UCB

e-Commerce Payment Gateway Sub-Merchant Registration Form

I/We am/are applying for the e-Commerce Payment Gateway:	Type(s) of Service: ☑ VISA ☑ MasterCard ☑ Upay ☐ Others

Merchant ID: | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | **Terminal ID:** | 3 | 0 | 0 | 0 | | |

MERCHANT INFORMATION

Merchant Name:	
DBA Name:	
Merchant Address:	

Business Phone:	+880-	**Fax:**		**Mobile:**	

Domain / DBA Name:	
Merchant Web address:	
Merchant URL:	
Merchant Return URL:	https://secure.aamarpay.com/return_ucb.php
Merchant Domain IP:	
Facilitator Gateway IP:	103.134.90.224
Merchant Business Type:	
Monthly Projected No. of Txn.:	
Monthly Projected Sales Volume:	
Per Sale Trxn. Max. Limit :	
Monthly Sale Trxn. Max. Limit :	

Sub-merchant's Principal Name:		**Mobile:**	

Payment Facilitator's Information:

Payment Facilitator's Name:	Soft Tech Innovation Ltd.
UCB Account Number:	0 8 3 2 1 0 4 0 0 0 0 1 7 3 5 2
Email Address:	Support@aamarpay.com.
Merchant Service Fee:	

Sub-Merchant's Declaration

I/We declare that the above information's are true and correct and are given in support of my/our application for a Merchant facility with United Commercial Bank Limited subject to the applicable Merchant Agreement and General Terms & Conditions for e-Commerce Payment Gateway Services. I/We further authorize United Commercial Bank Limited to make enquiries about the information included on my/our Merchant Application from any other source.

I/We, the undersigned, also hereby confirm that this Transaction Profile truly represents the expected transactional activities in my account/ business of our organization. I/We also confirm to revise our Transaction Profile, if necessary, from time to time.

Name, Sign & Seal of Sub-Merchant	Name, Sign & Seal of the Payment Facilitator
	A.M Ishtiaque Sarwar
Date:	Date:
	Soft Tech Innovation Ltd.
	A.M. Ishtiaque Sarwar
	Managing Director
Date:	Date: