Republic Bank

APPLICATION FOR POINT-OF-SALE MERCHANT SERVICES AND OR E-COMMERCE

Date: **Marketing Representative:**

Customer/Business Name	Year Established	RIM Number

OBA Name [If Different From Above]

Address	Contact Information	
	Name	
	Position	
	Telephone No.	
	Email	

Business Official(s) Information

Enter the Name and one (1) form of valid National ID details for Principals
[i.e. Owner(s); Director(s); Corporate Secretary; Company Signatories; Shareholders (subject to established Shareholder requirements in each jurisdiction)]

Name	Position	Select ID Type	ID Number
1.		☐ ID/ ☐ DL/ ☐ PP	
2.		☐ ID/ ☐ DL/ ☐ PP	
3.		☐ ID/ ☐ DL/ ☐ PP	
4.		☐ ID/ ☐ DL/ ☐ PP	
5.		☐ ID/ ☐ DL/ ☐ PP	
6.		☐ ID/ ☐ DL/ ☐ PP	
7.		☐ ID/ ☐ DL/ ☐ PP	
8.		☐ ID/ ☐ DL/ ☐ PP	
9.		☐ ID/ ☐ DL/ ☐ PP	
10.		☐ ID/ ☐ DL/ ☐ PP	
11.		☐ ID/ ☐ DL/ ☐ PP	
12.		☐ ID/ ☐ DL/ ☐ PP	
13.		☐ ID/ ☐ DL/ ☐ PP	
14.		☐ ID/ ☐ DL/ ☐ PP	
15.		☐ ID/ ☐ DL/ ☐ PP	
16.		☐ ID/ ☐ DL/ ☐ PP	
17.		☐ ID/ ☐ DL/ ☐ PP	
18.		☐ ID/ ☐ DL/ ☐ PP	
19.		☐ ID/ ☐ DL/ ☐ PP	
20.		☐ ID/ ☐ DL/ ☐ PP	

Type of Business [Type of Products or Services the Business provides]	Contact Person

Reference Information

Name	Address	Telephone No.

MERCHANT FACILITY REQUIRED	
REPUBLIC BANK TRINIDAD AND TOBAGO	REGIONAL JURISDICTIONS
☐ VISA/Mastercard only	☐ VISA/Mastercard
☐ Debit card only	☐ AMEX
☐ VISA/Mastercard & Debit card	☐ Discover
☐ Republic EPay (E-commerce)	☐ Republic EPay (E-commerce)

Do you currently have a Republic Bank Credit Card? ☐ Yes ☐ No

If Yes, please provide the account number.

☐☐☐☐☐☐ _____ ☐☐☐☐

☐☐☐☐☐☐ _____ ☐☐☐☐

☐☐☐☐☐☐ _____ ☐☐☐☐

THIS SECTION IS **APPLICABLE ONLY** TO MERCHANTS INTERESTED IN REPUBLIC BANK'S E-COMMERCE SERVICE

Republic EPay

HAVE YOU ALREADY BUILT YOUR ONLINE STOREFRONT? ☐ Yes ☐ No

IF YES, WHICH SHOPPING CART DO YOU USE?

WEBSITE URL:

PRIMARY TECHNICAL CONTACT:

EMAIL:

CONTACT NUMBER(S): OFFICE: CELL:

DOCUMENTS REQUIRED THAT MUST ACCOMPANY THE APPLICATION FORM

SOLE TRADER	Copies of Certificate of Registration and any form of valid ID
PARTNERSHIP	Copies of Certificate of Registration and any form of valid ID for all partners
LIMITED LIABILITY COMPANY	Copies of Certificate of Incorporation/Continuance, Notice of Directors, Notice of Secretary and any form of valid ID for all Directors and Business Officials listed

POTENTIAL MERCHANT CARD VOLUME

ESTIMATED ANNUAL SALES VOLUME: $		(i.e. cash, cheque, credit/debit cards (if any) of which:	
DEBIT CARD VOLUME	$	NO. OF TRANSACTIONS	
CREDIT CARD VOLUME	$	NO. OF TRANSACTIONS	
AVERAGE TICKET SIZE	$		
HOW MANY TERMINALS DO YOU REQUIRE AT THE SITE?			
LOCATION			

REPUBLIC BANK ACCOUNTS

BRANCH	TYPE OF ACCOUNT	ACCOUNT NUMBER	BANK CONTACT PERSON

OTHER BANK ACCOUNTS

BANK	BRANCH	TYPE OF ACCOUNT	ACCOUNT NUMBER	BANK CONTACT PERSON

Applicant's Signature **(MANDATORY)**

Marketing Representative

FOR OFFICAL USE ONLY	
CREDIT CARD COMMISSION RATE	%
DEBIT CARD CHARGE (PER TRANSACTION)	$
EQUIPMENT RENTAL FEE LAN	$
WIRELESS	$
ADMINISTRATIVE FEE	$

FOR OFFICAL USE ONLY - E-COMMERCE (EPay)	
ONE-TIME SET UP FEE	$
MONTHLY SUPPORT FEE	$
PER TRANSACTION FEE	$
CREDIT CARD COMMISSION RATE	%

SITE VISIT DONE	YES	NO
PRINT NAME		
APPROVED/DECLINED		