



Supporting Document Check List:

Pre-assessment Form	
Application Form – Individual/Non individual	
Copy of all Director's ID	
VAT Registration certificate/Tax clearance	
Company Registration Document (Not older than 3 months)	
Bank stamped letter not older than 12 months OR Original Cancelled Cheque (Cheque to be sent with documents)	
Copy of speed point slips for branch	

We look forward to receiving your documents. If you have any additional questions, please feel free to contact me on 064 659 6642 or via email at info@medi-connect.co.za

Regards,

Ivan Oosthuizen

Pre-assessment Form

Thank you for expressing an interest in joining the RCS Merchant Network.
In order to provide you with the correct Application Form, please complete this form as indicated below.
This form must be completed by a senior representative of your business, e.g. CEO, Managing Member, etc.

A: Only complete this section if your business is a sole proprietorship/individual or partnership:

Full name and surname:	
Identity number:	
Trading name of business:	

B: Only complete this section if your business is a company, close corporation, trust etc. (i.e. non-individual):

Full legal name:	
Registration number:	
Trading name of business:	

C: Please tick () the statement that applies to you. Only select one statement.

1.	My/our business is conducted as a sole proprietorship or partnership, etc. It is not a registered company, close corporation, trust, etc.	<input type="radio"/>
2.	Our business is a registered company/close corporation/trust, etc. that is <u>not</u> listed on any recognised stock exchange. Our last annual turnover was less than R120m.	<input type="radio"/>
3.	Our business is a registered company/close corporation/trust, etc. that is <u>not</u> listed on any recognised stock exchange. Our last annual turnover was equal to or more than R120m.	<input type="radio"/>
4.	Our business is a registered company that is listed on a recognised stock exchange.	<input type="radio"/>

D: Please tick () whether the following statements apply to you.

5.	Our business and/or our shareholder has an office or investment in one of the following countries: Crimea, Cuba, Iran, North Korea, Sudan or Syria ; or has an office or investment in an entity that is incorporated or has shareholders in one of these countries.	<input type="radio"/> Y	<input type="radio"/> N
6.	Our business and/or our shareholder currently conducts or plans in the future to conduct transactions or activities, directly or indirectly, with the countries listed above or with any person or entity located, resident or incorporated in these countries.	<input type="radio"/> Y	<input type="radio"/> N

By signing this form, you confirm that the information contained herein is true and correct.

SIGNED at _____ on this ____ day of _____ 20__

Place Signature

Name:
Designation:
ID number:
(who warrants that he/she is authorised hereto.)

For RCS Internal Use Only

Sales agent name: _____ Sales agent signature: _____

Regional manager name: _____ Regional manager signature: _____

APPLICATION FORM	1. MS2.1 (Individual)		2. MS2.2 (Non-Individual (small business))		3. MS2.3 (Non-Individual (corporate))	4. MS2.4 (Non-Individual (listed))
	5Y/6Y YES	5N/6N NO	5Y/6Y YES	5N/6N NO	YES	YES
MSCQ	5Y/6Y YES	5N/6N NO	5Y/6Y YES	5N/6N NO	YES	YES



Application Form – Individual

Only complete this form if your business is a sole proprietorship or partnership etc. If not, kindly contact us for the correct form.

A: Please provide the following supporting documentation, as applicable:

A1 The following documentation is required for all applications:

1. Industry Type Form (MS3)
2. Merchant Agreement, signed by the sole proprietor/all partners (MS8)
3. Retail Credit Facility Viability Input Form (MS15)
4. Certified copy of identity document/smart card identification of the sole proprietor/all partners
5. Proof of VAT registration Proof of VAT Registration or a recent letter from your accountant confirming it is not mandatory for you to register for VAT
6. SARS tax clearance certificate for the sole proprietor/all partners
7. Cancelled cheque or letter from bank (not older than 1 year) confirming bank details
8. Copy of a speed point slip

A2 The following documentation is only required if you have more than one store:

9. Additional Store Form (MS6) – if you have 2 to 19 stores
10. Bulk Store Upload Form (MS7) – if you have 20 or more stores

A3 The following documentation is only required if you are facilitating the opening of RCS accounts:

11. If provided with this application form, completed Major Sanctioned Country Questionnaire
12. If applicable, proof of registration with regulatory body,

B: Please complete the following:

Personal Information

For partnerships, please complete this section in respect of the managing partner and on a separate page provide the details in this section in respect of each partner.

Full name and surname:

Identity number:

Nationality: Citizenship, if different to nationality:

Country of residence:

Physical address (home):

Postal code:

Postal address (home):

Postal code:

E-mail address:

Tel number: Cell phone number:

Are you a part of a franchise? Y N If yes, name of franchise:

Are you/is your business regulated by any legislative regulatory body? Y N

(e.g. Financial Services Board, South African Reserve Bank, South African Pharmacy Council, National Credit Regulator)

If yes, name of regulatory body:

Do you have any direct or indirect links to the United States of America? Y N

Are you currently under debt review, sequestration or curatorship? Y N

Business Information

Trading name of business:

Type of business entity:

(e.g. sole proprietor or partnership)

Business physical address:

Postal code:

Postal address:

E-mail address:

Website address:



Tel number: Cell phone number:
 Fax number:
 Manager's name:
 VAT registration number
 Start date of the business: Number of stores:
 Main country of business activity:
 Other countries of business activity:
 Last annual turnover:

POS Equipment Information

Financial institution:
 Switching partner:
 Merchant number: Terminal type:
 Amount of terminals: Amount of backup terminals:
 Date installed:

Banking Information

Name of bank:
 Name of account holder:
 Account number:
 Type of account: Age of account:
 Branch code: Branch name:

Accounts Information

Contact in accounts department:
 Email address accounts department (group email address, where possible):
 Accounts landline number: Cell phone number:
 Fax number:

Services & Settlement Information

Card Acceptance is mandatory for all RCS Merchants, however, please indicate if you would like to provide any of the following optional services:

Account Opening Facilitation (facilitating the opening of RCS accounts & issuing RCS cards) Y Y
 Card Issuing Facilitation (issuing RCS cards only) Y N
 Account Payment Acceptance (accepting account payments) Y Y

Please indicate () how you would like to be settled for purchases:

Settlement Type: (please select one) Net with fees Net separate fees

C: Acknowledgments & Permissions

By signing this form:

- You acknowledge that you are applying to RCS for accreditation as an RCS Merchant;
- You agree to provide us with additional information or documentation as requested from time to time;
- You confirm that the information contained in this Application Form is true and correct;
- You give permission to RCS to seek & obtain information about you from third parties, such as credit bureaus;
- You give permission to RCS to share information about you with third parties, such a credit bureaus.

SIGNED at _____ on this ____ day of _____ 20__

Place Signature _____
 Name:
 Designation:
 who warrants that he/she is authorised hereto.