



WebPAY SubMerchant Application Form

Please complete this form and provide documentary evidence as appropriate. Submission of fraudulent documentation and false information will lead to refusal of this application and denial of service.

Instructions [All fields with *asterisk are COMPULSORY]

1. Complete every part of this form in BLOCK letters.
2. Complete and submit a copy of this form.
3. Attach photocopies of relevant documents including Certificate of Company's registration.

AGGREGATOR NAME: _____

SECTION 1 GENERAL INFORMATION	Please complete this section with information about your organization. You should also attach a copy of your company's certificate of incorporation.	
	*Company Name:	RC Number/Business Name No.:
	Type of Ownership: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership/Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit Organization/NGO <input type="checkbox"/> Public Liability Company <input type="checkbox"/> Religious Organization <input type="checkbox"/> Government <input type="checkbox"/> Other (Specify).....	Date Registered:
	*Office Address:	
	Postal Address:	

SECTION 2 CONTACT INFORMATION	This section gathers information about the contact persons for your organization. All correspondences between InterSwitch and your organization will be addressed to the persons specified below.	
	*Name of Primary Contact Person:	*Name of Secondary Contact Person:
	Designation:	Designation:
	Office Telephone/Extension::	Office Telephone/Extension::
	Mobile Phone:	Mobile Phone:
	E-mail Address:	E-mail Address:

SECTION 3 E-COMMERCE WEBSITE INFORMATION	Please supply information about the products you intend to provide on the aggregator website.	
	*Website Name:	*Website URL:
	*Description of Product(s) and Services to be sold on aggregator site	

**SECTION 4
ACQUIRING BANK**

Complete this section with information about the bank where you want payments on your website to be deposited. Note that you can only choose one bank from the list of banks on the InterSwitch Network (provide information if Interswitch is responsible for doing settlement directly)

Name of Preferred Acquiring Bank:

Complete this part if you already have a corporate account in the name of your company with the bank

*Account Number:

*Account Name:

Type of Account: Current Account Savings Account

Bank Branch:

**SECTION 5
OTHER INFORMATION**

Provide any other information in the space below.

I, on behalf of hereby certify that the information
(Individual's name) (Name of company)

Provided on this form is true and accurate. I agree that InterSwitch reserves the right to take appropriate measures including legal actions if the information here is discovered to be false. I agree that I will provide InterSwitch details about any transaction performed on the site upon demand.

Authorized Signature..... Designation..... Date.....

SECTION 6: FOR WEBPAY AGGREGATOR USE ONLY

Please confirm that appropriate KYC has been performed on this customer and that registration as an online sub merchant can continue.

YES NO Select requisite actions taken: References Site Visitation

I, on behalf of hereby certify that by signing,
(WebPAY Aggregator Officer's name) (name of WebPAY Aggregator)

the WebPAY Aggregator warrants that appropriate KYC has been performed on the sub merchant and the sub merchant has been deemed appropriate to continue with registration as an online merchant under the WebPAY Aggregator.

Signature/Stamp..... Date.....

LIST OF DOCUMENTS RECEIVED

SUB MERCHANT CATEGORY

- Copy of Certificate of Incorporation
- Evidence of Service Delivery

- Category 1
- Category 2
- Category 3
- Category 4

Authorization to Go-Live:

Name:..... Signature:..... Date:.....