Merchant services application



Please complete this form and email to merchantservices@kiwibank.co.nz $\,$

Kiwibank Limited, Private Bag 39888, Wellington 5045

1. Product					
I wish to apply for:	 EFTPOS: credit, debit and prepaid cards (Visa, Mastercard and UnionPay) Online payments: EFTPOS NZ Eway Paystation Worldline (Visa and Mastercard) 				
2. Kiwibank access number					
I have an account with Kiwibank	Yes — Business access num No				
	nt tacility you'll need a Kiwibank E	Business Edge account for settlement.			
3. Business details					
Business name This must be the full legal name of the limited liability company,		Business address			
partnership, trust or society, or the	, , ,		Building		
		Street address			
Trading name This will appear on your receipt. (Max 22 characters including spaces)			Suburb		
		Town/City	Postcode		
GST number		Country			
Describe your business, what do you sell and how do you sell it?		Website			
(proof may be required).		Your monthly invoices, and confirmation of direc	t debit instructions		
		will be sent to this email address. I give permission for this email address to be me relevant emails about Kiwibank's accour	-		
/ D	.:	The relevant emails about Niwibank's accour	iis and services.		
4. Business and card transact					
Mandatory information Please		7			
Your annual card payment turnove		Average delivery period for NZ sales	days		
Do all customers receive the goods immediately? If Yes, please skip to	() Vaa () NI		days		
Average Sale Price	\$	Do you charge customers a booking or initial deposit?	Yes No		
What percentage of orders have of than one day delivery period?	greater %	If Yes, what percentage of the sale is charged as a deposit?	%		
Percentage of international card tr	ansactions %	On average, how many days in advance is the deposit charged?	days		
5. Terminal requirements (If y	ou are applying for an EFTPOS facility)			
How many terminals will you have)	Terminal ID number			
Do you require a referral for termin		(If applying as a Change of Owner and you wish to switch th			
If Yes, number of terminals required	d	Name of your current merchant services provide	er (bank)		
Do you require contactless?	Yes N				
Contactless (Paywave/Paypass) only available on credit card facility.		Would you like to change merchant banks?	Yes No		
What payment network do your terminals connect to?		Have you purchased an existing business?	Yes No		
Verifone Worldline	Unsure	If Yes, provide the name of the existing business.			

6. Bank account details Leave blank if Kiwibank account not opened yet

Settlement account		
This is the account you nominate for all settlements	Account nominated for payment of fees (If different)	
Account name	Account name	
Bank Kiwibank	Bank Kiwibank	
3 8	3 8	

7. Contact information

Applicant(s)

Please complete for each applicant. The applicant(s) warrant that each of them has the authority to bind you to this agreement. Please ensure the email address you provide isn't a general company address. It must be specific to the intended recipient and the recipient must be authorised to sign.

Applicant One			Applicant Two				
First name			First name				
Last name			Last name				
Job title				Job title			
Work		Mobile		Work		Mobile	
Email			Email				
S. Special requir		ents, we'd like to hec	ar about them				
ii yoo ve gorany s _i	pecial requireme	ilis, wed like to flec	ar about mem				

9. Important terms and conditions

In this application form, 'you' means the legal person, or, if more than one, jointly and severally the legal persons, who own(s) the business named in Section 3 above. By submitting this application form to Kiwibank you unconditionally agree (and give your authorisation) that:

- Kiwibank Limited may reject any application by your organisation or business for a Kiwibank product or service for any reason.
- If any of the information in this form is untrue, incorrect or incomplete, and you don't give Kiwibank replacement information, Kiwibank may reject your application or terminate any account, products and/or services that Kiwibank provides you.
- Kiwibank may act on any permissions and consents given in this application form.
- This form doesn't constitute an offer of any Kiwibank product or service.
- You are all of the owners/trustees/partners (as the case may be) of the organisation or business specified above.
- Kiwibank or its authorised agents may give information, including personal information about you to, or collect such information about you from, anyone deemed necessary (including any credit agency, any other account principal, any of Kiwibank's payment processing contractors and agents, and card schemes) for the purposes of opening, operating or maintaining accounts with Kiwibank of which you're an account principal, considering your application and whether to provide you with products and services, providing you with information about Kiwibank's business (and products and services), and providing you with products and services requested.
- The personal information contained in this form is collected, held and may be used by Kiwibank or its authorised agents for the same purposes.
- You have the right to access and correct your personal information.
- If you're an individual, you're 18 years of age or older and aren't an undischarged bankrupt or liable under the Insolvency Act 2006 and its amendments.
- All information you've given to Kiwibank is true, correct and complete and not misleading or deceptive.
- If anything changes to make any information in this form untrue, incorrect or incomplete, you'll tell Kiwibank and give replacement information as soon as possible.

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9. Important terms and conditions - continued

Sending you documentation by email

You agree that Kiwibank may send you documentation relating to merchant services in electronic form to the above email address subject to the following terms:

- You acknowledge that emails are transmitted over the internet which is an unsecure public domain and subject to risk including interception, corruption, non-delivery and mis-delivery.
- No provisions of any documentation received by you are to be added to, deleted or qualified without the prior written consent of Kiwibank.
- Where you comprise two or more persons, you all confirm that forwarding documentation to the above email address will fulfil Kiwibank's
 obligations to send you documentation.
- Kiwibank cannot guarantee that documentation sent by email will:
 - > remain confidential;
 - > be free from viruses, worms or Trojans;
 - > be free from interference;
 - > be delivered in a timely manner or at all.
- Your personal information contained in the documentation and any covering email may be transmitted by email. Also, Kiwibank personnel may contact you to confirm that the email was sent to your email address and for authentication/verification purposes.
- Before opening or using any attachments you must check/scan them using the most recently released version of your anti-virus software.
- Attachments to emails will be in PDF format. You'll need to have Acrobat Reader installed to read it. Kiwibank doesn't warrant that you'll be able to read or reproduce any attachments.
- Subject to any applicable law which cannot be excluded and to all provisions implied by statute which cannot be excluded, Kiwibank accepts no responsibility for any loss, damage, cost or expense (whether direct or indirect) incurred by you as a result of documentation being sent by email.

10. What next?

Please email your completed form to: merchantservices@kiwibank.co.nz

or mail to: Kiwibank Limited Merchant Services Private Bag 39888 Wellington 5045

All applications are subject to Kiwibank's approval process. Where applications are approved we'll contact the applicant(s) using the email address provided.

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Credit check authorisation



This form is to gain your approval for Kiwibank Business Banking to perform a credit check. Completing your details and signing your name indicates you've consented to the credit check process. The results of the credit check will be communicated to individuals personally.

Kiwibank Limited, Private Bag 39888, Wellington 5045

Newson		Gender: Date of birth:		
Name:				
Address: Street name/number		Contact phone: Work		
Suburb		Home		
Town/City	Postcode	Mobile		
receive information from the relevant agen Customer signature		n other relevant personal information to credit reporting agencies and may business. Date:		
		Gender: Date of birth:		
Name:		Gender: Date of birth: Contact phone:		
		Gender: Date of birth: Contact phone: Work		
Name: Address:		Contact phone:		
Address: Street name/number	Postcode	Contact phone: Work		

Individual 3

Name:		Gender: Date of birth:		
Address:		Contact phone:		
Street name/number		Work		
Suburb		Home		
Town/City	Postcode	Mobile		
I declare that all information that I have provided to Kiwibank is true, correct and complete. I acknowledge and understand that Kiwibank wi collect and use the information set out in this form to assess the credit worthiness of me and my business. As part of the credit check, Kiwibank may submit the information contained in the form together with other relevant personal information to credit reporting agencies and may receive information from the relevant agencies about me or my business. Customer signature				
		Date:		
ndividual 4 Name:		Gender: Date of birth:		
Address:		Contact phone:		
Street name/number		Work		
Suburb		Home		
Town/City	Postcode	Mobile		
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		Date:		

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