APPLICATION FORM

Without responsibility on the part of the Bank or the signing officer, we confirm that the signature / other particulars agree with that contained in our files



351 Braddell Road #01-03 Singapore 579713 Tel: 62741212 • Email: <u>info@nets.com.sg</u> • Website: <u>www.nets.com.sg</u>

I. BUSINESS DETAILS FOR CORPORATE CUSTOMER	(1 of Horr-corporate costomer, piedse illi il 1 dir 2)		
Registered Name:		Business Registration Numb	per: Relationship with NETS: □ New □ Existing
Transition Manager (Manager Control of the State of the S		<u> </u>	
Trading Name: (Max 25 characters including spaces)			Date of Incorporation:
			D D M M Y Y Y
			5
Business Activity: (Please describe your business activity and declare major co	untry(ies) of operation)		Expected
Pusinoss Entity Typo:		Country of Incorporation:	
Business Entity Type: ☐ Private Limited ☐ Government Agency	☐ Club & Society ☐ Sole Proprietorship	Country of Incorporation: □ Singapore	Country of Operation: □ Singapore
☐ Limited Liability Company(LLC) ☐ Partnership	☐ Exempt Private Co. ☐ Non-Profit	☐ Others:	Others:
☐ Limited Liability Partnership (LLP) ☐ Public Company	☐ Foreign Company ☐ Trust Entity		
, , , , , , , , , , , , , , , , , , , ,	Others:		
1.1 Account Crediting Information			
Bank Name:	Account Name:		☐ Same as Registered Name in Part 1
□ DBS / POSB □ UOB □ OCBC			· ·
Other Bank*:	Branch Code:		Account Number:
Only applicable to e-commerce merchants (eNETS)			
1.2 Billing Information	Office:		Mahilar
Contact Person:	Office.		Mobile:
Mailing Address:		Email Address:	
Postal Code:		Authorized to receive communi	ication from NETS and to communicate customer
Total Code.			unts under the same company. NETS will send
		written communication to the c	address provided in the billing information.
1.3 Merchant Portal (Previously known as MerchantConnect)			
Email address:	□ Same as above	Mobile:	
Authorized to receive welcome email to access MerchantConnect Portal.		☐ Same as above	
		Receive a One-Time-Password s	sent via SMS to this mobile number.
What is Merchant Portal? An online portal for NETS merchants to vie	w daily transactions, settlements, reports, invoices and more.	Website: https://merchantco	onnect.nets.com.sa
1.4 Ultimate Beneficial Owner (UBO) declaration (NEW customers to			
All information is required unless stated.	Tiero piedase compiero pago 4)		
2. ONLY FOR NON CORPORATE CUSTOMER (Please	continuo with 1 1)		
	Confinde with 1.1)	NDIC (ID Numbers	Data of Birthy
Name (as per ID):		NRIC / ID Number:	Date of Birth:
			D D M M Y Y Y
Trading Name: (Max 25 characters including spaces)			License Number:
Business Activity: (Please describe your business activity)		Occupation:	Estimated Below \$50,000
		☐ Hawkers	Annual \$50,001 to \$100,000
		□Others:	Income: More than \$100,000
Nationality:	Country of Birth:		Income: More than \$100,000 Country of ID Issuance:
□ Singaporean	□ Singaporean		Income:
			Income: More than \$100,000 Country of ID Issuance:
□ Singaporean □ Others:	□ Singaporean □ Others:		Income:
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TERMINAL / QR IMPLEMENTATION FORM Program Implementation Form (PIF) - A



351 Braddell Road #01-03 Singapore 579713

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Outlet Address:																				
Contact Person:					Of	fice N	umber:							М	lobile	Numl	oer:			
Select the Mode of Installation Self-Collect at NETS Office											octall	by N	ETC /\$5/) ner la	ocatio	n nlu	\$10 a	dmin	foo	per terminal)
□ 3ell-Collect of Net3 Office										L	ISTUII	БУ 14	E13 (\$3)	peric	Jeane	л рю	5 \$ 10 ac	arriiri	iee	perterminary
Collection Date:										Inst	allatio	on Do	ate:		D	D N	ΛМ	Υ	Υ	YY
D D M M Y Y Y	Υ													f differ	rent f	rom o	utlet ac	ddres	c).	
Address: 351 Braddell Road, #01-03	3 Sinc	aanor	e 579	9713						11 1310	alland)	acirc33 (ii diiici	ICIII I	01110	Jilot ac	auros	٥,٠	
Operation Hours: 8:30am – 5:30pm										Insta	allatio	on Tin	ne: □	9am-1	2pm	П	2pm-3	pm	П.3	Bpm-6pm
Select the Mode of Retrieval (For Tem	npora	ıry Ter	rminc	al Onl	y)															TP
□ Self-Return at NETS Office										□R	etrie	ve by	NETS (\$50 pe	er loc	ation p	olus \$10) adn	nin fe	ee per terminal)
Return Date:															_	_ [T., F.,
Reform Date:										Retr	rieval	Date	e:		D	D N	Λ	Υ	Υ	YY
D D M M Y Y Y	Υ									Retr	rieval	Add	ress (If	differe	nt fro	m out	et add	ress):		
Address: 351 Braddell Road, #01-03																				
Operation Hours: 8:30am – 5:30pm	(Mon	nday t	to Fric	day)						Retr	rieval	Time	: 🗆 90	am-12p	om	□ 12	om-3pr	n [□ 3p	m-6pm
Select Billing Arrangement (For Temp	orary																			
□ \$10 per day + Transaction Fee		□ \$	120 p	oer m	onth	+ Tra	nsaction	n Fee												
4.2 Application for NETS Terminal(s) w	vith C	redit (Card	Acc	eptar	nce														
Select the Payment Scheme(s):										Pay	men	for c	collater	als:						
\square VISA / MASTER \square JCB \square AMI	EX	□Ur	nionP	ay In	terno	itiona	I													
										Amount:(No cash payment)										
Please refer to the price guide for the	e tran	nsactio	on fe	es.						□В	ank 1	ransf	er to D	BS Acc	count	: 001-0	24-650	0		\Box Cheque Payable to NETS
How to Determine the amount for the The Amount is based on the following calcu						dit car	d sales vo	olume x	c 6 mon	iths x 15	5%. If e	stimat	ion amo	unt falls	belov	v actuc	l sales, n	nerch	ant ho	as to top up the balance for the collateral payment.
4.3 Application for NETS Terminal(s) w																				
Select the Payment Scheme(s):																				Please refer to the price guide for transaction fees.
□ China – WeChat] Mala	aysia	– My	Debi	t			□ Ind	lonesid	a – B0	CA			India	a – Rul	Pay and	d BHI	М	☐ China – Alipay+
☐ If others please specify:																				
4.4 Value Added Service																				
☐ Digital Receipt (Applicable to sele Please refer to price guide for the subscription			inal r	mode	ls onl	ly)		□ lr	ntegro	ated P	OS S	olutio	n:				_			Others:
4.5 Terminal Configuration Receipt H	leade	er																		
	_	_		_			_	_	_					_	_	_		_		
Company Name:																				(Max 20 characters)
Location:																				(Max 13 characters)
Receipt Sub-header:																				(Max 20 characters)
5. APPLICATION FOR SGQ	R (No	nte: Tr	radin	a nar	me in	dicat	ed in Pa	art 1 w	vill he (displa	ved o	nn SG	OR lah	رام						
☐ Create new SGQR Label(s)	(, , ,	0.0		9			of SGG					,,,,,	· an iac	· ,						SGQR ID (For existing SGQR merchant):
□ Update existing SGQR Label(s) Note: By default, each SGQR ID is for one terminal, please indicate i									unique	e termino	ıl ID. If y	ou rec	uire mu	ıltiple SG	QR Ia	bels	Note: The 12 characters SGQR ID can be found at the top right corner of your existing label.			
6. APPLICATION FOR simp	lyNl	ETS	/D	anle:	(all - '			C IIC	D 000) \4/	Ch o t	D.c.	unel e	vroc s :-	الحريدا	to)				
□ SGQR Label only			(B)	ank w	/allet	S – Di	ss, ocb	C, 0O	в, асв	s, wec	_nar	Pay c	ana ove	erseas	walle	TS)				
☐ SGQR Label and Terminal					/allet	s plus	NETS, A	MEX,	BCA, I	Maste	rCard	d, Vis	a JCB,	JPI)						
7. APPLICATION FOR Direct	ct A	cqui	iring	1																
Relationship with Visa/MasterCard:																				Applicant's Signature:
•	torC-	ard n	avm-	ant	Do *Eo	mest	c Transo	action	MDR*	*: 99% ch	all an	nlvun	on the r	on- satir	sfactio	n of th	SMP EII	aihilit		
☐ New (or not accept any Visa/Mas in the past 12 months)	iieiCC	aru po	ayı⊓€	7111			the Marc			.///03[]	iuii up	ριγ υρ	OII IIIE [oi i- 30115	oruc110	01 111	JIVIF Ell!	AIIIII)		
					For	reign	Transac	tion N	۸DR:											
☐ Existing						-														
				ΛΠ	Annual sales turnover (all inclusive):\$															
						Number of outlet(s):														



351 Braddell Road #01-03 Singapore 579713 Tel: 62741212 • Email: info@nets.com.sg • Website: www.nets.com.sg

FOR INTERNAL USE											
Account Type: Merchant Informa			tion:								
☐ UAI ☐ Production	☐ UAT ☐ Production ☐ Cust Code / Billing		/ Billing	Acct No:		SSIC Code:		MCC Code:			
Terminal Configuration						Unified POS Terminal Setup:					
	Enable		Disab	le		DA Referral Type:	□ DBS	□ UOB	□ OCBC	□NA	
Dial Fallback:			NA								
PABX:	□:		NA			Direct Acquiring (DA):	□ V/M				
Screen Saver:											
Financial Transaction:						Master Merchants (MM):	□ DBS	□ UOB	□ OCBC		
Duplicate Receipt:						NETS:	□ AMEX	□ JCB			
Tips Adjustment:											
T-Settlement:						Bank:	□ DBS	□ UOB	□ OCBC	□FD	
ECR Transaction Receipt:						Riding:	□ V/M	□ AMEX	□ JCB	□ UPI	
ECR Logon Receipt:						2	•				
ECR Settlement Receipt:						TR-NIT:	□ V/M	□ AMEX	□JCB	□ UPI	
ECR Port:	□ Serial (R	S2321	□ LA	٧							
ECR Mode	□ Ver 1	,	□ Ve		□ Ver 3	(Ver 1, Ver 2 and Ver 3 are	for existing SL and r	merchants only)			
zon mode	□ Ver 1 Pri	me		r 2 Prime		(1011), 1012 and 1010 and		moremanns ernyy			
Comm Type:											
□ LAN – Static		□ LAN – D	ynamio	:		□ Dial up		☐ GPRS			
Subnet Mask:						Other ECR Info: -					
Gate Way:						ECR – POS Vendor:					
DNS Pri:						ECR - Terminal Model: _					
DNS Sec:							Counter-Top	□Self-Service Kiosk	Uending Machine		
Product Offering & Segment:						/					
Product Offering*:				Billing Segn	nent*:			DA MDR Types:			
									Anata of and EdD		
							□ New to Visa / N	MasterCara F&B			
								□ New to Visa / MasterCard non-F&B			
*Kindly ensure that the information	on is accurat	ely input in b	lank	*Kindly ensu	*Kindly ensure that the information is accurately input in blank				☐ Existing to Visa / MasterCard		
							☐ Special Handling Merchant 01				
BF / SF Discount*:				TF Discount	<u>*:</u>				ig Merchani or		
							☐ Insurance Merchant 01				
								☐ Others:		-	
*Kindly ensure that the information	on is accurat	ely input in b	lank	*Kindly ensu	ure that the i	information is accurately inpu					
For CFC Merchants:											
☐ Hawker Cooked Food (CFC2 -	- CF)	□ Wet Mo	ırket (C	FC2 – WM)		☐ Coffee Shop (CFCW –	- CS)	☐ Industrial Cante	en (CFC2 – IC)		
Others:						<u> </u>		1			
RID:		TID:				BF:		TF:			
Remarks:											
Declaration: *I have seen the original identific	ation docur	nents and ho	ave sub	mitted photo	copies of the	em with this application (whe	re applicable).				
Name (Sales Rep):					Name (Head of Sales):						
Date:						Date:					
Signature:						Signature:					
Calac Carla											
Sales Code:											

MERCHANT'S DECLARATIONS

In order to comply with our regulatory obligations, we are required to identify the Beneficial Owner(s) and Politically Exposed Person(s) of every application. If you have any questions or require assistance completing this declaration form, please contact your Sales Representative.

Please ensure that all the fields on this declaration form are completed in their entirety.

Declaration of Beneficial Owners

Beneficial Owner means the natural person who ultimately owns or controls the customer or the natural person on whose behalf a transaction is conducted or business relations are established, and includes any person who exercises ultimate effective control over a legal person or legal arrangement in the course of carrying on its business of providing a specified payment service

Please select	one	box:
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🗆 I/We declare that there is no other Beneficial Owner(s) that is not identified in the ACRA's Business Profile Information/Certificate of Incumbency	y. (We
reserve the right to request for additional documentation)	

□ I/We declare that the beneficial owner(s), i.e. natural person(s) who ultimately own(s) or effectively control(s) the Merchant (regardless of shareholding), and the percentage shares held by the beneficial owner(s) of the Merchant, are as follows (Please complete the table below):

Details of the Beneficial Owner(s) (Copies of the IC will be required)

Name	NRIC/ID Number	Date of Birth	Residential Address	Nationality	Shareholding (%)

Declaration of Politically Exposed Person

A Politically Exposed Person (PEP) is an individual who is, or has been entrusted with prominent public functions whether in Singapore, a foreign country or an international organization. Prominent public function includes the roles held by head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature, and senior management of international organizations.

If you, or the Beneficial Owner, are a PEP or related to a PEP, you must disclose this information (*Please complete the table below*). Otherwise, please indicate N.A. in the table.

Details of Politically Exposed Person(s)

Name	Title of PEP/Relationship to PEP