

Please complete this form in FULL to apply for Sarawak Pay Merchant Service.

MERCHANT DETAILS			
Registered Business Name	Logos Methodist Church		Registration No: N/A
Business/Trading Name	Logos Methodist Church, Sibü		
Business Address	79, Tong Sang Road, 96000 Sibü, Sarawak		Tel: 084-330703 Fax: 084-344509
Postal Address (if different)			Tel: Fax:
Owner/Director* Name	Nigel Ho Wan Ze		Email:
Owner/Director* IC			Mobile:
Contact Person Name			Email:
Contact Person IC			Mobile:
Business Nature	<input type="checkbox"/> Food & Drinks	<input type="checkbox"/> Retail	<input type="checkbox"/> Amusement & Entertainment
<input type="checkbox"/> Beauty & Health	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Accommodation & Hotel	<input type="checkbox"/> Financial & Insurance Services
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Government Services	<input type="checkbox"/> Transportation & Travel	<input type="checkbox"/> Education & Training Services
<input type="checkbox"/> Sports & Fitness	Business Description: Religious Organization		
BANK DETAILS FOR CREDITING OF PAYMENTS			
Bank Name			
Bank Account Name			
Bank Account Number			
Email (for notification)			
ACKNOWLEDGEMENT AND DECLARATION			
<p>I declare that all information and documents provided herein are true and complete to my knowledge and agree to provide written notice and additional documents upon request to SiliconNet Technologies Sdn Bhd (SNT) on any changes of information as bound by this application.</p> <p>a) Sdn Bhd/Bhd - Form 49/latest SSM Particular of Directors/Officers, Form 9, Trade License and Bank Statement</p> <p>b) Sole Proprietor/Partnerships - Extract of Registration Business Name, Sijil Pendaftaran, Trade License and Bank Statement</p> <p>c) Photocopies of NRIC of business owner, all partners or authorized director.</p> <p>d) Company/Business logo and 1-2 photos of business.</p> <p>By submitting this Application Form, I acknowledge that I have read and fully understood the Sarawak Pay Business Terms and Conditions available at https://sarawakpay.sarawak.gov.my/ and agree to be bound by these Terms and Conditions.</p>			
Applicant's Signature (Owner/Partner/Director)			<i>Business Chop</i>
Name			
Designation			
Date			

SUBMITTED AND DECLARATION	
I declare that 1. the information provided in this form is true and correct 2. the original documents are sighted by me. 3. the necessary CDD checks according to SNT's requirements have been conducted.	<i>Signed/ Agent Name and ID/Date</i>
FOR OFFICE USE ONLY	
Checked & Verified By:	Approved/Rejected By:
<i>Signed/Name/Date</i>	<i>Signed/Name/Date</i>
Recommended By:	Verification Call Back Completed:
<i>Signed/Name/Date</i>	<i>Signed/Name/Date</i>
Merchant ID	Deployment Confirmation:
	<i>Signed/Name/Date</i>