

Instructions

Read through before completing this application. If you are not sure, please contact your nearest BSP Branch for assistance.

Select your request: ☐ New ☐ Amendment ☐ Cancel
Select preferred service: ☐ BillPay ☐ e-Commerce ☐ EFTPoS

PRINT IN BLOCK CAPITAL LETTERS in a blue or black pen to complete the required sections

Section A: Merchant Details

Registered Company or Business Name: _____ Registered Company or Business Number: _____

Postal Address

PO Box Number: _____ Post Office Name: _____ Town/City: _____
Province/State: _____ Country: _____ Postal Code: _____
Nominated Mobile: _____ Nominated Email: _____

Principle Place of Business

Sect/Lot: _____ Street: _____ Town: _____
Province/State: _____ Country: _____

Contact

Name of Contact Person: _____ Position: _____
Mobile: _____ Telephone: _____ Email: _____

Section B: Business Details**Business Type**

☐ Sole Trader ☐ Company ☐ Limited Liability ☐ Non-Profit Organization ☐ Superannuation
☐ Partnership ☐ Franchise ☐ Corporation ☐ Government ☐ Others _____

Industry Type

☐ Airline ☐ Hotel / Accommodation ☐ Marketing & Advertising
☐ Insurance ☐ Travel Agent ☐ Charity
☐ Electronics / IT ☐ Internet Service Provider (ISP) ☐ Import / Export
☐ Finance ☐ Transport & Logistics ☐ Retail (e.g. Trade Store, Supermarkets)
☐ Education ☐ Childcare / Primary ☐ Real Estate & Property Development ☐ Government Entity
☐ High School / Secondary ☐ Others (specify) _____
☐ Tertiary / Colleges

Section C: Payment Methods

i. How do you receive payments for your good / services?

☐ Cash ☐ EFTPoS ☐ Internet Banking ☐ Cheque ☐ State value: \$ Monthly \$ Annually

ii. How do you pay for your business expenses?

☐ Cash ☐ EFTPoS ☐ Internet Banking ☐ Cheque ☐ State value: \$ Monthly \$ Annually

TOTAL: \$ _____ \$ _____

Section D: Nominated Accounts

If you are applying for BillPay, Mobile Merchant or School Fee Payments, please nominate your account(s) here.

Nominated Account

Branch	Account Name	BSB/Branch Code	Account Number	Preferred Service
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section E: BSP e-Commerce

Complete this section if you are applying for e-Commerce.

Website Information

URL

Hosting Company

Website Content Management System

Choose your currencies

☐ PGK ☐ AUD ☐ USD ☐ JPY ☐ SGD ☐ HKD
☐ NZD ☐ VUV ☐ SBD ☐ TOP ☐ WST ☐ Others

SSL Certificate Type

☐ Verisign ☐ Thawte ☐ Others SSL Validity From: To:

IT Contact Person

Name: Phone: Email:

Nominated Account

Branch Account Name BSB/Branch Code Account Number

Section F: EFTPoS

Complete this section if you are applying for an EFTPoS device.

Additional Functionalities

☐ MOTO ☐ Pre-Authorisation ☐ Refund ☐ Tipping ☐ Shift

Nominated Account

Branch Account Name BSB/Branch Code Account Number

Standing Order Authority

Account Name Account Number Amount

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>

BANK USE ONLY

Payment Due TID S/O No.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We understand that the bank accepts this order only upon the following conditions, namely:

- This order is subject to the merchant facility arrangement between me, the Merchant, and the bank in relation to my Merchant bank account.
- The bank may in its absolute discretion conclusively determine the order of priority of payment pursuant to this or any other order or cheque which I may give to the bank or have the bank draw on my merchant account.
- This order will remain effective notwithstanding death, bankruptcy or liquidation of my merchant business or the revocation thereof by any means whatsoever until notice of such death, bankruptcy, liquidation or revocation is received by the bank.
- This bank is obliged by this order to debit the account on the day nominated above, and if warranted, may at its sole discretion debit the merchant account or a related account on any other day after the day nominated for fees not rendered to the bank.

Customer Authorization

Full Name: Full Name:

Position: Position:

Signature: Date: Signature: Date:

Full Name: Full Name:

Position: Position:

Signature: Date: Signature: Date:

BANK USE ONLY

Compiled by

Signature: _____
Name: _____
Position: _____
Date: _____

Checked by

Signature: _____
Name: _____
Position: _____
Date: _____

Section G: Indemnity Agreement

If you are applying for EFTPoS devices, please read Section G and H before signing.

Indemnity

The Indemnitor undertakes to indemnify BSP from any suit, liability, claim, action, loss, or damage BSP may suffer as a result of claims, demands, costs, or judgments against BSP arising from:

- The Indemnitor failing to adhere to the terms and conditions of the Merchant Contract; or
- The Indemnitor, its employees, contractors, agents or invitees acting dishonestly or illegally when using the Terminal; or a dispute between the Indemnitor and a Cardholder over the supply, use, quality or fitness of goods, services or the payment of cash; or
- Chargeback situation where a dispute is raised by a cardholder or the cardholders issuing bank disputing transaction that took place at a Terminal installed with the Indemnitor; or
- BSP processing an Invalid Transaction initiated by the Indemnitor.
- The Indemnity stated in this Agreement survives the termination of the Merchant Contract.
- Any amounts due and payable under this indemnity are payable on demand.
- BSP is not liable for any Invalid Transaction or losses or inconveniences the Indemnitor incurs or those of a Cardholder or any other person should a Terminal or communication line be faulty.
- The Indemnitor is liable for Invalid Transactions or any loss arising from unauthorised use of the Indemnitor's refund password.

Commencement

This Indemnity Agreement commences immediately on the date on which the Indemnitor accepts the installation of a Merchant Facility or when a Merchant Contract is signed (whichever occurs first) and shall continue even after termination of the Merchant Contract.

Notice

- Any notice or other document to be served on or delivered to any party pursuant to this Agreement may be delivered to the party's physical address or by email (as the case may be) as notified in this application by the merchant.
- Any notice or document to be delivered under this Agreement shall be deemed to have been duly served or given if personally delivered at the time of delivery, if sent by post on the day following the date of its posting or if sent by facsimile on the day following the day on which it is sent when correct answer back is received.

Assignment and Variation

- The Indemnitor shall not assign or vary this Agreement.
- BSP shall inform the Indemnitor in writing if it varies and/or assigns this Agreement

Waiver

No failure by BSP to exercise and no delay in exercising any right, power or remedy under this Agreement operates as a waiver. Nor does any single or partial exercise or any right, power or remedy preclude any other or further exercise of that or any other right, power or remedy.

Governing Law

This Agreement is governed by and shall be construed in accordance with the laws applicable in your country.

Section H: Declaration

(The declarations made in this section are for all services applied for by the merchant in this application including their subsequent terms and conditions)

- As the Merchant, I have read and understood the Terms and Conditions of these services. By executing this application, I accept the conditions herein and agree to be bound by this agreement in the use of the BSP Merchant facility (ies).
- My obligations in relation to my nominated account and the service provided by the Bank, are subject to the Bank's terms and conditions governing these accounts.
- The Bank may request for specific documentation from me, in order to process the application for BSP Merchant facility (ies). By signing this declaration, I warrant that I am authorized by the Company/Organisation to sign and I confirm that the information provided is true and correct.
- Upon signing the Letter of Offer and Terms and Conditions by me, I will be legally bound to this agreement immediately after the Bank installs equipment to commence processing transactions.
- I agree that any information provided in this application will be used by the Bank and any Service Provider to assess this application for a new Merchant Facility or upgrade of BSP Merchant Facility for product research and development purposes.
- If I fail to provide the requested information, or do not agree to any specific terms, the Bank may refuse this application.

Principal Signatory 1

Full Name: _____
Position: _____
Signature: _____
Date: _____

Principal Signatory 2

Full Name: _____
Position: _____
Signature: _____
Date: _____

Principal Signatory 3

Full Name: _____
Position: _____
Signature: _____
Date: _____



BANK USE ONLY

MERCHANT SEGMENT

☐ Micro ☐ SME ☐ Corporate ☐ Government ☐ Education ☐ ASIC Code _____

BRANCH

Branch: _____

Country: _____

- ☐ I confirm that the application has been completed accurately.
☐ I confirm that I have verified the identity of the signatories.

Checked by:

Name: _____

Date: _____

Authorised by:

Name: _____

Date: _____

BillPay

Billers Code: _____

e-Commerce

Select Currency

☐ PGK ☐ AUD ☐ USD ☐ JPY ☐ SGD ☐ HKD
☐ NZD ☐ VUV ☐ SBD ☐ TOP ☐ WST ☐ Others _____

EFTPoS

(To be completed for EFTPoS request)

Device Type: ☐ VX 690 Quantity Required: _____

Approval

Authorising Manager/Head

☐ Approved ☐ Declined

Comments

Name: _____

Signature: _____ Date: _____

MOTO & Pre-Authorization Approval

General Manager

☐ Approved ☐ Declined

Comments

Name: _____

Signature: _____ Date: _____