



Weonline Dot Com Sdn Bhd (510377-P)
 A-G-15, SME Technopreneur Centre 2, 2260 Jalan
 Usahawan 1, 63000 Cyberjaya, Selangor Darul Ehsan.
 Tel : 03-8318 8977 Fax : 03-8318 5977
www.webcash.com.my www.weonline.com.my

Webcash Merchant Registration

Know Your Client (KYC) Form

This form is required for Know Your Customer (KYC) Validation as part of our Bank Negara Malaysia (BNM) requirements. All information required is mandatory and failure to update any part may result in a delay to your application to Weonline for a Merchant Account.

Please email completed form to info@weonline.com.my or fax to 03-8318 5977

Business Information	
Please enter the information for your group, organization, government entity, individual business or partnership.	
Business Type <i>- Business registration forms will be requested upon evaluation approval.</i>	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company (Sdn Bhd) <input type="checkbox"/> Government Entity <input type="checkbox"/> Society / Organization
Business Name	
Business Registration No	
GST Registered	<input type="checkbox"/> Yes, GST No : _____ <input type="checkbox"/> No
Date of Incorporation	
Address Line 1	
Address Line 2	
City	
Postcode	
State / Province / Region	
Country	
Contact No	Tel : _____ Fax : _____
Business Website URL	



Business owner / Primary Contact Information

Please enter the contact information for the owner of this business and the primary contact person for this account

Business Owner		
Full Name		
Title / Designation		
Contact Number		
Email		
Primary / Secondary Contact		
Full Name		
Title / Designation		
Contact Number		
Email		
Product / Service Information		
Please enter the product / service information.		
Product Category	<input type="checkbox"/> Online Shopping <input type="checkbox"/> Computer & ICT Services <input type="checkbox"/> Education <input type="checkbox"/> Food & Beverages <input type="checkbox"/> Transportation	<input type="checkbox"/> Transportation <input type="checkbox"/> Association <input type="checkbox"/> Services <input type="checkbox"/> Travel & Accommodations <input type="checkbox"/> Others
Product / Service Description		
Projected Monthly Sales		



Account Information Please enter the complete information.	
Payee Name:	
Bank Name:	
Bank Account Number:	
Remarks Please enter any special request, question or feedback.	

I certify that I am authorized to give the above information and that I believe it to be true to the best of my knowledge.

Full Name : _____

Date : _____

Authorized Signatory : _____

Company Stamp:

FAMA - Officer Verification

I certify that I am authorized to give the above information and that I believe it to be true to the best of my knowledge.

Full Name : _____

Date : _____

Authorized Signatory : _____

Company Stamp:

