



Bank of Nevis Limited

MERCHANT APPLICATION			
MERCHANT INFORMATION			
MERCHANT NAME (Trading As)		NAME OF PRINCIPAL	
ADDRESS (line 1)	ADDRESS (Line 2)	ADDRESS (Line 3)	
BUSINESS TEL. NUMBER	FAX NUMBER	COUNTRY	
LEGAL NAME (If applicable)			
ADDRESS (line 1)	ADDRESS (Line 2)	ADDRESS (Line 3)	
BUSINESS TEL. NUMBER	FAX NUMBER	COUNTRY	
ARE PREMISES OWNED BY THE PRINCIPAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	OWNERSHIP OF PREMISES CONFIRMED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE PREMISES LEASED BY THE PRINCIPAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	COPY OF LEASING AGREEMENT ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE BUSINESS OPENED (DD/MM/YY)	YEARS AT THIS LOCATION	TAX NUMBER	BUSINESS REGISTRATION #
TYPE OF BUSINESS	OTHER BUSINESS ID	COPY OF BUSINESS REGISTRATION ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS REGISTRATION <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP	IS THIS A STORE FRONT LOCATION <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS FOR MAIL /TELEPHONE ORDER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PERCENT OF BUSINESS	
BUSINESS HOURS Mon-Fri                      Sat.                      Sun	RETURN POLICY (ATTACH DOCUMENT/S IF ANY)		
DP/ID/PP OF PRINCIPAL	PRINCIPAL'S HOME TEL. NUMBER	PERCENT OF TIME SPENT AT BUSINESS	
PRINCIPAL'S ADDRESS	CITY	STATE	ZIP CODE
IS THE BUSINESS SWITCHING FROM ANOTHER INSTITUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FROM WHICH FINANCIAL INSTITUTION? _____ MERCHANT NO _____ REASON FOR SWITCH			
CARD SERVICES ACCEPTED			
VISA	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
MASTERCARD	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
AMERICAN EXPRESS	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
DINERS CLUB	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
DISCOVER	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
OTHER (List)	MERCHANT NUMBER	FROM WHICH FINANCIAL INSTITUTION	DATE OPENED
ESTIMATED MONTHLY CARD TRANSACTION DEPOSIT VOLUME			
MONTHLY VOLUME \$	NUMBER OF TRANSACTIONS	MERCHANT REQUESTED METHOD OF PROCESSING <input type="checkbox"/> PAPER <input type="checkbox"/> POS <input type="checkbox"/> EDC	
AVERAGE SALES DRAFT VALUE \$	PERCENTAGE OF SALES BY MAIL/TELEPHONE ORDER	TYPE OF SERVICE REQUIRED <input type="checkbox"/> TERMINAL      NUMBER REQUESTED _____ <input type="checkbox"/> IMPRINTER      NUMBER REQUESTED _____ <input type="checkbox"/> INTERNET ACQUIRING	



I/We certify that statements made in this application are true. I/We agree to immediately notify Bank of Nevis Limited of any important changes in the facts above listed. I/We authorize Bank of Nevis Limited to request any bank reference on the business and each of the officers/partners/proprietors as may be required and such request may be updated from time to time. The following affixed signature are officers/partners or proprietors and agree to the foregoing

**SIGNATURE PANEL.**

**Name**.....**Name**.....

Title..... Title.....

Signature.....Signature.....

Date ..... Date .....

**Name**.....**Name**.....

Title..... Title.....

Signature.....Signature.....

Date ..... Date.....

**Name**.....**Name**.....

Title..... Title.....

Signature.....Signature.....

Date ..... Date.....

**Enclosures**

- Certificate of incorporation
- By Laws
- Charter
- Copy of Memorandum & Articles of association
- Business Certification
- Other

**BANK OF NEVIS USE ONLY**

RECOMMENDED

NOT RECOMMENDED

MARKETING REPRESENTATIVE .....

REASONS FOR DECLINE .....

Approved By.....Approved By.....

The Merchant Application form should be used as the initial approval process and for gathering data on the merchant, business, financial information. The merchant application should gather all relevant information on the business background, business operations, location and principals of the business.

#### MERCHANT BUSINESS BACKGROUND

By signing the Merchant application form the Merchant authorizes the bank to research its background, including credit, banking, financial history, and how long the merchant has been in business. This information is important in accessing the merchant financial and business capabilities and the risk the merchant will be granted by the bank.

#### MERCHANT NAME ( Trading As name)

Enter the full name of the merchant or the merchants trading name.

#### NAME OF PRINCIPAL

Enter the full name of the business owner or top official.

#### ADDRESS LINE 1

Enter the first line of the company's registered address or the address of the owner if sole proprietor.

#### ADDRESS LINE 2

Enter the second line of the company's registered address or the address of the owner if sole proprietor.

#### ADDRESS LINE 3

Enter the third line of the company's registered address or the address of the owner if sole proprietor.

#### COUNTRY

Enter the country of the business or the country the business is located.

#### BUSINESS TEL. NUMBER

Enter the telephone number/s of the business

#### FAX NUMBER

Enter the fax number/s of the business

#### LEGAL NAME, IF APPLICABLE

The legal name could be an entirely different name from the Merchant name. Kentucky Fried Chicken or KFC could be the Merchant name, however the registered or legal name could be different such as Prestige Holdings Limited.

ARE PREMISES OWNED BY THE PRINCIPAL

Tick the appropriate box.

OWNERSHIP OF PREMISES CONFIRMED?

Tick the appropriate box.

COPY OF LEASING AGREEMENT ATTACHED?

Tick the appropriate box.

DATE BUS OPENED (DD/MM/YY)

Enter the date the business was opened in the format day month year.

YEARS AT THIS LOCATION

Enter the number of years the business is operating from the location.

TAX NUMBER

Enter the tax number or Country Revenue number of the business if applicable.

BUSINESS REGISTRATION #

Enter the business registration if any of other additional business the company is involved in.

TYPE OF BUSINESS

Enter the specific type of business. This should convey to the reader what type of business the company or merchant is involved in.

OTHER BUSINESS ID

Enter any other business the applicant company was assigned by the local or Central government or other legal body.

COPY OF BUSINESS REGISTRATION ATTACHED? YES . NO

Indicate if business registration documents were received.

BUSINESS REGISTRATION

Indicate the business registration of the merchant whether a sole proprietor partnership or corporation

IS THIS A STOREFRONT LOCATION?

Indicate whether the merchant has a store front YES or NO

IS THIS FOR MAIL /TELEPHONE ORDER?

Indicate if the business will be for mail or telephone order.

IF YES, PERCENT OF BUSINESS

If the answer to the prior question was answered in the affirmative then indicate what percentage of the business is mail order or telephone. That is card not present transaction.

#### BUSINESS HOURS

Enter the business hours which the company operates during the week.

#### RETURN POLICY

This is especially for merchants who do not fulfill the purchase or order immediately as merchants who do Mail Order or telephone order or internet sales. Ensure that the company has a documented return policy easily available to customers.

#### DP/ID/PP OF PRINCIPAL

Enter some form of legal identification for the Principal of the company, sole partnership. Drivers License, Country identification card, or passport number.

#### PRINCIPAL'S HOME TEL. NUMBER

Enter the principal home telephone number.

#### PERCENT OF TIME SPENT AT BUSINESS

Enter the time spent at the business as a percentage of a given work week.

#### PRINCIPAL'S ADDRESS

Enter the address of the principal.

#### CITY

Enter the City where the principal resides.

#### STATE

Enter the City or town where the principal resides.

#### COUNTRY OR ZIP CODE

Enter the Country or Zip Code if applicable where the principal resides.

#### CARD SERVICES ACCEPTED

If the applicant is switching from another financial institution please make the necessary notation. If the answer is yes please enter the previous financial institution and merchant numbers if the merchant was an acquiring merchant. Note the reason the merchant is moving the business from his previous acquiring banker.

Obtain the customers previous merchant statements for the last six months or more.

## ESTIMATED MONTHLY CARD TRANSACTION DEPOSIT VOLUME

Enter the estimated monthly volume, number of transactions monthly, the average sales draft value or amount, and the monthly % of sales for card not present or mail order /telephone. All processing should be EDC.

Note the acquiring service requested and the number of units for each. This could be terminals and imprinters and the amount and or internet acquiring.

## FINANCIAL INFORMATION

The bank must thoroughly evaluate each prospective merchant before accepting each merchant . The acquirer/merchant relationship should be considered on the same basis as extending credit to a third party.

Enter the bank name, branch, address and any overdraft facilities provided to the prospective merchant.

Enter the account/s numbers, Date opened, Present Balance, Average Balance and the collateral provided by the merchant to obtain the overdraft facility.

Enter the number of years the merchant is known to the bank and obtain the last six months bank statements of the prospective merchant.

Note any guarantees provided by the principals for facilities received and secure same. Funds due to the merchant must be deposited into a BON account unless management dictates otherwise.

## OTHER FINANCIAL INFORMATION

Obtain other financial information from the prospective merchant.

Obtain the prospective merchants Deposits, Loans and Guarantees, the bank these are held by and the amounts in each category.

## MAJOR SUPPLIERS

List the prospective merchant address, phone and fax contact numbers.

## BUSINESS PARTNERS ADDITIONAL OWNERS

Obtain Name and address and telephone contact numbers of the other principals of the prospective merchant

## SIGNATURE PANEL

Ensure that the relevant signatures are signed on the signature panel.

Once complete review the application and supporting documents and forward to the individual responsible for Commercial credit adjudication.