

REQUEST TYPE

- New application
 Change plan
- Package 1
 Package 2
- Package 3
 Package 4
- Package 5

BUSINESS DETAILS

Name of business *(As in the business registration certificate)*

Business registration no.

Telephone no.

Mobile no.

Email address

MERCHANT DETAILS

Name of merchant *(Preferred merchant name to use in FaisaPay)*

Accounts to credit payments from *FaisaPay*

MVR Account number

USD Account number

Preferred account to debit fees and charges for use of *FaisaPay*

Reversal of payments

- Allow reversal within reversal period (minutes)
- Don't allow reversal of payments

Payment request URL

Payment response URL

IMPORTANT INFORMATION

- Please attach a soft copy of the business logo that will be shown to customers during payment. The logo must be in PNG format with a transparent background and it must be a minimum of 300 px X 300 px in size.
- The "Name of merchant" is the name of the business that will be registered in *FaisaPay* for customers to make payments to.
- "Reversal", if allowed, will allow you to refund a previously-made payment to customers within the "reversal period" in any required case.
- The use of *FaisaPay* is subject to fees and charges as described below.

| | PACKAGE 1 | PACKAGE 2 | PACKAGE 3 | PACKAGE 4 | PACKAGE 5 |
|---------------|-------------|-------------|-------------|---------------|----------------|
| Monthly sales | MVR 100,000 | MVR 250,000 | MVR 500,000 | MVR 1,000,000 | MVR 10,000,000 |
| Setup fee | MVR 5,000 | MVR 7,000 | MVR 10,000 | MVR 15,000 | MVR 20,000 |
| Min. charge | MVR 2 | MVR 2 | MVR 2 | MVR 2 | MVR 2 |
| Trxn rate | 2.75% | 2.5% | 2% | 1.5% | 1.3% |
| Annual fee | MVR 6,000 | MVR 6,000 | MVR 6,000 | MVR 6,000 | MVR 6,000 |

DECLARATION

I/we, the undersigned, hereby make this unilateral declaration to Maldives Islamic Bank Pvt. Ltd. (the 'Bank'), that:

- I/we have read and understood the Terms and Conditions of *FaisaPay* and agree to be bound by them. I/we accept that the usage of the *FaisaPay* will also be construed by the Bank as my/our acceptance of the Terms and Conditions applicable to the *FaisaPay*.
- By signing below, I/we hereby request the Bank to issue a *FaisaPay* merchant account in my/our favor.
- I/we confirm that I/we have the required mandate to operate my/our account(s) issued by the Bank.
- I/we hereby confirm and warrant that the information provided in this application is true, accurate and correct.
- I/we accept that the *FaisaPay* merchant account will be issued at the sole discretion of the Bank.

| | |
|------------------------------|----------------------|
| Authorized account signatory | Signature |
| Authorized account signatory | Signature |
| Authorized account signatory | Signature |
| Authorized account signatory | Signature |
| Authorized account signatory | Signature |
| Date | <input type="text"/> |

BANK USE ONLY

| | STAFF ID | INITIALS |
|--------------------------------------|----------|----------|
| Application received and verified by | | |
| Signature verified by | | |
| Application input to system by | | |
| Application approved by | | |