

MERCHANT NORMATATION FORM

COMPANY NAME :		COMPANY REGISTRATION NO :	
OWNER NAME:		COMPANY TYPE:	<input type="checkbox"/> SOLE PROPRIETORSHIPS
			<input type="checkbox"/> PARTNERSHIPS
ADDRESS:		BRANCHES (IF HAVE):	
WORKER(S):		YEAR OF ESTABLISHMENT :	
TYPE OF BUSINESS			
PROFILE OF THE COMPANY:			
PRODUCTS/ SERVICES :		TEL :	
		FAX :	
WEBSITE/ FACEBOOK /OTHERS		CONTACT PERSON :	

ENDORSED BY :

.....
(ORGANIZATION STAMP)

SIGNATURE BY :