



Merchant Application

Merchant Details:

Company Name:	Registration Number:
VAT Number:	City/Town:
Company Address:	Region:
Contact Person:	Email Address:
Telephone Number:	Website:

Commission Hierarchy

Cut-off Settlement Times

- 00:00
- 02:00
- 18:00
- 22:00

Handler(s) Details

1.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

2.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

3.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

4.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

5.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

6.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

7.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	

8.

Name:	Surname:
Passport:	ID Number:
Cellphone:	E-mail:
Portal Username:	