Maldives Islamic Bank

faisapay MERCHANT APPLICATION FORM - BUSINESS

REQUEST TYPE

◯ New application ◯ Change plan

☐ *Package 1* ☐ *Package 2*

☐ *Package 3* ☐ *Package 4*

☐ *Package 5*

BUSINESS DETAILS

Name of business *(As in the business registration certificate)*

Business registration no.

Telephone no.

Mobile no.

Email address

MERCHANT DETAILS

Name of merchant *(Preferred merchant name to use in* FaisaPay*)*

Accounts to credit payments from *FaisaPay*

MVR Account number

USD Account number

Preferred account to debit fees and charges for use of *FaisaPay*

Reversal of payments

☐ *Allow reversal within* ☐ *reversal period (minutes)*

☐ *Don't allow reversal of payments*

Payment request URL

Payment response URL

IMPORTANT INFORMATION

i Please attach a soft copy of the business logo that will be shown to customers during payment. The logo must be in PNG format with a transparent background and it must be a minimum of 300 px X 300 px in size.

ii The "Name of merchant" is the name of the business that will be registered in *FaisaPay* for customers to make payments to.

iii "Reversal", if allowed, will allow you to refund a previously-made payment to customers within the "reversal period" in any required case.

iv The use of *FaisaPay* is subject to fees and charges as described below.

	PACKAGE 1	PACKAGE 2	PACKAGE 3	PACKAGE 4	PACKAGE 5
Monthly sales	MVR 100,000	MVR 250,000	MVR 500,000	MVR 1,000,000	MVR 10,000,000
Setup fee	MVR 5,000	MVR 7,000	MVR 10,000	MVR 15,000	MVR 20,000
Min. charge	MVR 2	MVR 2	MVR 2	MVR 2	MVR 2
Trxn rate	2.75%	2.5%	2%	1.5%	1.3%
Annual fee	MVR 6,000	MVR 6,000	MVR 6,000	MVR 6,000	MVR 6,000

DECLARATION

I/we, the undersigned, hereby make this unilateral declaration to Maldives Islamic Bank Pvt. Ltd. (the 'Bank'), that:

i I/we have read and understood the Terms and Conditions of *FaisaPay* and agree to be bound by them. I/we accept that the usage of the *FaisaPay* will also be construed by the Bank as my/our acceptance of the Terms and Conditions applicable to the *FaisaPay*.

ii By signing below, I/we hereby request the Bank to issue a *FaisaPay* merchant account in my/our favor.

iii I/we confirm that I/we have the required mandate to operate my/our account(s) issued by the Bank.

iv I/we hereby confirm and warrant that the information provided in this application is true, accurate and correct.

v I/we accept that the *FaisaPay* merchant account will be issued at the sole discretion of the Bank.

Authorized account signatory *Signature*

Authorized account signatory *Signature*

Authorized account signatory *Signature*

Authorized account signatory *Signature*

Date

BANK USE ONLY

	STAFF ID	INITIALS
Application received and verified by		
Signature verified by		
Application input to system by		
Application approved by		