



KA\$HPLUS MERCHANT REGISTRATION FORM

Ref. No: _____

NOTE: Please fill in the application form in full. Incomplete application forms will be rejected.

A. COMPANY DETAILS

Trading Name			
Registration Name			
Registration No.			
Type of Business	☐ Sole Proprietor ☐ Partnership ☐ Sdn. Bhd. ☐ Berhad ☐ Others: _____		
Company Address			
City		Postal Code	
State			

B. BUSINESS INFORMATION

Contact Person	Full Name:	
	Designation:	
	Contact No.:	
	Email Address:	

C. DETAILS ON COMPANY BANK ACCOUNT

Bank Name		Account No.	
Account Holder Name			
Contact Person (Finance)			

D. DOCUMENT SUBMISSION CHECKLIST

All Merchant Types	☐ Photocopy of Identity Card (authorized signatory) ☐ Latest Bank Statement Header ☐ Outlet/Booth/Product/Premise Photo (6 photos – signboard, building, entrance, interior right, interior left, payment counter)
Sole Proprietor / Partnership	☐ SSM Corporate Information ☐ Form D
Sdn. Bhd./ Berhad	☐ SSM Corporate Information ☐ Form 9/13 ☐ Section 14 ☐ Section 15 ☐ Form 49/ Section 58

Others (if required)	☐ Board Resolution/ Letter of Authorization (if authorized signatory is not a director) ☐ Business License													
E. COMMERCIALS														
Transaction Fee (%)	1.00%	Average Transaction Amount (RM)												
Cashback Offer (%)	<table border="1"> <tr> <td>5%</td> <td>10%</td> <td>20%</td> <td>30%</td> <td>N/A</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				5%	10%	20%	30%	N/A					
	5%	10%	20%	30%	N/A									
	Notes : Transaction Fees are inclusive.													
Commercial Key Terms	- Virtualflex Sdn Bhd ("KA\$Hplus") & Fass Payment Solutions Sdn Bhd ("Fasspay") is an approved issuer by Bank Negara Malaysia to issue electronic money (e-money) via its mobile application, pursuant to Section 11 of the Financial Services Act 2013. - I/We hereby declare that (a)I/we authorized to execute this Merchant Application Form; (b) all information provided herein is true and correct; (c) all original documents provided to KA\$Hplus & Fasspay are genuine and updated; and (d) all photocopies provided to Fasspay are true copies of the original documents. I/We undertake to notify KA\$Hplus & Fasspay in writing if there is/are any change(s) on the information provided to KA\$Hplus & Fasspay earlier. - KA\$Hplus & Fasspay reserves the right to approve or reject my/our application for any reason. - I/We further authorize Fasspay to verify the information/documents given by me/us from any source (including third parties and regulatory bodies) and in such manner as KA\$Hplus & Fasspay shall deem fit. - KA\$Hplus & Fasspay shall have the right to request for further information to verify the user account details or merchant account, and has the right to access account information at any time but shall not use the information for any purposes except where legally required to do, or to verify your identity in the event of suspicious activity or suspected fraudulent behavior. - I/We agree to be bound by the KA\$Hplus & Fasspay Merchant Terms of Service available at https://fasspay.com/support/merchant-ewallet-terms-service at the date of this Application Form. - I/We have understood all requirements indicated by KA\$Hplus & Fasspay and will ensure that total compliance is met at all times. Any penalty imposed due to non-compliance will be fully borne by me/us. - Refund / Void: Merchant needs to notify in writing to merchant@kashplus.my. Void can only be performed on the same day as the transaction. - Termination / Discontinuation: Merchant needs to notify in writing to merchant@kashplus.my. Termination will be carried out 1 week after receipt of written notice.													
Authorized Signature	*	Official Company Stamp	*											
Name														
Designation														
Date														

F. ADDITIONAL OUTLETS (Add on this page if there are more outlets)			
Outlet Name			
Address			
PIC Name		Designation	
Contact Number			
Email Address			
Operation Hours	(Day)	(Time)	(Closed)
Outlet Name			
Address			
PIC Name		Designation	
Contact Number			
Email Address			
Operation Hours	(Day)	(Time)	(Closed)
Outlet Name			
Address			
PIC Name		Designation	
Contact Number			
Email Address			
Operation Hours	(Day)	(Time)	(Closed)
Outlet Name			
Address			
PIC Name		Designation	
Contact Number			
Email Address			
Operation Hours	(Day)	(Time)	(Closed)
Outlet Name			
Address			
PIC Name		Designation	
Contact Number			
Email Address			
Operation Hours	(Day)	(Time)	(Closed)

Virtualflex Sdn Bhd (1094320-K)

VO3-12-19 & 21, Designer Office (VO3),

Lingkar SV, Sunway Velocity, 55100 Kuala Lumpur, Malaysia

Phone: +603-84082118 **Email:** merchant@kashplus.my