

SupayTech Service Application Form

New merchant Existing merchant - updating information

Registration Information			
Company Registration Name			
Business License No. (ABN)			
Entity Type	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole Trader		
Registered Office Address			
	Suburb	State	Post Code
Company Industry			

Store Information			
Store Name (中文/English)			
Store Address			
	Suburb	State	Post Code
Store Contact Information	Contact Number	Email Address	

Primary Contact Information		
Full Name		Job Title: <input type="checkbox"/> CEO/ <input type="checkbox"/> Other _____
Mobile Number		

Service Information	
Service Required	<input type="checkbox"/> Alipay and WeChat Pay In-Store Service <input type="checkbox"/> Alipay and WeChat Pay Online Service (Website: _____) <input type="checkbox"/> WeChat Mall
*Others	Has your entity signed Alipay Service Before? <input type="checkbox"/> Yes <input type="checkbox"/> No

Bank Account Authorization for Settlement & Billing	
Account Name	
Name of the Bank	
BSB & Account Number	

Politically Exposed Persons
Do any directors or beneficial owners hold a prominent public position or function in a government body or an international organization (ie a politically exposed person ('PEP'))? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered 'Yes', please provide details.
Are any directors or beneficial owners an immediate family member* or close associate of a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If answered 'Yes', please provide details.

Please provide all compulsory documents listed on Checklist next page when you return this Application Form.

I hereby certify that all the above information and documents provided are true, accurate and complete.

Merchant's Name (Capital Letter): _____

Signature: _____

Date: _____

*Please return this form to the sender or directly send to simon.w@supaytechnology.com.



Checklist (*Please tick when requirement is met)

Item	Compulsory	Notes	*Provided
1. Company Registration Certificate	YES	a. <u>For Companies</u> - ASIC Current Company Extract Must contain the following info: <ul style="list-style-type: none"> • The full name of the company • The full address of the company's registered office • The ACN issued to the company • The name of each director b. <u>For Partnership</u> - Partnership agreement c. <u>For Sole Trader</u> - Business Name Registration Certificate d. <u>For Trust</u> - Copy of Trust Deed and Australian Business Register Extract Must contain the following info: <ul style="list-style-type: none"> • The full name of the trust; • The ABN issued to the trust; • The main business activity 	
2. Identification Document- *Either the following documents are acceptable: <ul style="list-style-type: none"> • Driver License • Passport 	YES	a. <u>For Companies and Trust-</u> (aa) each of beneficial owners/shareholders who own 25% or more share or equity interests of the company (bb) one of your directors if no individual in (aa) is a director b. <u>For Partnership-</u> each of the partners in the Partnership agreement c. <u>For Sole Trader-</u> The individual who acts as the sole trader	
3. Proof of Bank Account *Either the following documents are acceptable: <ul style="list-style-type: none"> • Bank Letter • Bank Statement 	YES	Must contain: <ul style="list-style-type: none"> • Account Name • BSB Number • Account Number 	
4. Photos	YES	Please provide at least three photos of your store (Product, store inside & store outside with signboard) *Apply to In-store service only	
5. Qualification	NO	Please provide industry specific qualifications for: <ul style="list-style-type: none"> • Accounting Services • Legal Services • Clinic Services etc. 	
6. Logo	NO	If any	
7. Agreement	NO	If amendment needed	

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