



MERCHANT REGISTRATION FORM

Greetings from Wavpay Systems Sdn Bhd,

Become our merchant to start accepting cashless payment. Your customers are now using Wavpay e-wallet, an alternative way to pay for your products and services.

By registering as our merchant, Wavpay will provide:

- ✓ Portal for secure login by merchant to view sale transactions using Wavpay QR code.
- ✓ Net settlement amount payable to merchant for using Wavpay QR code sale transaction
- ✓ Settlement of sales proceeds into merchant provided Bank account within T+1
- ✓ Settlement of sales proceeds, refunds or any dues to merchants will be credited into merchant bank account opened with local banking institution only
- ✓ Physical QR code (available for download upon successful registration) and to be printed/displayed at merchant business premise, or
- ✓ Digital QR code for display in merchant mobile device to accept payment of products and services via the Wavpay merchant portal

Start register your business now!

WAVPAY MERCHANT

QR your sales with us



Submit your application to Wavpay to become a registered merchant



Wavpay will process your registration and approval within 3 days



Display your QR at your premise or within your mobile device to accept E-wallet payment



PROCESSING OF MERCHANT REGISTRATION FORM BY WAVPAY SYSTEMS SDN BHD

Wavpay will process your submission within 3 working days. We may email for request of further information during the processing period. Upon approval, you will receive email from us indicating the terms and conditions of use of the merchant portal and QR code together with User Guide on using the Portal.

This Form is provided in English language.

DETAILS OF BUSINESS

Register as Individual Merchant

Own business and bank account details

Register as Master Merchant

Own business and combined bank account details

Register as Sub-Merchant

Own business and Master Merchant bank account details

1. Name of Business

Please provide name of your business known to your customer (if different from your registered name)

1. Registered Business Name

Please provide name of business as registered with SSM/SKM, etc.

2. Registration No

Please provide your business entity registered number with SSM/SKM, etc.

3. Type of Business Ownership	Type	Please tick (X)
	Sole-proprietorship	
Partnership		
Company (Sdn Bhd)		
Cooperative Society		

Please provide type of your business ownership as registered with SSM/SKM, etc.

4. Date of Registration	Day (dd)	Month (mmm)	Year (yyyy)

Date of business registered with SSM/SKM, etc.

5. Business Commenced Date	Day (dd)	Month (mmm)	Year (yyyy)

6. Business Address	Address Line 1
	Address Line 2
	City
	Postcode
	State
	Country

7. Type of Merchant Business. **Please tick (X)**

Government Services		Utility	
Food & Restaurant		Transportation	
Professional & Commercial Service		Amusement and Entertainment	
Accommodation & Hotel		Insurance	
Financial Service		Other Type of Merchant	
Retail			

For other type of merchant, please indicate type of business

8. Google Map Location of your business
Copy and Paste from Google Map here, (optional)

9. Name of Owner (Provide details of owner(s) for Sole proprietor, partnership and director(s) for company)

Name of owner/partner/director	Address	MyKad / Passport No	Appointment Date

Add row if more than one (1) person (for partnership business)

10. Name of Shareholder (for business registered as company)

Name of shareholder	MyKad / Passport No / Company No	No of Shares



Add row if more than one (1) shareholder		
* For details of individual owner, director(s) and shareholder(s), please provide photocopy of MyKad (front and back) for our verification (crossed "for Wavpay"). For shareholder who is a company, please provide company registration certificate from SSM.		
11. Bank Account	Name of Bank	Bank Account Number
<i>(required for settlement of sales proceeds from Wavpay e-wallet customers)</i>		
12. Indicative Fees & Charges and Settlement Period		
Merchant Discount Rate (MDR)	: <input style="width: 40px;" type="text"/> %	
Setup Fee	: <input style="width: 40px;" type="text" value="Waived"/>	
Settlement Period (day)	: <input style="width: 20px;" type="text" value="T"/> + <input style="width: 20px;" type="text"/>	
REQUIREMENT FOR IDENTIFICATION AND VERIFICATION OF BENEFICIAL OWNER BY BANK NEGARA MALAYSIA		
Wavpay Systems Sdn Bhd being an approved e-money issuer by Bank Negara Malaysia is required to conduct due diligence on the legal person and beneficial owner of the merchant registered with us under the requirement of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001. Kindly provide supporting documents related to your business establishment for our verification.		
<ul style="list-style-type: none"> Enterprise (Sole Proprietor / Partnership) under the Registration of Businesses Act 1956; Company (Sdn Bhd / Berhad) under the Companies Act 1965 or 2016; and Limited Liability Partnership (LLP) under the LLP Act 2012. Cooperative Society establishment under the Co-operative Societies Act 1993 		
Photo of Business premise:		
<ul style="list-style-type: none"> Please provide front view photo of your business premise. For business location without Google location, please stand nearest to your business premise and send your location from Google Map. 		
13. Declaration		
I/We hereby declare that the I/we are authorized to execute the merchant registration form and confirm the information given on this application is accurate, complete and correct and that the documents submitted together with this application is image copy from the genuine documents. I/We undertake to inform Wavpay Systems Sdn Bhd in writing of any changes to the information already provided and to update the information in this form whenever requested to do so by Wavpay Systems Sdn Bhd. I/we also agree that Wavpay Systems Sdn Bhd reserves the right to approve or reject my/our application without giving any reasons whatsoever. I/We also agree to be bound by the terms and conditions attached to this application form. I/We understand my/our failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my/our submission or dismiss my/our post-registration.		
Name of Authorized / Contact person		Signature
Designation		<i>(digital signature is acceptable)</i>
NRIC/Passport No		
E-mail Address		
Date		
Submission of Application Form		
Please submit the completed registration form and supporting documents/information (as email attachments) via email to merchant@wavpay.net .		

