

ABIC PARTNER'S ACCOUNT INFORMATION FORM

Partner's Details	
Name	
Code	
Address	
Contact Person <i>(if Corporate)</i>	
Email Address	
Mobile No.	
VAT Rate	
Withholding Tax Rate	
Licensed No.	
ABIC Branch	

Partner Admin Account	
Account Name	
Email Address (Username)	
Password	<i>Will be sent to registered email address</i>

Location Information <i>(Repeat all information for multiple locations)</i>	
Name	
Address	
Representative	
Contact No.	

User/Agent Accounts		
Account Name	Email Address	Location <i>(Optional if restricted to location *)</i>

Commission Settlement <i>(For products availed via Personal URL / Public Site)</i>	
Bank	
Account Name	
Account Number	

Allowed Products and Commission Setup <i>(To be filled out by ABIC Representative)</i>			
Product	Commission Rate	Override Comm. (Location)	Associate Commission
CTPL			
Travel PA			
24/7 PA			

Allowed Payment Options <i>(To be filled out by ABIC Representative)</i>	
Billing (SOA)	
DragonPay	
E-Wallet	