchant Details

About the Merchant's Business:

Customer Number:

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Current Account Number:

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Branch Code

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Account Number

POS Merchant Account Number:

--	--	--

Branch Code

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Account Number

Registered Name:

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Trading Name:

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Registered Address:

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Main Business Activity:

- | | | | |
|--|---------------------------------------|------------------------------------|--|
| ☐ Retail Outlets | ☐ Restaurant | ☐ Wholesale | ☐ Telecoms |
| ☐ Fuel Stations | ☐ Utilities | ☐ Lodgings | ☐ Car Rental |
| ☐ Government | ☐ Boat Rentals | ☐ Airline | ☐ Travel Agencies |
| ☐ Others (Specify): | | | |

Main contact for MERCHANT ACCOUNT related matters

Contact Name:

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Telephone:

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Email Address:

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Authorised Contact No.1 for POS TERMINALS related matters

Contact Name:

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Telephone:

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Email Address:

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Authorised Contact No.2 for POS TERMINALS related matters

Contact Name:

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Telephone:

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Email Address:

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MERCHANT ACQUIRING

POS Terminal Allocation & Maintenance Form



Please complete this form for each unique location where POS Terminals will be installed

Service Request Type

New	Existing	
☐ New Terminal(s)	☐ Additional Terminal(s)	☐ Replacement
	☐ Modify Terminal Functionality	☐ Remove Terminal

Environment:	☐ Commercial Centre	☐ Industrial Estate	☐ Residential Area	☐ Mobile (On the move. E.g. Taxi)
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Description of Premises:	☐ Owned	☐ Tenant	☐ Leasehold	☐ Other:
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Description of Business Activity at the Location (Main Products or Services offered):	
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Opening / Latest Closing Hours of Business:		Mondays - Fridays	Saturdays	Sundays	Public Holidays
	Time Open:				
	Time Close:				

Daily Auto Settlement Time (Batch Upload):	:	hrs.
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Monthly Sale:	SCR
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Number of Transactions:	
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Estimated Monthly POS Sale:	SCR
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Estimated Number of Transactions POS:	
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Number of POS Terminal(s) Required:	
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Services Required:

Default Services:	☒ Sale	☒ Void	☒ Batch (View)	☒ Reports (Print)	☒ Settle (Batch Upload)
Other Optional Services:	☐ Sale + Cash (Cashback)	☐ Pre-Auth	☐ MOTO (Mail Order/Telephone Order: Lodgings Only)		

Terminal No.	Terminal Outlet Name	Physical Address / Location
1		
2		

Please use extra sheet below for additional terminals

Declaration

By signing below, I/we, the proprietor(s)/Director(s)/trustee(s)/authorised signatory(ies) of the Business/Organisation requests for the Seychelles Commercial Bank ("the Bank") to provide it with Merchant Acquiring Services and the number of requested POS Terminals with the required functionality specified above, acknowledge and agree that I/we have been provided with a copy of the Merchant Acquiring Terms and Conditions, which I/we confirm to have read and understood, and agree to be bound to.

Signature of Proprietor(s) / Director(s) / Trustee(s) / Authorised Signatory(ies):

Name:	Name:
Date:	Date:

Please use this table for additional terminals

Terminal No.	Terminal Outlet Name	Physical Address / Location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

FOR BANK USE ONLY

Customer KYC Account Check

☐ Compliant

Verified By:

Signature:

Merchant Service Charge Rate Endorsed by:

Merchant Service Charge (%):

.

%

Attached approval for special rate if applicable

Endorsed By:

Signature:

Application Reviewed and Approved by:

Signature:

Date:

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