



**MERCHANT APPLICATION FORM**

All informations required are mandatory to be filled.  
For enquiry, you may email to [emerchant@souqa.com](mailto:emerchant@souqa.com) or call +603-2011 0786.

NEW  EXISTING Date of Application  -  -

**PRINCIPAL INFORMATION**

Registered Name

Trading Name  Registered No (Without Special Character)   
*(System can capture 25 characters only)*

Date of Incorporation  -  -

Subsidiary of MNC/PLC/GLC/SOE/MKD  Yes  No If yes,  MNC  PLC  GLC  SOE  MKD

Group Name for MNC/PLC/GLC/SOE/MKD

(MNC-Multinational Corporation / PLC-Public Limited Company / GLC-Government-Linked Company /SOE-State-Owned Enterprise /MKD-Menteri Kewangan Diperbadankan)

Nature Of Core Business

If under below nature of business, Business License to be submitted with Application form

- (64923) Licensed money lending activities  (93XXX) Sports activities and amusement and recreation activities
- (66124) Foreign exchange broker and dealers (Bureaux de change)  (64924) Pawnshops and pawnbrokers includes Ar-Rahnu
- (66125) Money-changing services  (66123) Gold bullion dealers  (9000X) Creative, arts and entertainment activities
- (92000) Gambling and betting activities  (910XX) Libraries, archives, museums and other cultural activities
- MLM - Multilevel-Marketing  Travel Agency

Business Licence Number

- Business Licence Type
- (001) MONEY SERV B/LICENSE  (002) GAMING HSE LICENSE  (003) POOL BETTING LICENS
  - (004) TOTALIZATOR AGENCY  (005) RACING CLUB LICENSE  (006) PRECIOUS METAL/STONE
  - (007) ESTATE AGENT LICENSE  (008) MANUF/W.SALE - GOLD  (009) PAWNBROKER LICENSE
  - (010) MONEYLENDER LICENSE  (011) INTERNET/CYBER/NGTCLUB  (012) FOREIGN EXC LICENSE
  - (099) OTHERS  MLM - Multilevel-Marketing  Travel Agency

Business Licence Expiry Date  -  -  (Validity Must be with 3 month & above)

- Licensing Authority
- (001)BANK NEGARA MALAYSIA  (002)MINISTRY OF FINANCE  (003)COMPANIES COMMISSION OF MALAYSIA
  - (004) BOARD OF VALUERS, APPRAISERS AND ESTATE AGENTS MALAYSIA  (005) REGISTER WITH MITI / MATRADE
  - (006) MINISTRY OF URBAN WELLBEING, HOUSING AND LOCAL DEVELOPMENT  (007) SECURITIES COMMISSION
  - (008) MINISTRY OF HOME AFFAIRS  (099) OTHERS

**Business Registered Address :**

Contact Name 1

Contact Name 2

Address

City  Postcode

State  M Y Country  M Y S

Telephone No.  -  Fax No.  -

Delivery :

Bus Reg Add

Outlet

**Outlet Address :**

Contact Name 1

Contact Name 2

Address 1

City  Postcode

State  M Y Country  M Y S

Telephone No.  -  Fax No.  -

**BUSINESS DETAILS**

Ownership  Limited Company  Sole Proprietor  Partnership  Others (Specify)

Years In Business  No. of outlet  Current Acquirer

Projected Daily Txn  Projected Daily Vol.  Projected Mthly Txn  Projected Mthly Vol.

**PRODUCT TYPE**

EDC :  Walk-In  Instalment Payment Plan  Mail Order  Pay with Points  QR  
 DCC  \*Instant Discount  \*Couponing (\*Additional Form Required)  Static QR

PLUG N PAY:  Walk-In  Instalment Payment Plan  Recurring Payment  QR

TAP N PAY:  Walk-In  QR

ONLINE :  E-Commerce  E-Commerce Instalment Plan  Recurring Payment

**TERMINAL/READERS DETAILS**

(a) No. of EDC(s)  unit (s) Tag on by:  Amex  Others (Please Specify) \_\_\_\_\_

(b) No. of Plug n Pay (MPOS)  unit (s)  Others (Please Specify) \_\_\_\_\_

(c) No. of Tap n Pay  unit (s)  Others (Please Specify) \_\_\_\_\_

Standard Capping: RM 500 single transaction RM 2,500 daily sales RM 50,000 monthly sales

**MODE OF PAYMENT**

Credit Bank Current Account No.  Branch

Inter-Bank Giro Current Account No.  Bank

*(Please attach bank statement for the above Inter-Bank Giro Current account)*

"Payments shall be made on the next business day"  
**\*\*All settlement of domestic trade in goods or services must be made in Ringgit Malaysia\*\***

**\*IMPORTANT\* MERCHANT E-ACCESS SERVICE / MPOS PORTAL (IF APPLICABLE)**

Souqa Merchant Statement Service (For Finance Department use) Email Add:

Plug n Pay (For activation purposes) - If applicable

Contact Person:  HP No:  -

Email Add:

**DETAILS OF SHAREHOLDERS / ULTIMATE BENEFICIAL OWNER / DIRECTOR / PARTNERS / SOLE PROPRIETOR / OFFICE BEARER / AUTHORISED PERSON**

Merchant to complete Appendix A on details of Shareholders / Ultimate Beneficial Owner / Director / Partners / Sole Proprietor / Office Bearer / Authorised Person.

**DECLARATION BY AUTHORISED SIGNATORY**

- I / We declare that the information provided by me / us in this application form and the Appendix A completed by me / us are true, correct and complete. I / We have not withheld any information which may prejudice this application or have a bearing on the Financial Institution's decision. I / We agree and undertake to inform the Financial Institution on any changes in the details of my / our major shareholders, ultimate beneficial owner, directors, partners, sole proprietor, office bearers and/or authorised persons from time to time.
- I / We confirm that the Financial Institution that I / we will exercise due diligence not to facilitate funds from proceeds from any unlawful activity to be channelled through my /our account(s) with the Financial Institution and I / we undertake to provide the Financial Institution all relevant information and documents, as and when requested, for the purpose of my / our identification and/or verification of the source of my / our funds under the "Know-Your-Customer" principle.
- I / We confirm that the Financial Institution is authorised to verify and/or make any checks and/or obtain any information and/or confirmation at any time and from time to time now and/or in the future, with or from any credit reference / reporting agencies, including but not limited to CCRIS, FIS and/or any other agencies and/or from any financial institution and to provide to such aforesaid party(s) with the required information requested to enable the Financial Institution to ascertain my /our status and/or any of my / our directors, shareholders, officers, and/or any other person, individual and/or entity related to and/or associated with me /us as may be required by the Financial Institution for the purpose of the consideration of this application and thereafter, if this application is approved for the purposes of the grant and/or continued maintenance of the facility / account; and/or recovery of debts owing under the facility / account; and/or any purpose related to or in connection with the facility / account applied for; and/or for any other purpose that is required or permitted by any law, regulations, guidelines and/or relevant regulatory authorities.
- I / We hereby agree and authorise the Financial Institution to disclose any information relating to me / us, this application and/or my / our accounts to any of the Financial Institution's agents and/or sub-contractors and/or any company / institution for the purpose of processing and/or fulfilling transactions that I / we have requested and/or facilitating the Financial Institution's operations.
- PRIVACY NOTICE ACKNOWLEDGEMENT**  
 I / We hereby acknowledge that I / we have accessed and/or read the Privacy Notice issued by Souqa Fintech Sdn. Bhd. at the Souqa Fintech website at www.souqa.com or has otherwise been made available to me / us) and confirm my / our agreement to the same.

Signature  Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

**FOR REFERRAL CASE ONLY (For Office Use Only)**

Segment Code  Branch Code  Staff ID  Name \_\_\_\_\_