

# MERCHANT AFFILIATION FORM (MOOV)

TO BE FILLED IN BY MERCHANT

## 1. MERCHANT DESCRIPTION

Registered name: .....

Trading name: .....

Registered address: .....

Business description: .....

### Contact Details

Tel No:

Mobile No:

Fax No:

### Smartphone

Android  iOS  Others

Email address: .....

## 2. OUTLET DETAILS

(please fill in this part if trading name is different from company name and/or application is made for more than one outlet)

	Trading Name	Address	City	Contact Person Name	Phone Number
1.					
2.					
3.					

## 3. BANK RELATIONSHIP

Tick (√)	Currency	Bank Name	Account Number																	
	MUR																			
	EURO																			
	US Dollar																			
	Other																			

## 4. SIGNATURES

(kindly affix your company seal to each signatures below)

Full Name:

.....  
 .....  
 .....

Full Name:

.....  
 .....  
 .....

Signature:

.....

Signature:

.....

NIC No.: .....

NIC No.: .....

Date: .....

Date: .....

### FOR BANK USE ONLY

Branch Manager / RO comments / Recommendations: .....

.....  
 .....

All requests should be mailed to  
 POS officers, L10 SBM Tower, 1 Queen Elizabeth II Avenue, Port Louis or faxed on 208 8206 or sent to pos@sbm.intnet.mu