

Merchant Update Form

Services Required

- | | | |
|--|---|--|
| <input type="checkbox"/> POS for New Location | <input type="checkbox"/> Change of Local Address | <input type="checkbox"/> Tam Dinar POS |
| <input type="checkbox"/> Change of Bank Account | <input type="checkbox"/> Change of Mailing Address | <input type="checkbox"/> Change of Contact Details |
| <input type="checkbox"/> Change of Legal Name | <input type="checkbox"/> Additional Payment Gateway | <input type="checkbox"/> BenefitPay in App |
| <input type="checkbox"/> Additional Kiosk Terminal | <input type="checkbox"/> Additional POS | |

Merchant Details

Merchant Legal Name : _____

Merchant Commercial Name: _____ CR No. _____

Merchant ID: _____ No. of New Outlets: _____ Type of POS: _____

Teleco Operator: _____ Physical Outlet Address: _____

Mailing Address / P.O. Box: _____

Mobile: _____ Outlet Telephone: _____ Fax: _____

Email: _____

Additional Details for Payment Gateway

Merchant Website: _____

Merchant Technical Contact Person: _____

Merchant Technical Contact Number: _____ Currency: _____ Programming Language: _____

Merchant Technical Email: _____

Bank Details

Bank Name: _____

Account No:

IBAN No.: _____

Swift Code: _____

Submitted By

Authorized Name: _____ Authorized Signature: _____

Date: _____

Required Documents

- Copy of Authorized CPR
- Copy of valid Commercial Register
- Copy of valid IBAN Certificate
- For Non Bahrainis (Valid Passport, Residence Permit)

For Office Use Only

Processed By: _____ Approved By: _____

Date: _____

