

MERCHANT SERVICE APPLICATION/ENGAGEMENT FORM

MERCHANT CLASS _____ **(OFFICE USE ONLY)**

PLEASE FILL THE FORM IN CAPITAL LETTERS – NOTE: THE FORM SHOULD RETURNED TO AUTHORISED AGENT BEFORE ACCOUNT IS VALIDATED.

NAME OF THE FIRM		<i>(Registered Name of the of the organization)</i>	
FIRM DIRECTORS (1)	FIRM DIRECTORS (2)	FIRM DIRECTORS (3)	
<u>Name:</u>	<u>Name:</u>	<u>Name:</u>	
National ID**.	National ID.**	National ID.**	
Telephone:	Telephone:	Telephone:	
Personal Email:	Personal Email:	Personal Email:	
BUSINESS DETAILS		<u>REQ NO. **</u>	<u>TIN NO.</u>
Business Address/Village	P.o. Box	Business Phone(Mobile No.) difference Director's	
District:	Website:	Email:	
Sub Country:	Parish	Village	

TICK	MERCHANT CLASS	INFORMATION	TICK	SETUP REQUIRED
	Bulk Payments	<i>Trading Account for Collection</i>		I will use USSD *284*211#
	Bulk Collections	<i>Trading Account for cash collection/ Allows for public offertory Collection both in church online.</i>		I need eCommerce Website Integration/ Plugins or web payment links
	Digital Group Saving	<i>Allows groups, saving clubs, associations, Sacco to manage their collection and distribution digitally.</i>		I will Purchase Corporate ATM Card
	Bancassurance	<i>Third Service payments and management</i>		I will purchase POS
	Produce off Takers	<i>In Stock inventory Management and Cashless payment</i>		I Need Web Access /Online Dashboard
	Maalipay Agent	<i>Allows the collection of fees with traceable links and unique numbers for the students.</i>		I Need QR Code payments

Merchant Setup Fees: _____ **Monthly Float Projection: UG:** _____

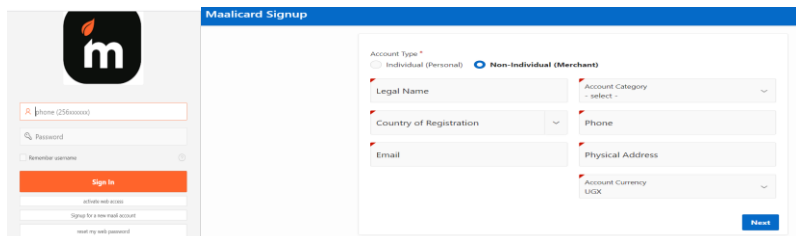
Estimated No. of Customers: _____ **Estimated No Service Beneficiaries** _____

The information has been provided by the applicant at free will to MAALICARD , MAALICARD agrees to use it for the intended purpose only and agree per the published data policy. www.maallicard.com



Your training will be scheduled/ Booked for Date _____ Time _____ By Skype:/ ZOOM _____ Physical _____ Location: _____ By: _____	KYC Document Received (Tick One): <ul style="list-style-type: none"> Scanned Particulars of Directors Certificate Of Incorporation Copy Of National Id for Directors Form 18 , Proof Address Service Application/Resolution to participate in Maallicard. 		
<u>Data Protection and Policy:</u> The information you provided on your Merchant Application form will be used to process your application and the information contained within will be passed on to third parties in connection with the supply of services under your merchant agreement. Your information may be used in tailoring service to your needs and signing on this form authorizes Maallicard access to the information and data generate as a result of the works completed in your collaboration.			
<u>Declaration</u> I, the undersigned representative of the Merchant certify that all information contained in this application form or any other document submitted to MAALICARD or its agents is true and complete and properly reflects the Merchant. The Merchant shall not without prior written consent of MAALICARD or its agent carry on any business, products or manner of sale; than those set out on this form. By signing below, you acknowledge that you have received the Merchant welcome park and that you have read understand and are willing to use the website: www. Maallicard .com obtain updates and abide by any terms and conditions that may be published from time to time.			
Signature of Business Owner /Representative: (1)		Signature of Business Owner /Representative: (2)	
Agent Name /Sales Person/ Telephone Number		<i>I sign to confirm that I have reviewed and verified the documents attached and information provided by the applicant.</i> Sign:	
Official Use Only	Merchant No _____	Date of Issue _____	
Detailed Verified by:	_____	Dated by _____	
Account approved by	_____	Dated _____	
Set up by:	_____	Completed by _____	

Or register online : <https://web.maallicard.com/>



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