SEYLAN M-PAY

POWERED BY payable

MOBILE POS MERCHANT APPLICATION FORM

Company Details

1.) Name of Establishment .....
(Or name of the person)

2.) Business Address
(Where cards are to be accepted)

3.) Legal Status Individual ☐ Proprietorship ☐ Partnership ☐ Limited Company ☐

4.) Profession .....

5.) Professional Qualifications .....

6.) License Number (valid) .....

7.) Business Registration Number .....

8.) Description of the Business .....

9.) Mobile Number (used for card reader)

10.) Serial Number of SIM

11.) IMEI No

12.) Make of the Mobile (used for card reader) .....

13.) Model of the Mobile (used for card reader).....

14.) Operating System of the Mobile (used for card reader).....

15.) Contact Details of Establishment Tel..... Mobile..... Fax.....
E mail.....

FOR OFFICE USE ONLY

Commission Term: .....

Approved by: .....

CAPTURING

MID: .....

TID: .....

S/N: .....

Reader ID: .....

Application received Date: .....

Captured On.....

VMTS Sent to VMTS on: .....

VMTS Report
OK ☐
Failed ☐

Informed to CBA on .....

Personal Details

16.) Name in Full .....
.....

17.) NIC / Driving License /Passport No ..... Date of issue..... Expiry Date.....

18.) Residential Address .....
.....

19.) Permanent Address .....
.....

20.) Residential Telephone Number .....

Banking Details

If your account is with Seylan Bank, do you wish your payment to be credited directly to the account? Yes ☐ No ☐

If "Yes", please provide the account number.

Account Number

If No, please provide:

Account Name

Account Number

Bank Name

Branch

Branch Code

Declaration

The information given above is true and accurate to the best of my knowledge.

Signature of Applicant ..... Date .....

Name ..... NIC .....