



CLIENT APPLICATION FORM

NOTE: ALL FIELDS ARE MANDATORY

SERVICE TO BE ENROLLED			
MERCHANT DISCOUNT RATE:	OTHER FEES:	SECURITY DEPOSIT:	MERCHANT CATEGORY CODE:
APPLYING AS: <input type="checkbox"/> Direct Merchant <input type="checkbox"/> Payment Facilitator <input type="checkbox"/> Third Party Processor	MODE/S OF PAYMENT: <input type="checkbox"/> E-commerce/Web/Mobile <input type="checkbox"/> Checkout <input type="checkbox"/> Payment Vault <input type="checkbox"/> MIGS <input type="checkbox"/> Mobile Point-of-Sale(POS)	CARD TYPE/S: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> JCB <input type="checkbox"/> Others: _____	CURRENCY/IES: <input type="checkbox"/> PHP <input type="checkbox"/> USD <input type="checkbox"/> Other Currency/ies: _____
CLIENT INFORMATION			
TYPE OF BUSINESS/ORGANIZATION: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> GOVERNMENT AGENCY			
REGISTERED/BUSINESS NAME:			TIN:
TRADE NAME/DOING BUSINESS AS (IF DIFFERENT FROM REGISTERED/BUSINESS NAME):			MAIN OFFICE TEL. NO./S:
MAIN OFFICE ADDRESS (BUILDING, STREET NO., STREET NAME, VILLAGE/BARANGAY, CITY/PROVINCE, ZIP CODE):			MAIN OFFICE EMAIL ADDRESS:
GOODS OR SERVICES SOLD/NATURE OF BUSINESS:			UNDERWRITING SUB-MERCHANTS? <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL NO. OF DOMESTIC BRANCHES:	NO. OF COUNTRIES WITH PRESENCE:	NO. OF AGENTS/PARTNER BRANCHES (OUTSIDE THE PHILIPPINES):	MERCHANT WEBSITE/URL:
CURRENT PROVIDERS/PARTNERS IN THE PHILIPPINES (ACQUIRERS/MAJOR BANKS/REMITTANCES/PAWNSHOPS/OTHER):			
RATE WITH YOUR CURRENT PROVIDERS/PARTNERS IF APPLICABLE:			
AVERAGE TICKET SIZE PER TRANSACTION:			
AVERAGE TRANSACTION COUNT PER MONTH:			
AVERAGE TRANSACTION VOLUME PER MONTH:			
AVERAGE CARD SALES PENETRATION (% OF PAYMENT CARD SALES VS % OF CASH/CHECK/DIRECT DEPOSIT):			
AMOUNT OF INTERNATIONAL SALES IF APPLICABLE:			
REGULATORY			
IS YOUR INSTITUTION REQUIRED BY A REGULATORY AUTHORITY TO COMPLY WITH ANTI-MONEY LAUNDERING LEGISLATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME THE REGULATORY AUTHORITY THAT OVERSEES ANTI-MONEY LAUNDERING COMPLIANCE:			
IS YOUR BUSINESS PCI-DSS CERTIFIED?			<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU SWIPE CREDIT/DEBIT CARDS IN OTHER DEVICES ASIDE FROM THE PAYMAYA POS/TERMINAL? (EX. CASH REGISTER, CARD READERS, ETC.)			<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU TEMPORARILY AND/OR PERMANENTLY STORE PAYMENT CARD AND/OR CARDHOLDER INFORMATION IN ANY OF YOUR SYSTEMS/DATABASES/SERVERS/CLOUD? IF YES, PLEASE CHECK ALL THAT APPLY: <input type="checkbox"/> CARDHOLDER NAME <input type="checkbox"/> FULL CREDIT CARD NUMBER (16 DIGITS) <input type="checkbox"/> EXPIRY DATE <input type="checkbox"/> CVV/CVC			<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU ROUTE PAYMENT CARD AND/OR CARDHOLDER INFORMATION TO ANY THIRD PARTY SYSTEMS/DATABASES/SERVERS/CLOUD ASIDE FROM PAYMAYA? IF YES, PLEASE IDENTIFY THE THIRD PARTY ENTITY AND IF THEY ARE PCI-DSS CERTIFIED:			<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE TRANSMISSION OF PAYMENT CARD DATA DONE VIA UNSECURED MEANS INTERNALLY AND/OR TO ANY EXTERNAL SYSTEM/DATABASE/SERVER/CLOUD?			<input type="checkbox"/> YES <input type="checkbox"/> NO
RECORD KEEPING			
DOES YOUR INSTITUTION RETAIN ALL RECORDS OF CUSTOMER INFORMATION?			<input type="checkbox"/> YES <input type="checkbox"/> NO
HOW LONG DOES YOUR INSTITUTION SAFE KEEP RECORDS OF CUSTOMER INFORMATION?			

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE



PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE

INTERCOMPANY AFFILIATIONS				
PARENT COMPANY:			TIN:	
PARENT COMPANY'S MAIN OFFICE ADDRESS:				
SUBSIDIARY:			TIN:	
SUBSIDIARY'S MAIN OFFICE ADDRESS:				
OWNERS/PARTNERS/INCORPORATORS				
NAME: (LAST, FIRST, MIDDLE)	PERMANENT RESIDENTIAL ADDRESS (BUILDING, STREET NO., STREET NAME, VILLAGE/BRGY., CITY/PROVINCE, ZIP CODE):	CONTACT NUMBERS (MOBILE/LANDLINE)	EMAIL	DATE OF BIRTH (MM/DD/YYYY)
CLIENT'S AUTHORIZED SIGNATORY/IES				
NAME: (LAST, FIRST, MIDDLE)	GOVT ISSUED ID AND EXPIRY:	TIN:	SPECIMEN SIGNATURE	
POSITION/TITLE:	MOBILE NO.:	LANDLINE NO.:		
DATE OF BIRTH (MM/DD/YYYY):	EMAIL:			
NAME: (LAST, FIRST, MIDDLE)	GOVT ISSUED ID AND EXPIRY:	TIN:	SPECIMEN SIGNATURE	
POSITION/TITLE:	MOBILE NO.:	LANDLINE NO.:		
DATE OF BIRTH (MM/DD/YYYY):	EMAIL:			
CLIENT'S REPRESENTATIVES				
TECHNICAL CONTACT (for Integration and Downtime/System Activities)				
<i>*for additional representatives, please use a separate sheet providing the same details below</i>				
NAME: (LAST, FIRST, MIDDLE)	GOVT ISSUED ID AND EXPIRY:	TIN:	SPECIMEN SIGNATURE	
POSITION/TITLE:	MOBILE NO.:	LANDLINE NO.:		
DATE OF BIRTH (MM/DD/YYYY):	EMAIL:			
OPERATIONS CONTACT/MERCHANT ADMINISTRATOR (for Settlements, Chargebacks, Disputes, Queries and PayMaya Manager Access etc)				
<i>*for additional representatives, please use a separate sheet providing the same details below</i>				
NAME: (LAST, FIRST, MIDDLE)	GOVT ISSUED ID AND EXPIRY:	TIN:	SPECIMEN SIGNATURE	
POSITION/TITLE:	MOBILE NO.:	LANDLINE NO.:		
DATE OF BIRTH (MM/DD/YYYY):	EMAIL:			
SETTLEMENT INFORMATION				
BANK NAME:		MAINTAINING BRANCH:		
ACCOUNT NAME:		ACCOUNT NUMBER:		

* NOTE: For Additional MID's and Customized Payment Detail Privileges, please contact your assigned Merchant Specialist

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE



PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE

CONFORME

By signing this form, I hereby warrant that:

- (i) the signatory herein is duly authorized by the corporation/entity which I represent;
- (ii) all information stated in this form and supporting documents are true and accurate;
- (iii) I have read and understood the terms and conditions herein and as found in the PayMaya Business website (<https://www.business.paymaya.com>) and I shall strictly comply and abide by these terms and conditions;
- (iv) this is a free and voluntary act;
- (v) All information stated herein and supporting documents submitted are given by me voluntarily to facilitate the processing and evaluation of my application;
- (vi) I hereby authorize PayMaya and/or any person authorized by PayMaya to obtain relevant and pertinent personal information about myself and credit information from the PLDT Group, its subsidiaries, affiliate banks, credit card companies, and other financial institutions in the course of evaluating my application, and I/we authorize the release of such information by these companies from which my personal data and credit information are requested. I also consent to PayMaya's disclosure of information concerning myself or my subscription to these companies;
- (vii) I also hereby authorize PayMaya to use and disclose to the PLDT Group and its subsidiaries and its authorized business partners all information contained in this application including the supporting documents submitted, my payment history/behavior, and all information about myself from your advertisers and business partners, for purposes of: (a) facilitating my application for services which they offer; (b) product and service improvement being offered to me by PLDT Group and its subsidiaries and its authorized business partners; (c) advertising new products and services being offered by PLDT Group and its subsidiaries and its authorized business partners; (d) credit investigation and establishing my creditworthiness; and (e) improving customer experience.
- (viii) I hereby acknowledge: (a) The regular submission and disclosure of my basic credit data / Current Subject and Contract Data to the Credit Information Corporation as well as any updates or corrections thereof; and (b) The possible access to my Current Subject and Contract Data by other entities authorized by the Credit Information Corporation, and credit reporting agencies duly accredited by the Credit Information Corporation, for the purpose of establishing my creditworthiness.

PAYMAYA PHILIPPINES, INC. shall not be liable for any damage, claim, suit, liability and/or inconvenience brought about by our failure to comply with the abovementioned Terms and Conditions.

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE

APPROVALS (FOR PAYMAYA USE ONLY)

MERCHANT SPECIALIST	SIGNATURE	DATE
VALIDATED BY	SIGNATURE	DATE
APPROVED BY	SIGNATURE	DATE

PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE



PRINTED NAME AND SIGNATURE OF AUTHORIZED SIGNATORY / DATE