

OFFICE USE ONLY

MERCHANT NUMBER

TERMINAL ID

**MERCHANT AFFILIATION INFORMATION SHEET VISA/MASTER/VISA ELECTRON**  
**BANK OF CEYLON -BOC CARD CENTRE**

<b>BUSINESS REGISTERED AS:</b>	<b>BUSINESS REG NO:</b>
<b>NATURE OF BUSINESS:</b>	<b>DATE OF REG:</b>

DOING BUSINESS AS	ADDRESS	NAME OF MANAGER	TELEPHONE NO	FAX

**TYPE OF ORGANIZATION**

( ) PROPRIETOR    ( ) PARTNERSHIP    ( ) LTD LIABILITY CO    ( ) CORPORATION    ( ) OTHERS

**DETAILS OF PROPRIETOR/ PARTNERS/ DIRECTORS**

NAME & ADDRES	POSITION OF PERSON	NIC NUMBER

**NAME & T'PHONE NUMBER OF CONTACT PERSON:**


**E- MAIL ADDRESS:**

MODE OF PAYMENT	CREDIT BOC A/C NO	AT	BRANCH
	SLIPS A/C NO.	BANK	BRANCH

**TOTAL MONTHLY TURNOVER: RS-**

**EXPECTED MONTHLY CREDIT CARD TURNOVER: RS-**

**OTHER MERCHANTSHIPS: YES/NO**

I/WE CERTIFY THAT ALL INFORMATION HEREIN FURNISHED ARE IN ALL RESPECT TRUE AND CORRECT

**NATIONAL MERCHANT ALERT SERVICE- MERCHANT AGREEMENT CLAUSE**

THE BANK WILL BE ENTILED AT ANY TIME TO DISCLOSE ANY AND ALL INFORMATION CONCERNING THE MERCHANT WITHIN THE KNOWLEDGE AND POSSESSION OF THE BANK TO ANY PERSON, COMPANY OR INSTITUTION IN CONNECTION WITH THE CREDIT CARD FACILITY PROVIDED BY THE BANK, INCLUDING INTERENAL INFORMATION RELATING TO THE CLAUSE FOR TERMINATION OF THIS AGREEMENT.THIS CLASUE WILL SURVIVE THE TERMINATION OF THIS AGREEMENT

**DATE**

**PROPRIETOR/PARTNERS/DIRECTORS**  
**RUBBER STAMP**

**(BANK USE ONLY)      SITE INSPECTON REPORT**

**I certify that I visited and inspected the above premises and All information furnished above are true and correct. I rec-commend EDC Terminal / Manual Imprinter.**

.....  
**Date      Grade      Signature of Officer**

**Name of the officer:** .....

**Branch:** .....

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**Rate of Commission:** - .....

**Imprinter /EDC      :-** .....

**Checked by      :-**.....  
**Acquiring Officer**

**Recommended by      :-** .....

**Manager**

**Recommended/  
Approved by      :-** .....

**Centre Manager**

**Approved by      :-** .....

**AGM Card Centre**

<b>BR/CI</b>	
<b>AGREEMENT</b>	
<b>BOARD RESOULTION</b>	
<b>N'MAS</b>	
<b>PAST DUE</b>	
<b>CRIB</b>	
<b>AUTHORTIES</b>	
<b>INSPECTION</b>	
<b>ARTICALES</b>	
<b>NIC COPIES</b>	
<b>CHARGES LETTER</b>	
<b>INDEMNITY</b>	
<b>FORM 01/20</b>	
<b>KYC</b>	
<b>IMPRINTER</b>	
<b>EDC</b>	
<b>DATE INSTALLED</b>	
<b>MER.STAFF TRAINED</b>	
<b>AUDIT</b>	

**REMARKS/COMMENTS BY ACQUIRING UNIT**

**REMARKS/COMMENTS BY RISK MANAGEMENT UNIT**