



Merchant Establishment Application Form

Merchant Category Code :

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Merchant Details:
Name of Establishment :

Registered/Legal Name :

Registered Address :

City :

Telephone Number :

Fax Number :

Email:
Type of Company :

☐ Proprietary ☐ Partnership ☐ Private Ltd. ☐ Public Ltd.

☐ Government ☐ Others
Nature of Business :

Number of Outlets/Locations :

Name(s) of Principal Owner :

Doing Business Since :

D	D	M	M	Y	Y	Y	Y

PAN No :

Business Registration No :

Date:

D	D	M	M	Y	Y	Y	Y

Number of MBL POS required :

Referred By:

Current Acquiring Details :

:

 Have you acquired POS machine/s from other banks? ☐ Yes ☐ No If Yes, ☐ Manual ☐ Electronic

Bank Name :

No. of Outlets

No. of Terminals

Type of Business :

:

☐ Electronics

☐ Hotels

☐ Restaurant

☐ Department Store

☐ Hospital

☐ Jewelry/Antique

☐ Handicrafts

☐ Leather Goods

☐ Books/Periodicals

☐ Retails

☐ Car Rentals

☐ Petrol Pump

☐ Auto Parts/Accessories

☐ Rugs/ Carpets

☐ Airlines

☐ Travel & Tours

☐ Others



Annual Turnover: _____

Annual Card Sales: _____

Name of Main Contact: _____ Designation: _____

Name of Manager: _____

Contact Address: _____

Telephone: _____ Fax: _____ Mobile: _____ Email: _____

Business Details:☐ Business hour _____☐ Profit/Loss (Latest) _____☐ Income Tax Paid _____☐ Banking with 1. _____ Account Type _____

2. _____ Account Type _____

3. _____ Account Type _____

Ownership details of Private/Public Ltd. & Proprietorship/Partnership Firm

<u>Name</u>	<u>Designation</u>	<u>Ownership%</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relationship with MBL:Do you have any other relationship with MBL? ☐ Deposit ☐ Loan ☐ Credit CardMBL Account No. (If any):

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Preferred Account No. for POS settlement:

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I, hereby agree to pay the rental fee of NPR _____ per month in case the transaction does not meet the monthly transaction threshold of NPR _____. I also authorize MBL to debit my account number _____ for this purpose.

Authorized Signature with Company Seal



Comments and Observation of Branch/Business Unit

Visited By

Visited By

Name: _____

Date: _____

Name: _____

Date: _____

Recommended By

Name:

Designation:

Date:

Supported By

Name:

Designation:

Date:

Supported By

Name:

Designation:

Date:

Approved By _____

Name:

Designation:

Date:

Payment Details:

Credit to MBL A/C

[illegible]

No maintained

At _____ Branch

OR

9

Manager's Cheque

Data entered into system on

•

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D D M M Y Y Y Y

Data entered by Name of Inputter

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Signature: _____

Data approved by Name of Approver

$$\vdots$$

Signature: _____