



WebPAYDirect MERCHANT 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

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

SECTION 1
COMPANY INFORMATION

Please complete this section with information about your organization.

Name of Merchant / School / Institution:

Merchant / School / Institution's Address:

Platform

WebPAYDirect

SECTION 2
CONTACT INFORMATION

Company / School Website

This section gathers information about the contact persons in your organization.

*Name of primary contact person:

*Name of Developer:

Designation:

Company:

Office Telephone / Extension

Office Telephone / Extension:

Mobile Phone:

Mobile Phone:

SECTION 3
ACQUIRING BANK INFORMATION

E mail Address:

E mail Address:

TRANSACTION ACQUIRING BANK DETAILS

Please complete this section with information about your chosen acquiring bank (s)

AQUIRER
(Must be a bank on the InterSwitch
Network)

ACCOUNT NUMBER(s)

SECTION 4 E-COMMERCE WEBSITE INFORMATION	Please supply information about the website you intend to connect to InterSwitch Payment Gateway, WebPAY. Submit one set of forms per site:	
	*Description of Product(s) and Services sold on the site: 	Number of days until products/services is delivered: <input type="text"/> Method of Goods/Service Delivery (Please attach additional sheets if possible): <input type="checkbox"/> By Courier <input type="checkbox"/> Online download <input type="checkbox"/> Direct Credit to Account <input type="checkbox"/> Other (Give details):
*Is Customer pre-registration required on the site before proceeding to transaction: <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, what basic information is provided to you?) <input type="checkbox"/> Name <input type="checkbox"/> Phone No. <input type="checkbox"/> Address <input type="checkbox"/> Email <input type="checkbox"/> DOB <input type="checkbox"/> Security Question <input type="checkbox"/> Picture <input type="checkbox"/> Other (Specify).....	Customer Refund Policy: <input type="checkbox"/> Refund within 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> Other (Specify)	

SECTION 5 OTHER INFORMATION	Settlement Information (Is split Involved?) <input type="checkbox"/> YES <input type="checkbox"/> NO
	Transaction Fee <input type="text"/>
Provide any other information in the space below. (e.g. Any Additional Contact Persons' details)	

I, (individual's name), on behalf of (name of company) hereby certify

that the information 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. I agree that I shall abide by the WebPAY terms and conditions.

Authorized Signature Designation Date

Section 6: For InterSwitch Use Only		
LIST OF DOCUMENTS RECEIVED		Comments and Other Information
<input type="checkbox"/> Copy of Certificate of Incorporation <input type="checkbox"/> Corporate Bank Account Details <input type="checkbox"/> Evidence of Service Delivery <input type="checkbox"/> Cheque/Draft for Sign-on Fee Sign-on Fee paid: =N=.....	Website Category: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4	

Authorization to Go-Live:

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

The limitation of InterSwitch's liability to web merchant as regards the provision of the InterSwitch payment gateway shall not exceed the aggregate amount paid to InterSwitch Limited hereunder for the integration to its payment gateway.

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