

Merchant Information Form

Please fax the completed Form and documents required to **6603 0801**

Please fill in the following in BLOCK letters

Merchant Information

Registered Company Name

Registered Company Name (in Chinese) (if any)

Type of Business (if different from the above Registered Company Name)

Company or Business Registration No.

Certificate of Incorporation No. (Applicable to Limited Company only)

Registered Company Address

Shopping Mall Name (If applicable)

Postal Code

Business Address (if different from the above Registered Company Address)

Shopping Mall Name

District

Correspondence to (Please choose one) Registered Company Address Business Address

Corporate Structure Private Limited Company Partnership Sole Proprietorship

Nature of Business Company Phone No.

Years in Business Company Fax No.

Year(s)

Company E-mail Address Company Website Address (if any)

Primary Contact Person Information

Name in English

Name in Chinese

Title Mr Miss Mrs Ms

Daytime Contact Phone No.

Position

Mobile Phone No.

Sole Proprietor Partner Director **Information**

Percentage of Ownership %

Title Mr Miss Mrs Ms

Surname / Family Name

Given Name

Name in Chinese

NRIC No.

Date of Birth (dd/mm/yy)

Nationality

Residential Address

Length at Residence

Home Phone No.

Year(s) Month(s)

Residential Type

Mobile Phone No.

Rental Mortgaged

Emergency Contact Phone No.

Self-owned Others

E-mail Address

If more than 1 Partner or Director in your company, please provide other Partners' or Directors' information by attaching separate sheet.

Purpose	Amount
---------	--------

Business Property Information

Property Type Office Unit Industrial Estate Shopping Mall

Shophouse Others

Own / Rent Owned Rental Others

Monthly Rent / Mortgage

S\$

Lease Start Date (dd/mm/yy)

Lease End Date (dd/mm/yy)

Name of Landlord

Landlord's Contact Phone No.

Business Information

Credit Card Acceptance Visa MasterCard Amex Diners

JCB NETS Others

Average Total Monthly Sales (past 6 months)

S\$

Average Monthly Credit Card Sales (past 6 months)

S\$

Merchant Discount Rate

%

Installation Fee

S\$

Annual Fee

S\$

Terminal Information

Use of Terminal	Qty	Merchant ID	Terminal Provider
Visa / MasterCard			
NETS			
Amex			
Others			

Primary Bank

Primary Bank Account No.

Declaration & Authorization

I/We hereby declare and confirm that all the information given above and document copies provided are true and correct. I/We understand that the information provided will be used for my/our Merchant Cash Advance application. I/We agree that this Merchant Information Form and any documents submitted will not be returned. I/We also agree that Global Merchant Funding Private Limited may obtain additional information from other sources.

Signature of Sole Proprietor / Partner(s) / Director(s) with company chop

X

Date

For Company Use Only

Agent code

Source