

FOR OFFICE USE:
 MM/ESA ID
 STATUS D P A R S2 S3 S4

A. FACILITIES REQUIRED

TYPE	MYDEIBT	VISA/MASTER/UPI	E-WALLETS	FOREIGN E-WALLETS
EDC, SMART POS TERMINAL, FOR IN-STORE PAYMENT 	Select the acceptance schemes:  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	How many terminal(s) do you required? _____ Tell us your average ticket size. RM _____ Tell us your estimated monthly transaction volume in value. RM _____ Your store come with WIFI connectivity? <input type="checkbox"/> Yes <input type="checkbox"/> No, I would need a SIM Card. Do you require to "Pre-Authorize" Payment function on this terminal? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require to integrate this terminal to your ECR POS system? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require instalment plan/Easy Payment Plan (EPP 12M, 24M, 36M)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require to sell Reload-PIN (Maxis, Digi, Celcom, U-Mobile)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require Buy-Now-Pay-Later (BNPL)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INTEGRATED E-WALLET PAYMENT, FOR POS/KIOSK/VENDING  BSC  CSB	Select the acceptance schemes:  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	How many POS/machines will be integrated with this payment? _____ Tell us your average ticket size. RM _____ Tell us your estimated monthly transaction volume in value. RM _____ Your store come with LAN/WIFI connectivity? <input type="checkbox"/> Yes <input type="checkbox"/> No Your POS running on which platform? <input type="checkbox"/> Windows <input type="checkbox"/> Android <input type="checkbox"/> Linux Do you have software team to assist this integration? <input type="checkbox"/> Yes <input type="checkbox"/> No Which model do you prefer: <input type="checkbox"/> Business-Scan-Customer (BSC), Customer Presented QR <input type="checkbox"/> Customer-Scan-Business (CSB).		
UNATTENDED PAYMENT TERMINAL, CONTACTLESS ONLY, FOR VENDING, KIOSK & PARKING 	Select the acceptance schemes:  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	How many terminal(s) do you required? _____ Tell us your average ticket size. RM _____ Tell us your estimated monthly transaction volume in value. RM _____ Do you required to transact above RM250? <input type="checkbox"/> Yes <input type="checkbox"/> No Your store come with LAN/WIFI connectivity? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have software team to assist this integration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
INTERNET PAYMENT GATEWAY, FOR E-COMMERCE, and BILLING 	Select the acceptance schemes:  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	Your e-commerce website URL: _____ Tell us your average ticket size. RM _____ Tell us your estimated monthly transaction volume in value. RM _____ Do you require to collect monthly or recurring payment? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you require instalment plan/EPP? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Your Business/Trading Name	
Person-in-charge for this merchant application. We will contact him for further information required and update him on application status.	Name: _____ Tel: _____ E-mail: _____ Designation: _____
E-Mail, as Login ID for &PAY Merchant Portal, to view transaction and settlement status	<input type="checkbox"/> same as above

B. COMPANY DETAILS		
Company Registration No.:	Registered Name:	Established in Year:
Company Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> SDN BHD <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Partnership <input type="checkbox"/> Public Listed (BHD) <input type="checkbox"/> _____		
Registered Address: Postcode: _____ City: _____ State: _____		
Company Tel:	Company Fax:	Company website (If Any):
C. TRADING & BUSINESS DETAILS (Note: DBA and CITY will be appeared on customer credit card statement)		
Trading Name (DBA):		
MCC Code (If Any):	Nature of Business:	
<i>(Fill up if different from company address)</i> Trading/Outlet Address: Postcode: _____ CITY: _____ State: _____		
Outlet Tel:	Outlet Fax:	Business website (If Any):
D. OWNER(S) / PARTNER(S) / DIRECTOR(S) DETAILS		
1	Name: IC No:	Contact Tel: Email Address:
2	Name: IC No:	Contact Tel: Email Address:
3	Name: IC No:	Contact Tel: Email Address:
E: REMITTANCE ARRANGEMENT		
Note: Merchant will receive sales proceed 24 hours upon settlement on next business day which will appear on daily online statement maintained in Ampersand Pay merchant portal. Merchant will receive the settlement on T+3 business day.		
Bank Name:	Account Number:	Account Holder Name:
Contact Person for settlement resolution (Finance Department) Name: _____ Tel: _____		Notification email:
F. DOUCMENTS & FORMS REQUIRED (Certified True Copy)		
Mandatory <input type="checkbox"/> Latest Bank statement (First Page) <input type="checkbox"/> Site Visit Photo (With Signboard)		Sole Proprietor / Partnership <input type="checkbox"/> SSM (Form D) & Form A/B <input type="checkbox"/> Copy of IC/Passport of Owner or ALL Partners
SDN BHD / BERHAD (With CTC Stamping) <input type="checkbox"/> Form 49 (Comp Act 1965) / Sec 14 (Comp Act 2016). * Sec 58 for updates <input type="checkbox"/> SSM, Form 9, 23, 24 & 13 / 20 (Comp Act 1965) / Sec 15, Sec 17 (Comp Act 2016) <input type="checkbox"/> Memorandum and Articles (M&A) <input type="checkbox"/> Copy of IC/Passport of an authorised signatory <input type="checkbox"/> Board of Resolution (if the signatory is not director in Form 49)		For e-Commerce Application <input type="checkbox"/> Privacy Policy, Terms & Conditions <input type="checkbox"/> Shipping Delivery Tax Invoice

G. MERCHANT DECLARATION

I/We warrant and confirm that all information given above is true, complete, and correct and further authorise Ampersand Pay to verify the information by whatever means Ampersand Pay considers appropriate.
 I/We have read, understand & be bound to all clauses stated in the LETTER OF OFFER and acknowledge that Ampersand Pay reserves the rights to modify any thereto from time to time.
 I/We understand that Ampersand Pay may decline this application without giving any reason whatsoever.
 I/We agree to the Service Charge that have been imposed by Ampersand Pay as per LETTER OF OFFER and Ampersand Pay reserves the right to change or vary the said Service Charge by giving 30 days written notice.
 I/We agree to all Terms and Conditions that govern the usage of Ampersand Pay services. These Terms and Conditions are subject to revision by Ampersand Pay and I/We will be notified in a manner as Ampersand Pay deems appropriate.
 I/We understand and agree to provide Ampersand Pay written notice of any changes of information that was originally provided in this application. I/We further agree that Ampersand Pay reserves the rights to accept or reject such changes (if any) without giving any reason as Ampersand Pay deems fit.

Sign for and on behalf of Merchant X	Signed for and on behalf of Merchant X	Company Stamp: X
Name: Designation: NRIC No: Date:	Name: Designation: NRIC No: Date:	

H. PAYMENT MODE

All payment shall be made payable via bank in/ transfer to:
 Ampersand Pay Sdn Bhd's Public Bank Berhad (A/C No.: 3202356804), OR via
 cheques should be crossed and made payable to Ampersand Pay Sdn Bhd

<input type="checkbox"/> BANK IN / TRANSFER <i>Please attach transfer slip</i> Date of Payment: Ref. No.: Amount <input type="text" value="RM"/>	<input type="checkbox"/> BY CHEQUE Bank: Cheque No.: Received by <input type="text"/>	 Received Date <input type="text"/>
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I. FEES & CHARGES (REFER TO LETTER OF OFFER)