

I ("Merchant Name"), _____ Tel. _____

Merchant Identification (MID) | | | | | | | | Terminal Identification Number (TID) | | | | | | |

Wishes to amend information of KTC Merchant Membership to the following details:

☐ Adding forms for card payment[illegible]

Where Installment Payment with KTC Card is selected (Merchant to pay for interest)

☐ KTC Credit Card Rate of Interest % per month for months

☐ KTC PROUD Card Rate of Interest % per month (for 3, 6, 9, 10, 12, 15, 18 months) Rate of Interest % per month (for 24, 30, 36 months)

☐ Merchant Branch ☐ Add branch(s) (fill in attachment 2)

☐ Cancel branch(s), Merchant Identification (MID) | | | | | | |

☐ EDC Device (Please indicate type)

☐ Add unit(s) (fill in attachment 2)

Type of KTC EDC Device Requested

<input type="checkbox"/> EDC - LAN _____ unit(s) The Merchant shall arrange for LAN	<input type="checkbox"/> EDC - GPRS Desktop _____ unit(s) GPRS SIM card for connection	<input type="checkbox"/> EDC - GPRS Mobile _____ unit(s) GPRS SIM card for connection, with an internal battery for mobile use.
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Remarks: Where there is change of rates for service for the aforementioned EDC devices, it shall abide and be bound by terms and conditions for EDC Service or documents for delivery/acceptance and installation of the EDC device as shall be arranged subsequent and shall be deemed to form part of the KTC Merchant Membership Application Form.

☐ Cancel unit(s), Terminal Identification (TID) | | | | | |

☐ Change of type of EDC, please indicate Terminal Identification (TID) | | | | | | | | to

☐ EDC-LAN unit(s), ☐ EDC - GPRS Desktop unit(s), ☐ EDC - GPRS Mobile unit(s),

☐ Change of shop name and/or address for installed EDC device (fill in attachment 2)☐ Change of details in records of sales please indicate Terminal Identification (TID) | | | | | | | |

Shop name as appears on shop front

Name of Branch (if any), District and Province

Number of the Merchant for contact

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The Merchant/Owner/Applicant certifies and confirms the accuracy of information and details as contained in this Request for Change of KTC Merchant Member's Information and its annexes, whereby, such document shall form part of the KTC Merchant Membership Application Form, and Terms and Conditions of KTC Merchant Membership to which the Merchant Agrees to be bound by in all respects, whether currently existing or shall be applied subsequently. In this regard, the Merchant has acknowledged and understood the content of this Request for Change of KTC Merchant Member's Information and I, agree to consent to Krungthai Card PCL (KTC) to disclose personal information or any other information to Krungthai Bank PCL (Bank) and financial service group of the Bank* for the benefit of provision of service or financial transactions or for provision of news and information or for purposes of marketing and sales promotion or for offer of benefits and/or any sales of goods/services or for statistic, analysis and evaluation or for other purposes not prohibited by law, and where consent has been provided, I may not be required to provide consent again. Therefore, as evidence, I have placed my signature and seal (if any) hereunder on the date, month, and year as specified herein.

Authorized Signatory  Name-Surname (block letters) ()



I ("Merchant Name"), _____ Tel. _____

Merchant Identification (MID) _____ Terminal Identification Number (TID) _____

Wishes to amend information of KTC Merchant Membership to the following details:

Change of Details of the Merchant

☐ **Registered Name** _____ to be Effective _____

Required documents: 1. Copy of Company Certification Document or Business Registration, 2. Copy of Identification of the authorized signatory, 3. Passbook page of Deposit Account for transacting with KTC, and 4. Por.Por.09/Por.Por.20 Form

☐ **Authorized signatory** _____ to be Effective _____

Required documents: 1. Copy of Company Certification Document or Business Registration, and 2. Copy of Identification of the authorized signatory

☐ **Address to be stated in Tax Invoice** _____ to be Effective _____☐ Use details as contained in Form Por.Por. 09/Por.Por.20 ☐ Others (Please indicate below)

Required documents: 1. Copy of Company Certification Document or Business Registration, 2. Copy of Identification of the authorized signatory, and 3. Por.Por.09/Por.Por.20 Form

No. _____ Village No. _____ Building/Village _____

Soi _____ Road _____ Sub-district/Tambol _____

District/Amphur _____ Province _____ Postal Code _____

☐ **Number and Name of Deposit Account**

Required documents: 1. Copy of Company Certification Document or Business Registration, 2. Copy of Identification of the authorized Signatory, 3. Passbook page of Deposit Account for transacting with KTC

Krungthai Bank Branch _____ Account Type ☐ Saving Account ☐ Current Account

Account name _____ Account Number _____

☐ **Apply or amend application for KTC Online**

Name of Representative of KTC Online services usage

Name Mr./Mrs./Ms: _____ Surname _____

Mobile Phone _____ Login Email* _____

* The above e-mail must never have been registered for KTC Online or KTC Merchant Application.

☐ **Email for Receiving E-Tax Invoice (Maximum 2 addresses)**(1) ☐ Add ☐ Change Email (Please specify) previous email _____

New email _____

(2) ☐ Add ☐ Change Email (Please specify) previous email _____

New email _____

☐ **Others (Please indicate below)** _____

Remark • The Merchant consents for the Bank to proceed with the Merchant's stated deposit account in this Application in accordance with KTC's requests as follows: (1) withdraw/transfer/deduct money from the deposit account, in accordance to the amount being notified by KTC in order to pay any fees, expenses, and/or compensate for any damages that the Merchant owes to KTC, and/or the Merchant's violation of the KTC Merchant Member Agreement, (2) to suspend or delay the withdrawal of money in the deposit account as notified by KTC, until such order is revoked by KTC. Any act performed by the Bank as stated above, the Merchant certifies that it will not be a cause of breach of the deposit agreement and/or in violation of the Merchant, and the Merchant agrees to waive any rights to dispute or claims to the Bank and/or KTC in all respects. • In the case of insufficient funds in the deposit account, the Merchant agrees to immediately repay the shortfall amount to KTC until completed. In the event that there is a material change of the deposit account, such as account name, account number, account type or authorized signatory and etc., the Merchant agrees that the above conditions will be effective for the changed deposit account in all respects.

The Merchant/Owner/Applicant certifies and confirms the accuracy of information and details as contained in this Request for Change of KTC Merchant Member's Information and its annexes, whereby, such document shall form part of the KTC Merchant Membership Application Form and Terms and Conditions of KTC Merchant Membership to which the Merchant Agrees to be bound by in all respects, whether currently existing or shall be applied subsequently. In this regard, the Merchant has acknowledged and understood the content of this Request for Change of KTC Merchant Member's Information and I, agree to consent to Krungthai Card PCL (KTC) to disclose personal information or any other information to Krungthai Bank PCL (Bank) and financial service group of the Bank* for the benefit of provision of service or financial transactions or for provision of news and information or for purposes of marketing and sales promotion or for offer of benefits and/or any sales of goods/services or for statistic, analysis and evaluation or for other purposes not prohibited by law, and where consent has been provided, I may not be required to provide consent again. Therefore, as evidence, I have placed my signature and seal (if any) hereunder on the date, month, and year as specified herein.

Authorized Signatory  _____ Name-Surname (block letters) (_____)

For further inquiry, refer to KTC Merchant Services, Tel. 02 123 5700, Fax 02 123 5750, or E-mail at merchant_service@ktc.co.th

Application for Merchant Service of EDC Installation

EDC No. 1

Name of Store/Trade Name (English) _____

Shop Address Information of Commercial Certification others (Please indicate below)

No. _____ Village No. _____ Building/Village _____

Soi _____ Road _____ Sub-district/Tambol _____

District/Amphur _____ Province _____ Postal code _____

Telephone _____ Mobile Phone _____ Email _____

Contact person: Name _____ Surname _____ Position _____

Telephone _____ Mobile Phone _____ Email _____

Information of Latitude, Longitude (Ref: Google Map) _____

Information as specified in the Sale Listing/Transaction (Block letters)

Name as shown at the Shop

[illegible]

Name of Branch/BKK, street/ Province, Name of District and Province

Telephone number of contact store

(In case of Electronic Wallets), please provide more information below;

Name as shown at the Shop (English)

No.	Village No.	Building/Village
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Soi	Road	Sub-district/Tambol
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District/Amphur Province Postal code

Contact person: Name	Surname	Position
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Store ID (If any) _____ Device ID (If any) _____

EDC No. 2

Name of Store/Trade Name (English)

Shop Address ☐ Information of Commercial Certification ☐ others (Please indicate below)

No.	Village No.	Building/Village
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Soi	Road	Sub-district/Tambol
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District/Amphur Province Postal code

Telephone _____ Mobile Phone _____ Email _____

Contact person: Name	Surname	Position
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Telephone _____ Mobile Phone _____ Email _____

Information of Latitude, Longitude (Ref: Google Map)

Information as specified in the Sale Listing/Transaction (Block letters)

Name as shown at the Shop

[illegible]

Name of Branch/BKK, street/ Province, Name of District and Province

Telephone number of contact store

(In case of Electronic Wallets), please provide more information below:

Name as shown at the Shop (English)

No.	Village No.	Building/Village
-----	-------------	------------------

Soi	Road	Sub-district/Tambol
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District/Amphur Province Postal code

Contact person : Name	Surname	Position
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Store ID (If any) _____ Device ID (If any) _____

1. Transaction Information and Transaction Confirmation of Information (KTC MERCHANT APP)

Name (Mr. / Mrs. / Miss) _____ Surname _____

Please specify the information below;

☐ Same as KTC Online login email

☐ Specify a new email: _____

2. QR Pay for Electronic Wallets, please provide more information below

Contact person and Address of shipping locations of QR Pay for Electronic Wallets

☐ Information of Commercial Certificate ☐ Information of the tax invoice address ☐ Others (Please indicate below)

Contact person: Name _____ Surname _____

Telephone _____ Mobile Phone _____

Shop Name _____

No. _____ Village No. _____ Building/Village _____

Soi _____ Road _____ Sub-district/Tambol _____

District/Amphur _____ Province _____ Postal code _____

Time open – close _____

The Shop Location (English)

No. _____ Village No. _____ Building/Village _____

Soi _____ Road _____ Sub-district/Tambol _____

District/Amphur _____ Province _____ Postal code _____

Contact person : Name _____ Surname _____ Position _____

Information of Latitude, Longitude (Ref: Google Map) _____

Information of Telegram

Telegram Chat ID

Mobile phone to receive SMS for confirmation of transaction 66-

E-mail to receive a transaction confirmation message



Application for Merchant Service of Payment Gateway

Domain name/URL _____

Related Information SSL ☐ 128 bits ☐ 256 bits ☐ 2048 bits At ☐ Merchant Server ☐ Web hostingIssued by ☐ Verisign ☐ Entrust ☐ others _____ issued on ____/____/____ expired on ____/____/____

Merchants using Payment Gateway will receive the results of credit limit approval for the customer's order via automated services and may access purchase order record via Payment Gateway immediately. The Response URL of the Merchant used for receiving response message from the Payment Gateway must be specified as the following.

Report transaction results via URL (Please indicate below)

URL for Successful completion of transaction _____

URL for Notification of unsuccessful transaction _____

URL for Notification of cancellation of transaction _____

(For example, http://www.yourdomain.com/success.html)

Note: Websites must be registered to the name of the government agency / organization / independent organization / charitable organization / foundation / association / company / partnership or the name of Managing Director / Managing Partner authorized to sign with KTC only.

Shipping policy ☐ No shipping is required (business service) ☐ Shipping Store ☐ by postal ☐ others (please specify) _____

Return of Goods and Money Refund Policy

☐ No Policy for Refund and Return☐ Policy of Refund and Return☐ Once the goods are returned, full refund is provided☐ Once the goods are returned, a ____% of the purchase price is refunded provided that refund is requested within ____day(s) after the purchase order.☐ Once the goods are returned, a partial refund shall be made and *the Merchant* to deduct transportation costs out of the total refunded sum.

Contact Person

Project Contact Person

Name (Mr./Mrs./Miss) _____ Surname _____

Telephone _____ Mobile Phone _____ E-mail _____

Operation Contact Person* (Super Admin)

Name (Mr./Mrs./Miss) _____ Surname _____

Telephone _____ Mobile Phone _____ E-mail _____

Technical Contact Person

Name (Mr./Mrs./Miss) _____ Surname _____

Telephone _____ Mobile Phone _____ E-mail _____

***Remark:** The designated "Operation Contact Person" will be notified via E-mail to notify whether payment transaction is completed or denied / will be permitted
1 Super Admin User account to access Merchant Administration in order to view data and reports whereby, a number of up to 10 Users can be added by the Super Admin User.

Details for receiving orders of goods and services via Payment Gateway

Credit Card Acceptance Type (select 1 item) ☐ Registered 3D Secure card only ☐ Registered 3D Secure card and no registered 3D Secure card.**Remark:** 3D Secure means Visa Secure, Mastercard Identity Check, J Secure

Summary of methods for Settlement as requested.

☐ **Manual (Auth-Capture):** The Merchant shall send summary of sale orders, or cancel the order manually before 21:00 hours on the date of the transaction date, and within 7 days after the transaction.☐ **Auto:** The Merchant will need to check the transaction and can cancel the order manually before 21:00 hours of each day, after which, the system will finalize all sales orders.**Remark:** KTC reserves the right to determine how total orders are calculated, varying depending on the type of business as KTC will deem appropriate.