

MERCHANT APPLICATION FORM

I MERCHANT NAME: _____
Indicate the SEC registered corporate name for Corporations and Partnerships. Indicate the DTI registered name for Single Proprietorships.

II BUSINESS NAME: _____
If different from SEC registered corporate name.

III ACCREDITATION REQUEST TYPE:

<input type="checkbox"/> Accreditation for New Merchant	<input type="checkbox"/> Accreditation for Batch Authorization/Recurring
<input type="checkbox"/> Accreditation for Installment (0% Interest/Reduced Installment)	<input type="checkbox"/> Accreditation for Mail-Order/Telephone-Order (MOTO)
<input type="checkbox"/> Accreditation for E-Commerce	<input type="checkbox"/> Accreditation for BancNet

IV MERCHANT DETAILS:

TYPE OF ENTITY: Corporation Partnership Single Proprietorship

YEARS IN BUSINESS: _____ years **PUBLICLY TRADED:** Yes No **STATE OWNED:** Yes No

COUNTRY OF ORIGIN AND RESIDENCE OR OPERATIONS: _____

TYPE OF BUSINESS: _____

MAIN PRODUCTS/SERVICES SOLD: _____

TYPE AND SOURCE OF FUNDS: _____

MAINTAINING BANK ACCOUNT: _____

CONTACT PERSON: _____

HEAD OFFICE ADDRESS: _____

ZIP CODE: _____

TELEPHONE NUMBER(S):

1 _____ 2 _____
 Area Code Tel. No. Ext. Area Code Tel. No. Ext.

3 _____ **E-MAIL ADDRESS:** _____
 Area Code Tel. No. Ext.

V BUSINESS PROSPECTS:

ANNUAL SALES: Cash _____ Credit Card _____ **AVERAGE TICKET SIZE:** _____

NUMBER OF TRANSACTIONS FOR EACH MONTH (PER OUTLET): _____

% OF CUSTOMERS PAYING IN: _____ % _____ % _____ % _____ %
 Cash Credit Card Check Others:

CREDIT CARD ACCREDITATION (OTHER BANKS): BDO Global Pay Bancard Maybank Others: _____

VI TRANSACTIONAL ARRANGEMENT DETAILS:
Any erasures must be countersigned by both the merchant's Authorized Signatory and Metrobank Relationship Manager.

PAYMENT PREFERENCE: Credit to MBTC A/C Check Payment

PAYEE: _____

OWNER: _____

ADDRESS: _____

MBTC ACCT #: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **BRANCH NAME:** _____

MERCHANT TIN: [] [] [] - [] [] [] [] - [] [] [] []

EMAIL ADDRESS RECIPIENT OF PAYMENT REPORTS : _____

VII MERCHANT DISCOUNT RATE OFFER AND POS PLAN:
Any erasures must be countersigned by both the merchant's Authorized Signatory and Metrobank Relationship Manager.

Merchant Discount Rate:			Count of POS requirement:		
<input type="checkbox"/> Visa	<input type="checkbox"/> JCB	<input type="checkbox"/> Union Pay	<input type="checkbox"/> Dial-Up	<input type="checkbox"/> Wireless/GPRS	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Alipay	<input type="checkbox"/> WeChat Pay			
<small>* BIR Withholding tax of 0.50% will be deducted and a tax certificate will be delivered quarterly via e-mail.</small>					

Monthly Credit Card Sales Target:			Monthly Debit Sales Target:		
Terminal Type	Monthly Target	Monthly Rental Fee	Terminal Type	Monthly Target	Monthly Rental Fee
Wired (Dial-Up)	Php 300,000	Php 1,500	Wired (Dial-Up)	Php 500,000	Php 500
Wireless (GPRS)	Php 500,000	Php 2,000	Wireless (GPRS)		

POS Plan: Standard Plan < waived rental fee per POS for every achieved monthly sales target >
Choose one

Prepaid Plan < discounted rental fee depending on the choice of lease period >
 Lease Period : 3mos 6mos 12mos
 Discount : 5% discount 10% discount 15% discount

VIII AUTHORIZED SIGNATORY/IES:

1 NAME OF AUTHORIZED SIG: _____ Last Name, Given Name Middle Name **TITLE:** _____

NATIONALITY: _____ **ID NUMBER (TIN, SSS or GSIS#):** _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT DETAILS: _____ **OUTSIDE AFFILIATION:** _____

DATE OF BIRTH:

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

PLACE OF BIRTH: _____

Employed Self-Employed

NATURE OF WORK: _____ **NATURE OF BUSINESS:** _____

NAME OF EMPLOYER: _____

SOURCE OF FUNDS: _____

SPECIMEN SIGNATURE OF AUTHORIZED SIGNATORY 1

2 NAME OF AUTHORIZED SIG: _____ Last Name, Given Name Middle Name **TITLE:** _____

NATIONALITY: _____ **ID NUMBER (TIN, SSS or GSIS#):** _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT DETAILS: _____ **OUTSIDE AFFILIATION:** _____

DATE OF BIRTH:

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

PLACE OF BIRTH: _____

Employed Self-Employed

NATURE OF WORK: _____ **NATURE OF BUSINESS:** _____

NAME OF EMPLOYER: _____

SOURCE OF FUNDS: _____

SPECIMEN SIGNATURE OF AUTHORIZED SIGNATORY 2

3 NAME OF AUTHORIZED SIG: _____ Last Name, Given Name Middle Name **TITLE:** _____

NATIONALITY: _____ **ID NUMBER (TIN, SSS or GSIS#):** _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT DETAILS: _____ **OUTSIDE AFFILIATION:** _____

DATE OF BIRTH:

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

PLACE OF BIRTH: _____

Employed Self-Employed

NATURE OF WORK: _____ **NATURE OF BUSINESS:** _____

NAME OF EMPLOYER: _____

SOURCE OF FUNDS: _____

SPECIMEN SIGNATURE OF AUTHORIZED SIGNATORY 3

** Please write down additional names of authorized signatory on a separate sheet.*

IX PRINCIPAL MANAGING OFFICERS AND DIRECTORS:

1 NAME: _____ Last Name, Given Name Middle Name **TITLE:** _____

NATIONALITY: _____ **ID NUMBER (TIN, SSS or GSIS#):** _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT DETAILS: _____ **OUTSIDE AFFILIATION:** _____

DATE OF BIRTH:

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

PLACE OF BIRTH: _____

Employed Self-Employed

NATURE OF WORK: _____ **NATURE OF BUSINESS:** _____

NAME OF EMPLOYER: _____

SOURCE OF FUNDS: _____

2 NAME: _____ **TITLE:** _____
Last Name, Given Name Middle Name

NATIONALITY: _____ **ID NUMBER (TIN, SSS or GSIS#):** _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS: _____

CONTACT DETAILS: _____ **OUTSIDE AFFILIATION:** _____

DATE OF BIRTH:

M	M	D	D	/	/	Y	Y	Y	Y		

PLACE OF BIRTH: _____

Employed Self-Employed

NATURE OF WORK: _____ **NATURE OF BUSINESS:** _____

NAME OF EMPLOYER: _____

SOURCE OF FUNDS: _____

** Please write down additional names of principal managing officers and directors on a separate sheet.*

X BENEFICIARY (if applicable):

NAME: _____
Last Name, Given Name Middle Name

PRESENT ADDRESS: _____

DATE OF BIRTH:

M	M	D	D	/	/	Y	Y	Y	Y		

PLACE OF BIRTH: _____

NATURE OF WORK: _____ **SOURCE OF FUNDS:** _____

XI MAJOR PARTNERS/SHAREHOLDERS (with ownership/share ≥ 20%):

	Name		Title	Date of Birth			ID Number	% of Ownership
	Last Name,	Given Name	Middle Name	MM	DD	YYYY	(TIN, SSS, GSIS#)	
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____

Please write down additional names on a separate sheet.

XII MAJOR SUPPLIERS:

	Company Name	Contact Person		Designation	Tel. No.
		Last Name,	Given Name	Middle Name	
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____

Please write down additional names on a separate sheet.

XIII RELATED PARTY:

Is the Merchant affiliated to or has a business relationship with an employee of Metrobank? Yes No

Are there any corporate officers/employees of the merchant who are related with any of the corporate officers/employees of Metrobank by consanguinity/affinity? Yes No

If yes, please fill-up Employee-Merchant Disclosure Form.

The Merchant, through the undersigned, hereby certifies that the above information given is true and correct and that all copies of documents are true copies and will remain property of Metrobank. The Merchant authorizes Metrobank to verify and investigate this information from whatever sources it may consider appropriate. The Merchant understands that falsifying any of the information on the submitted documents is sufficient ground for legal action and the rejection or termination of the Merchant's application. The Merchant shall immediately notify Metrobank in writing of any change in any of its information indicated in this form.

<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <p style="text-align: center; font-size: 8px;">Printed Name and Signature of Authorized Signatory</p>		<p style="text-align: center; font-size: 8px;">Date Submitted</p>
<p style="text-align: center; font-size: 8px;">Printed Name and Signature of MACQ Sales Head/MACQ Division Head</p>		<p style="text-align: center; font-size: 8px;">Date Signed</p>