



Merchant Application Form

Business Information

Business Address: _____

County: _____

Business Registration No.: _____ Tax ID No.: _____

Type of Business: _____ No. of Outlets _____

Business Contact No.: _____

Business Email Address: _____

Authorized Business Manager Information

Name: _____ Nationality: _____

Contact No.: _____

Email Address: _____

Signature: _____ Date: _____

Official Use	
Approved By:	
Position:	
Merchant ID:	
Date:	