

MERCHANT APPLICATION

Date: 31st JANUARY 2012			Country/Territory: St. Lucia									
Section	Δ											
Legal Nam DBA (If dif	me of Business	PRESTIGE	INSURAN	CE AGEN	CY LTD.	# of L o	cations		4			
		e Limited					Business S	tarted	1	n-12		
Business Registration Type Limited Address 1 P. O. Box GM 849						Date	usiness o	tarteu	Ja	11-12		
Address 2		Castries	JIII 040									
Address 3		St. Lucia										
Phone #	455-5016	Fax#	455-5020	E-m	nail go	insure@pa	ahlslu.con	n or nan	nette@pa	ahlslu.com		
		ber/Taxpayer Numb	per	tbd								
	lature of Busines					CC/SIC:			To a			
	FirstCaribbean	Customer				Caribbean C			Ho	w long:		
	Card Processor:	0.1		Reason	or Change	: 17/6	1					
State Cha	rgeback volume	5.										
Banking F	References											
	k Name		Bran	ch				Account Number(s)				
1 Roya	al Bank of Cana	ada										
2												
Section	D											
Section	Ь						Resident			FirstCaribbean Customer		
Name and	d Home Addres	s of Principals		Position			-	Y/N			/N	
1 - Name	Yola Nannette l			Director				Y			Y	
Address	The Landings,			Director				>			.>	
	Hazel Joseph			Agency	Manager			Y		,	Y	
Address	Vigie, Castries							>			>	
3 - Name	Mario Reyes			Director				Y		,	Y	
Address	The Landings, (Gros Islet					>			>		
4 - Name	Peter I. Foster			Director			Y			Y		
Address	Bonneterre, Gr	os Ielet						>			.>	
Section	C											
				Annual Lo	cal Credit	Card		Projected	Annual [Debit Card Vo	lume	
Projected Annual Foreign (Volume									
1100 000		VISA/		****			00400		0.4			
US\$ \$30 ,0	000.00	MASTERCARD	Local \$	\$200,000		SA/MASTE		Local \$	\$10	00,000.00		
		Discover/Diners/				scover/Din						
US\$		China Union Pay	Local \$		Ch	ina Unit Pa	ay					
US\$		AMEX	Local \$		AN	1EX						
Average T		\$3,000.00	Average T			00.000		Avg. Tick	ket Local\$		\$6,000.00	
Existing R	ate	D-I-it	Dron	I D - 1 -	- \ //B A							
Settlemen		Debit	Prop	osed Rate			Diners		Dscvr	Debit		
84	t Accounts	US\$ Credit		Loc	al Credit		Diners	Deteil	Debit Car	ds	Destaurant	
	t Accounts Requirements	US\$ Credit # of Terminals Req	uired:	Loc 1 Apr	al Credit olications:	Naclasura	Diners	Retail	Debit Car Ho	rds tel	Restaurant	
Features F	t Accounts Requirements Required: Invoice	US\$ Credit # of Terminals Req e Tracking	uired: Server Tra	Loc 1 App acking	al Credit blications: Proper [Disclosure		Fixed Ch	Debit Car Ho eck-in Au	rds tel th Amt.	Restaurant	
Features F Card Type	t Accounts Requirements Required: Invoice es V/M	US\$ Credit # of Terminals Req e Tracking DSCVR	uired:	Loc 1 Appracking	cal Credit olications: Proper D DEBIT	AMEX	#	Fixed Ch	Debit Car Ho eck-in Au	rds tel	Restaurant	
Features F Card Type EDC State	nt Accounts Requirements Required: Invoice s V/M ements	US\$ Credit # of Terminals Req e Tracking DSCVR Cycle:>	uired: Server Tra	Loc 1 Appracking ERS Del	al Credit blications: Proper D DEBIT ivery:>	AMEX	# Address:	Fixed Ch	Debit Car Ho eck-in Au	rds tel th Amt. "HER		
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Section D Results of name MATCH check		Positive	Negative							
Company search with Registrar of Companies (confirmed by Branch Valid License to practice particular business? (e.g. medical doctors Positive Credit/Banker's Reference? Photo ID of all principals? Has branch of account confirmed signing authorities? Has site inspection been performed? Has Merchant Agreement been signed (After approval)? Fax, Internet, e-mail Agreement signed?	n of Account) must be licensed by a council to practice)	Yes	No							
COMMENTS (Please Provide A Brief Write Up In Support Of Recommendation/Approval)										
Signature:	Signature:									
Name:	Name:									
Title:	Title:									
	APPROVAL									
Signature:	Signature:									
Name:	Name:									
Title:	Title:									