

AIB Merchant Services Application Form

This AIB Merchant Services Application Form (the "Application") should be signed by or on behalf of the Merchant. It is very important that the Merchant has read the Application and the declarations set out within in conjunction with the Terms and Conditions before signing. By signing the Application, you are confirming that the details provided within are correct and that you have read and understood and agreed to be bound by the terms of the Agreement.

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

Type of Application	☐ New Application	☐ Additional Outlet	☐ Additional Facilities for existing Outlet			
(please tick appropriate):	☐ Card Present	☐ Internet / e-commerce	☐ Card Not Present (CNP)			
Legal Character of Bu	siness					
Business Type:						
☐ Limited Company	☐ Partnership	☐ Sole Trader	☐ Limited Liability Partnership (LLP)			
☐ Public Limited Company (PLC)	☐ Society	Club	☐ Other			
Merchant name (Full Legal Name):						
Merchant trading name (if different):						
- ·						
Trading Address:						
Street (Name and Number):						
Town:						
County:						
Postcode:						
Country:						
Name of Contact:						
Position in Company:						
Email Address:						
Telephone Number:						
Existing AIB Merchant Services Merchant N applicable):	ame (if					
Existing AIB Merchant Services Merchant N applicable):	umber (if					
Website Address(es) – your company web a list of URL's associated with your company you trade using e-commerce):						
Cardholder Statement – Trading Name you appear on the cardholder statement (if applied						
Company Registration Number (if appropriation	te):					
VAT Registration Number:						
Date of Incorporation:						
If member of trade association please provio membership number:	de name and					

AIB Merchant Services is a registered business name of First Merchant Processing (Ireland) Limited, incorporated in Ireland under registration number 355871 and having its registered office at Block 6 Belfield Office Park, Beaver Row, Clonskeagh, Dublin 4.

Directors: R Bracken (UK), D Courtney, D Flynn, T O'Midheach, J Power, P Stunt (UK), L Turley, J Webb.

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Business Profile						
Please fully describe the exact nature business and specifically what card p taken for:						
Total Annual Company Turnover – Actual or Projected:	€					
Total Annual Card Turnover – Actual or Projected:	€					
Average Card Transaction Value – Actual or Projected:	€					
Method of Sales						
			ı			
Card Present: %	Card Not Present (CN	NP): %	Internet: 9	%	= 100% of Card Sale projected).	s (actual or
If you accept deposits prior to the su	pply of goods or servic	ces please specify:				
The size of the deposit paid in advance,	e.g. percentage of total	transaction value:			2 5	%
The average time, in advance of deliver		·			6 0	days
If you accept full payment prior to the						
The percentage of goods/services when		-			2 5 1	%
The average time, in advance of deliver	y or goods/services, that	i iuli payments are taken:			·	days
If more than one service provided with o	liffering pre-payment time	es please confirm split of card	turnover and details	of pre-paymen	t:	
Description of service/goods sold:		Level of card turnover:	%	Delivered:	days	
Description of service/goods sold: Description of service/goods sold:		Level of card turnover: Level of card turnover:	% %	Delivered: Delivered:	days days	
Description of service/goods sold:		Level of card turnover:	%	Delivered:	days	
NB All splits of card turnover should WARRANTIES/GUARANTEES						
Do you take payments for any guarantee The average length of any guarantees/		(excluding manufacturing warr	anties):	es D	Months	
The average percentage of goods return		tee/warranty:			%	
What is your refund policy?	Ū	·				
Subscriptions						
Do you take or plan to take payments for s	ubscriptions or membersh	nips by card?	□ No			
Please specify all membership/subsc	ription options, length	of time and percentage take	en on cards.			
Percentage of card turnover relating to su	ubscriptions/memberships	s:	%			
Length of subscriptions/memberships and	d percentage taken on ca	ards:	months		n on cards	
			months months		n on cards n on cards	
Does the Cardholder billing involve auton	natic renewals or recurring	ng transactions:	☐ Yes	□ No	ar on cards	
2000 the outerload bining involve auton	Torrowald or roodfilling	ig its locations.		<u> </u>		

If yes – Cardholder must separately confirm that they accept that their card will be used for Recurring Transactions.

Banking Information CREDIT: Bank name and address for primary bank account: Name on bank account: IBAN and BIC: DIRECT DEBIT: Bank name and address for primary bank account: Name on bank account: IBAN and BIC: **Charges Schedule** Floor limit (Paper Fallback) Merchant Service Charge per transaction Keyed In Floor limit MasterCard Sales Credit: 0 0 % % MasterCard Sales Debit: С 0 0 MasterCard Sales Commercial 00 % % Card: Visa Sales Credit: % 0 0 Visa Sales Debit: С С 00 Visa Sales Commercial Card: % % 0 0 Maestro Sales: 0 0 С С 00 Diners & Discover Sales: % %

	2 c	Authorisation Fee – this is charged in respect of each electronic request for authorisation of a card transaction.
	##### C	Voice Authorisation Fee – this is charged when a call is made to the Authorisation Centre.
	С	Cashback Fee – this is charged in respect of each Cashback transaction.
€		Chargeback Fee – this is charged in respect of each Card Transaction, which is subject to a charge back by the Card Issuer.
€		Joining Fee – this is charged when your Merchant's Application is accepted.
€		Minimum Monthly Charge (MMC) – If your combined Debit & Credit fees, excluding terminal rental and VAT, are less than the MMC stated, the total fee charged will be rounded to the MMC amount.
	С	Refund Fee – this is charged in respect of each refund transaction.
€	10.00	Unpaid Direct Debit Fee – this is charged each time a direct debit is unpaid.
€	2.50	Paper Statement Fee – this is charged monthly for each paper statement.
€		Terminal Rental - this is charged monthly for each terminal rented from AIB Merchant Services. This fee excludes VAT.
€		AIBMS Insight Fee – this is charged monthly for the AIBMS Insight service.
€	/	MRP Fee – this is a MasterCard Fee, charged annually by MasterCard, for certain MCC codes.
€		Annual Subscription – this is charged annually for merchant services provided by AIB Merchant Services.
€		PCI Admin Fee - monthly recurring administration fee applicable to merchants enrolled in the AIBMS PCI DSS Programme.
€		PCI Non Validation Fee - monthly fee, applicable to merchants whom do not validate their PCI compliance within 3 months of enrolment to the AIBMS PCI DSS Programme.

Additional Address Details Here (if applicable)

Statement to:

Retrievals to:

Chargebacks to:

Trading

Trading \square

Trading

Where your company is a subsidiary of another company please provide name and registration number of parent and/or ultimate parent: Parent Name: Registration Number: Ultimate Parent Name: Registration Number: Head Office address details (if applicable): Store Name and Number (if applicable): Contact Name: Email Address: Street (Name and Number): Town: County: Postcode: Country: Business Telephone Number: Registered address details (Company or LLP): Street (Name and Number): Town: County: Postcode: Country: Billing / correspondence / Chargeback address details (if different to address on page 1): Store Name and Number (if applicable): Contact Name: Email Address: Street (Name and Number): Town: County: Postcode: Country: Business Telephone Number:

Correspondence

Correspondence \square

Correspondence

Principal Details

Postcode:

Depending on your business type we require the following Principals to complete this section:

- in the case of a sole trader, the sole trader;
 in the case of a partnership, all partners;
 in the case of a limited company, two directors or a director and the company secretary;
 in the case of a limited liability partnership, two members (who can be designated members).

If a Principal is not an individual please provide details on a separate sheet.

Details must be provided for each Principal who signs this Application.

PRINCIPAL NUMBER 1							
Position in Company:							
Length of time with Company:			Years				Months
Title:	☐ Mr	☐ Mrs	Miss	☐ Ms	Oth	her	
Full name:							
Date of Birth:							
Nationality:							
Country of Residence:							
Home Address:							
Postcode:							
PRINCIPAL NUMBER 2							
Position in Company:							
Length of time with Company:			Years				Months
Title:	☐ Mr	☐ Mrs	Miss	☐ Ms	Oth	her	
Full name:							
Date of Birth:							
Nationality:							
Country of Residence:							
Home Address:							
Postcode:							
PRINCIPAL NUMBER 3							
Position in Company:							
Length of time with Company:			Years				Months
Title:	☐ Mr	☐ Mrs	Miss	☐ Ms	Oth	her	
Full name:							
Date of Birth:							
Nationality:							
Country of Residence:							
Home Address:							

Checklist of information required to be provided with this application (as applicable)

The follow	wing information is mandatory for all applications:
	Copy of last 2 years audited accounts and any later trading accounts or if trading less than 2 years, a Business Plan.
	Last six months merchant statements (12 months if seasonal business).
	A recent bank statement from every account that will be used for receipt of funds.
	Signed Direct Debit Mandate.
Please als	so provide all items that are checked from the list below:
	Original or certified copy of Certificate of Incorporation (if trading less than 6 months).
	Copies of brochures/advertising material.
	Copies of any guarantee/warranty information.
	Copies of any subscription/membership terms and conditions/Agreement.
	Copies of dummy web address (if website not yet live).
	Full details of any fulfilment of orders by third parties – copies of contracts etc.
	Note: Non-receipt of the above information may delay the processing of this Application.
	Declarations

MERCHANT DECLARATION

Words and expressions used in this Application will, unless otherwise defined in this Application, have the same meaning as set out in the Terms and Conditions.

By signing this Application you are:

- Confirming that you are duly authorised to sign on behalf of the Merchant and no consent or approval is required from any other person.
- Acknowledging that in certain circumstances Transactions may be charged back to you, and that you accept the risk of any such Chargebacks. Agreeing that you will comply with the Payment Card Industry Data Security Standards (PCI DSS).
- 3.
- Confirming that you understand that an Authorisation Code is not a guarantee of payment, particularly where the Cardholder or Card was not present 4. when the Transaction was undertaken.
- Confirming that the information you have provided in this Application is accurate and correctly reflects the goods and/or services offered by your business and the Merchant Services you wish to receive. You further confirm and agree that you will notify AIB Merchant Services in advance of any changes to the information provided herein.
- Acknowledging and agreeing that you have read and are bound by the terms of the Agreement (comprising this Application, the Terms and Conditions and such other documents as the parties may from time to time agree, which together, shall constitute the entire Agreement between the parties) (the "Agreement").
- Acknowledging and agreeing that neither AIB Merchant Services nor the Bank will sign this document and that AIB Merchant Services and the Bank will 7. become bound by the Agreement only by beginning to perform the Merchant Services.
- Agreeing to and authorising the searches, and use of your information, as set out within the Terms and Conditions Part 6 Use of Information.
- Agreeing to and authorising the searches, and use of your information in whatever format we deem necessary and as more particularly as set out in the Gateway Services Terms and Conditions.

I/we confirm that the information provided in the Application is correct and I/we have read and accept the AIB Merchant Services Terms and Conditions.

Signed by a duly authorised representative for and on behalf of the Merchant.

Signature: Print name: Position: Date: Signature: Print name: Position: Date: Signature: Print name: Position: Date: FOR INTERNAL USE ONLY Date of introduction/Initial enquiry: Date of Field Force/Direct Sales Contact: Date Facility required: Date Site Visit Undertaken (if applicable): Date Contract Signed by Merchant: Date Application Received for Keying: Sales Manager ID: Relationship Manager ID: First Trust Merchant Services Referral Code: Yes 🗌 No 🗆 Key Account: Trade Association: **Additional Comments**

Signatures - PLEASE READ THE DECLARATIONS BEFORE SIGNING