



MERCHANT APPLICATION

Date:	31st JANUARY 2012	Country/Territory:	St. Lucia
Section A			
Legal Name of Business	PRESTIGE INSURANCE AGENCY LTD.		
DBA (If different)		# of Locations	1
Business Registration Type	Limited	Date Business Started	Jan-12
Address 1	P. O. Box GM 849		
Address 2	Castries		
Address 3	St. Lucia		
Phone #	455-5016	Fax#	455-5020
		E-mail	goinsure@pahlslu.com or nannette@pahlslu.com
National Registration Number/Taxpayer Number	tbd		
Specific Nature of Business:	Agency	MCC/SIC:	
<input checked="" type="checkbox"/> New FirstCaribbean Customer	<input type="checkbox"/> Existing FirstCaribbean Customer	How long:	
Previous Card Processor:	Reason for Change: N/A		
State Chargeback volumes:			
Banking References			
Bank Name	Branch	Account Number(s)	
1 Royal Bank of Canada			
2			
Section B			
Name and Home Address of Principals		Position	Resident Y/N
1 - Name Yola Nannette Reyes		Director	Y
Address The Landings, Gros Islet			-->
2 - Name Hazel Joseph		Agency Manager	Y
Address Vigie, Castries			-->
3 - Name Mario Reyes		Director	Y
Address The Landings, Gros Islet			-->
4 - Name Peter I. Foster		Director	Y
Address Bonnetterre, Gros Islet			-->
Section C			
Projected Annual Foreign Credit Card Volume	Projected Annual Local Credit Card Volume		Projected Annual Debit Card Volume
US\$ \$30,000.00	VISA/MASTERCARD	Local \$ \$200,000.00	Local \$ \$100,000.00
US\$	Discover/Diners/China Union Pay	Local \$	
US\$	AMEX	Local \$	
Average Ticket US\$	\$3,000.00	Average Ticket Local\$	\$6,000.00
Existing Rate	Debit	Proposed Rates V/M	Diners Dscvr Debit
Settlement Accounts	US\$ Credit	Local Credit	Debit Cards
Merchant Requirements	# of Terminals Required: 1	Applications:	Retail Hotel Restaurant
Features Required: Invoice Tracking <input type="checkbox"/>	Server Tracking <input type="checkbox"/>	Proper Disclosure <input type="checkbox"/>	Fixed Check-in Auth Amt. <input type="checkbox"/>
Card Types	V/M <input checked="" type="checkbox"/>	DSCVR <input type="checkbox"/>	DINERS <input type="checkbox"/>
		DEBIT <input checked="" type="checkbox"/>	AMEX <input type="checkbox"/>
EDC Statements	Cycle: -->	Delivery: -->	Address:
The above statements are submitted for the purpose of obtaining card acquiring facilities with FirstCaribbean International Bank and are true and correct. Applicant expressly authorizes FirstCaribbean International Bank to obtain information from others concerning credit standing of any of the above individuals or companies.			
Applicant	Signature: <u>[Signature]</u>	Title: <u>Director</u>	Date: <u>31 JAN 2012</u>
Applicant	Signature: <u>[Signature]</u>	Title: <u>Agency Manager</u>	Date: <u>31 JAN 2012</u>
Merchant Services Representative	Signature: _____	Title: _____	Date: _____

Section D

Results of name MATCH check

Positive ☐ Negative ☐

- Company search with Registrar of Companies (confirmed by Branch of Account)
- Valid License to practice particular business? (e.g. medical doctors must be licensed by a council to practice)
- 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?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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: _____