Instructions

Read through before completing this application. If you are not sure, please contact your nearest BSP Branch for assistance.

Select your request: Select preferred service:	New BillPay		nendment Commerce			Cancel EFTPoS			
PRINT IN BLOCK CAPITAL LE	TTERS in a blue or black p	pen to complete th	ne required	sections					
Section A: Merchant Details									
Registered Company or Busin	 ess Name:			Reg	jistered Comp	any or Busin	ess Numbei	·	
Trading As Name:									
Postal Address									
		Office Name:							
	Cour				Postal Code:				
Nominated Mobile:	Nomi	nated Email:							
Principle Place of Business									
Sect/Lot: Province/State:		. +•			Town				
		et: ntry:							
Contact Name of Contact Person:		•				:			
Mobile:		hone:							
	7								
Section B: Business Details									
Business Type									
		imited Liability Corporation		Non-Profi Governm	it Organizatior ent		Superannuat Others	ion	
Industry Type									
Airline	🗌 Hotel / Ac	commodation			Market	ing & Adverti	sing		
Insurance	Travel Age			Charity					
Electronics / IT		ervice Provider (IS	SP)	Import / Export Detail (a.g., Trada, Chara, Quaermortuta)					
 Finance Education Childcare / Primary Real Estate & Property Development 				 Retail (e.g. Trade Store, Supermarkets) Government Entity 					
Tertiary / Co	lleges								
Section C: Payment Methods									
i. How do you receive paymer	 nts for your good / service	s?				Monthly		Annually	
Cash EFTP	oS 🗌 Internet	Banking	Cheque		State value:	\$	\$		
ii. How do you pay for your bu		-				Monthly		Annually	
Cash EFTP		Banking	Cheque		State value:	\$	\$	/ Inndany	
					3	\$	\$		
Occilian De Maurice te dat					TOTAL:				
Section D: Nominated Accou									
If you are applying for BillPay,									
Branch	Account Name	BSB/Branch Code			ınt Number	F	Preferred Service		
_				_					

Contin								
	on E: BSP e-Con							
-	lete this section	if you are apply	ing for e-C	commerce.				
Website Information				Website Content Management System				
URL				Hosting Company				
Choos	e your currenci	es		L				
	GK	🗌 AUD			□ JPY	SGD	□ HKD	
_	IZD						Others	
SSL C	ertificate Type							
	/erisign	Thawte	□ 0	thers		SSL Validity From	: То:	
	itact Person					-		
				Phone:		Emai	:	
	nated Account							
Brancl			Accou	unt Name	BS	B/Branch Code	Account Number	
Sectio	on F: EFTPoS							
			ying for an	EFTPoS device.				
	onal Functional				. —	· ·		
	МОТО	Pre-	Authorisat	ion Refu	nd	Tipping	Shift	
	nated Account							
Brancl	h		Αссоι	unt Name	BS	B/Branch Code	Account Number	
Stand	ing Order Autho	rity			BANK USE (DNLY		
Accou	int Name	Account Nu	mber	Amount	Payment Du	e TID	S/O No.	
					-			
						<u></u> . <u></u>		
					_			
					_			
			Tot	al				
	I/We understand	that BSP acce	ents this or	rder only upon the follo	wing conditions.			
			•	5 .		ant) and BSP in relation	on to my Merchant bank account.	
.,				- ()			or any other order or cheque which I	
()	may give to BSP	or have BSP c	raw on my	merchant account.	or phoney or pays			
				nding death, bankruptcy kruptcy, liquidation or re			or the revocation thereof by any mean	
				count on the day nomin day after the day nomin			sole discretion debit the merchant	
Custo	mer Authorizatio	on						
Full Na					Full Name:			
Positio								
Signat			Date:				Date:	
Full Na	ame.				_ Full Name:			
Positio					- Position:			
	л. —							
Signat	ure:		Date:		_ Signature:		Date:	

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BANK USE ONLY		
Compiled by	Checked by	
Signature:	Signature:	
Name:	Name:	
Position:	Position:	
Date:	Date:	

Section G: Indemnity Agreement

If you are applying for EFTPoS devices, please read Section G and H before signing.

Indemnity

The Merchant undertakes to indemnify BSP from any suit, liability, claim, action, loss, or damage BSP may suffer as a result of claims, demands, costs, or judgments against BSP arising from:

- · The Merchant failing to adhere to the terms and conditions of the MSA; or
- The Merchant, its employees, contractors, agents or invitees acting dishonestly or illegally when using the Terminal; or a dispute between the Merchant and a Cardholder over the supply, use, quality or fitness of goods, services or the payment of cash; or
- Chargeback situation where a dispute is raised by a cardholder or the cardholders issuing bank disputing transaction that took place at a Terminal installed with the Merchant; or
- · BSP processing an Invalid Transaction initiated by the Merchant.
- The Indemnity stated in this Agreement survives the termination of the MSA.
- · Any amounts due and payable under this indemnity are payable on demand.
- BSP is not liable for any Invalid Transaction or losses or inconveniences the Merchant incurs or those of a Cardholder or any other person should a Terminal or communication line be faulty.
- The Merchant is liable for Invalid Transactions or any loss arising from unauthorised use of the Merchant's refund password.

Commencement

This Indemnity Agreement commences immediately on the date on which the Merchant accepts the installation of a Merchant Facility or when an MSA is signed (whichever occurs first) and shall continue even after termination of the MSA.

Notice

- Any notice or other document to be served on or delivered to any party pursuant to this Agreement may be delivered to the party's physical address or by email (as the case may be) as notified in this application by the Merchant.
- Any notice or document to be delivered under this Agreement shall be deemed to have been duly served or given if personally delivered at the time of delivery, if sent by post on the day following the date of its posting or if sent by email within 3 calendar days of the date sent without the sender receiving an "undelivered" email response to the email sent.

Waiver

No failure by BSP to exercise and no delay in exercising any right, power or remedy under this Agreement operates as a waiver. Nor does any single or partial exercise or any right, power or remedy preclude any other or further exercise of that or any other right, power or remedy.

Governing Law

This Agreement is governed by and shall be construed in accordance with the laws applicable in your domiciled country.

Section H: Declaration]

(The declarations made in this section are for all services applied for by the Merchant in this application including their subsequent terms and conditions.)

- As the Merchant, I have read and understood the Terms and Conditions of these services. By executing this application, I accept the conditions herein and
 agree to be bound by this agreement in the use of the BSP Merchant facility (ies).
- My obligations in relation to my nominated account and the service provided by the Bank, are subject to the Bank's terms and conditions governing these
 accounts.
- The Bank may request for specific documentation from me, in order to process the application for BSP Merchant facility (ies). By signing this declaration, I warrant that I am authorized by the Company/Organisation to sign and I confirm that the information provided is true and correct.
- Upon signing the Letter of Offer and Terms and Conditions by me, I will be legally bound to this agreement immediately after the Bank installs equipment to commence processing transactions.
- I agree that any information provided in this application will be used by the Bank and any Service Provider to assess this application for a new Merchant Facility or upgrade of BSP Merchant Facility for product research and development purposes.
- If I fail to provide the requested information, or do not agree to any specific terms, the Bank may refuse this application.

Principal Signatory 1 Full Name:		Position: Signature:	2	
Principal Signatory 3 Full Name: Position: Signature: Date:			Affix Common Seal	
BANK USE ONLY				
BRANCH	Corporate			
Branch: I confirm that the application has b				
I confirm that I have verified the ide		y.		
Checked by:		Authorised	by:	
Name: Date:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~
RETAIL PAYMENTS				
BillPay				
Biller Code:				
e-Commerce Select Currency PGK AUD NZD VUV EFTPoS	□ USD □ SBD] SGD □ HKD] WST Others .	
(To be completed for EFTPoS request) Device Type: VX 690 (for OSB or		F		
Approval Authorising Manager/Head Approved Declined Comments		MOTO & Pre-Author General Manager Approved Comments	ization Approval	
Name:		Name:		
Signature:	Date:	Signature:	Date:	