

Merchant ID (for Official Use Only)	Batch No:

SECTION 1: GENERAL INFORMATION

Company Name:

Type of Ownership: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Government Establishment	<input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit / NGO <input type="checkbox"/> Religious Organization <input type="checkbox"/> Other (Specify).....	Business Location: <input type="checkbox"/> Store Front <input type="checkbox"/> Home <input type="checkbox"/> Mobile/Delivery <input type="checkbox"/> Other (Specify).....
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Business Address (Include Landmarks, Bus stops, etc):

Business Telephone:	Customer Care Phone:	Business Fax:
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Website Address:	E-Mail Address:
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Business Commencement Date:	Staff Strength:
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SECTION 2: CONTACT INFORMATION All correspondence from 234World will be addressed to the persons specified below

Name of Primary Contact Person:	Name of Secondary Contact Person:
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Designation:	Designation:
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Mobile Phone:	Mobile Phone:
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Email Address:	Email Address:
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SECTION 3: BANKING INFORMATION All payments from 234World will be routed to the account specified below

Name of Primary Bank:	Name of Secondary Bank:
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Account Name/Title:	Account Name/Title:
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Account Number: <input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account	Account Number: <input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account
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Bank Branch:	Bank Branch:
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SECTION 4: MERCHANT CATEGORY

Account Type Requested:

Classic Shop
 Advantage Shop
 Prestige Shop
 Premium Shop

Method of Payment:

Cheque
 Bank Draft
 Direct Deposit/Cash

Preferred Renewal Plan:

Monthly Renewal
 Quarterly Renewal
 Bi-Annual Renewal
 Annual Renewal

Preferred Notification on Orders:

Email (FREE)
 SMS
 Phone Call

I,hereby certify that the information provided on this form is true and accurate. I agree that 234world Limited reserves the right to take appropriate measures, including legal actions if necessary, should the information here be discovered to be false.

Signature..... Designation..... Date.....