



Account Number:

REGISTRATION FORM

Applicant's Detail

Category :	<input type="checkbox"/> Master Distributor	<input type="checkbox"/> Sub Distributor	<input type="checkbox"/> Merchant	<input type="checkbox"/> API
-------------------	----------------------------------------------------	-------------------------------------------------	------------------------------------------	-------------------------------------

(PLEASE USE CAPITAL LETTERS TO FILL IN)

Company Name	<input style="width: 100%;" type="text"/>				
Company Reg. No	<input style="width: 20%;" type="text"/>	GST No	: <input style="width: 20%;" type="text"/>	Email	: <input style="width: 30%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>				
Postcode	: <input style="width: 20%;" type="text"/>	Town/City	: <input style="width: 20%;" type="text"/>	State	: <input style="width: 30%;" type="text"/>
Tel	: <input style="width: 20%;" type="text"/>	Fax	: <input style="width: 20%;" type="text"/>	H/P Number	: <input style="width: 30%;" type="text"/>
Contact Person	<input style="width: 60%;" type="text"/>			I.C Number	: <input style="width: 30%;" type="text"/>

Type of Business	<input type="checkbox"/> Cyber Cafe	<input type="checkbox"/> Mini Mart / Convenient Shop	<input type="checkbox"/> Multi Services Counter
	<input type="checkbox"/> Electrical Shop	<input type="checkbox"/> Super Mart / Hypermarket	<input type="checkbox"/> Stationary / Book Shop
	<input type="checkbox"/> Direct Sales	<input type="checkbox"/> Restaurant / F & B	Other (Please Specify) :
	<input type="checkbox"/> Channel Sales	<input type="checkbox"/> Mobile Phone Shop	_____

Account's Detail

User Login (MSISDN) : - (Active mobile phone number. E.g.: 6019-1234567)
 (strictly one number to be assigned to one default account, your account PIN will be sent to the number registered above via SMS upon registration)

User Login-Share Wallet (If any) :	FOR OFFICE USE
<input style="width: 100%; height: 20px;" type="text"/>	Master Distributor ID :
<input style="width: 100%; height: 20px;" type="text"/>	Sub Distributor ID :
<input style="width: 100%; height: 20px;" type="text"/>	Discount Group for this account :
<input style="width: 100%; height: 20px;" type="text"/>	Available Discount Group :

Mandatory Document Submission Checklist (photocopy)

Sole Proprietor / Partnership :	Private Limited :	Individual :
<input type="checkbox"/> Business Reg. Form (SSM Form B, D)	<input type="checkbox"/> Business Reg. Form (Form 9, 24, 49)	<input type="checkbox"/> I/C Copy
<input type="checkbox"/> I/C Copy	<input type="checkbox"/> I/C Copy	<input type="checkbox"/> Bank Statement
<input type="checkbox"/> Bank Statement with company/business owner name	<input type="checkbox"/> Bank Statement with company/business owner name	

Package Details :	<input checked="" type="checkbox"/> Registration Fees – RM100.00 (include GST) <input checked="" type="checkbox"/> First Top Up – RM100.00 <input type="checkbox"/> Bluetooth Printer – RM300.00	Total : <input style="width: 50px;" type="text"/>
--------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------



Account Number:

ACKNOWLEDGEMENT

I hereby declare that all information furnished herein is true and correct. I agree to the current MyPay terms and conditions provided to me. I further acknowledge and confirm that I have carefully read the provisions of the terms and conditions and understood them and have not relied upon any statement, representation of waiver made by MyPay Sdn Bhd other than that set out in the Agreement. I hereby irrevocably and unconditionally agree to observe, fulfil and comply with the provisions of the Agreement and to the extended permitted by law, to disclose any additional information pertaining to the signee to MyPay Sdn Bhd.

Name :
I/C No :

Signature :

Terms & Conditions

1. The Merchant will be fully responsible for the assigned password for the registered mobile number and shall safeguard it from any unauthorized usage.
2. Risk and title of the PINs is transferred to the Merchant once the transaction is completed.
3. No cancellation or reversal is allowed and no compensation or refund will be provided due to miss-used of account by third party.
4. The minimum for all subsequent top up is RM500.00
5. Preferred payment mode is cash via CDM / Online Transfer / Cash over Counter. Top up to Merchant's accounts is subjected to bank clearance of deposit made.
6. For all payment made with fax in/email confirmation between 9.00am – 5.00pm, we will update Merchant's account within two hours. For payment after 5.00pm, we will update on the following working day. Please note our business hours are 9.00am – 6.00pm. Monday – Friday.
7. MyPay Sdn Bhd reserves the right to update all banked in payment details upon confirmation of payment.
8. Terms and conditions are subject to change without prior notice.
9. Bank Account Details -

Payee	MYPAY SDN BHD
Bank	Maybank
Bank Account Number	5142 7161 2916

I, _____ hereby confirmed that all particulars stated as above are true and accurate.

Signature of Applicant

Company Stamp

Day Month Year

For MyPay HQ use only :	
Sales Person Name :	Verified by Finance :
Prepared by :	
Created by :	Approved by :
Date :	
Remarks :	