

REQUEST FOR TRANSACTION FEE RATE REVIEW



Please complete and mail/ fax back to NETS Sales & Customer Service Centre at 6275 5406.

SECTION A: COMPANY INFORMATION			
Complete all of Section A			
1) Name of Company ("Merchant")			NETS Account Number
2) Address <i>If more than one outlet, state Headquarters address</i>			Postal Code
SECTION B: PAYMENT INFORMATION			
Complete all of Section B			
3) Mode(s) of payment accepted and Percentage of monthly sales transacted via each payment mode	<input type="checkbox"/> NETS _____ %	<input type="checkbox"/> Cash _____ %	<input type="checkbox"/> Credit Cards _____ % <input type="checkbox"/> Others _____ %
4) Current Credit Cards Merchant Discount Rate(s) (MDR)	<input type="checkbox"/> ABN AMRO _____ % <input type="checkbox"/> AMEX _____ % <input type="checkbox"/> CITIBANK _____ % <input type="checkbox"/> DBS _____ %	<input type="checkbox"/> DINERS _____ % <input type="checkbox"/> HSBC _____ % <input type="checkbox"/> JCB _____ % <input type="checkbox"/> MAYBANK _____ %	<input type="checkbox"/> OCBC _____ % <input type="checkbox"/> STANCHART _____ % <input type="checkbox"/> UOB _____ % <input type="checkbox"/> Not Applicable (Refer to SECTION C: NETS AFFINITY PROGRAMME)
5) Supporting document(s) attached	<input type="checkbox"/> Latest Credit Card statement OR <input type="checkbox"/> Letter from bank(s) on Credit Card MDR within the last 12 months		<input type="checkbox"/> Not Applicable (Refer to SECTION C: NETS AFFINITY PROGRAMME)
6) Other comments <i>If any</i>			
SECTION C: NETS AFFINITY PROGRAMME			
Complete Section C ONLY if Merchant has been accepting NETS as the only form of cashless payment mode for the last 12 months (Section C requires a separate signature)			
<p>To: Network For Electronic Transfers (Singapore) Pte Ltd ("NETS")</p> <p>We are interested in participating in the NETS Affinity Programme offered by NETS as we have been using NETS as the only form of cashless payment mode for the last 12 months. We understand that by participating in the NETS Affinity Programme, we may qualify for a discounted merchant rate.</p> <p>To participate in this Programme, we agree that we have to meet the following minimum terms and conditions at all times:</p> <p>a) We have been subscribing to the NETS payment service for at least 12 months at the date of this application.</p> <p>b) Other than the NETS payment service, we have not offered in the last 12 months and do not currently offer any other cashless payment mode, including but not limited to credit card(s) or debit card(s).</p> <p>c) We will continue to offer the NETS payment service as the only form of cashless payment mode for our goods and/or services.</p> <p>d) While NETS is committed to giving us the most competitive rates, we agree that the terms and conditions of the NETS Affinity Programme, including any discounted merchant rate, if at all, can be revised or withdrawn at any time at NETS' sole discretion.</p> <p>e) We will not reveal any terms and conditions of the NETS Affinity Programme to any third party, including details of any discounted merchant rate and the terms of this section at all times. This applies even after our contract with NETS has ended.</p> <p>We confirm that our participation in the NETS Affinity Programme is based on the terms explained in this section and subject to NETS' approval. We also understand that NETS may at any time revise or vary any of the terms found in this section.</p>			
Signed for and on behalf of Merchant (As per Bank Account)		Company Stamp (As per Bank Account)	
SECTION D: UNDERTAKING			
Complete all of Section D			
We are fully aware that NETS makes no representations or guarantees of any kind with respect to the submission of this request for review.			
Signed for and on behalf of Merchant (As per Bank Account)	Company Stamp (As per Bank Account)	Date	Endorsed by Association (If applicable)
SECTION E: CONTACT INFORMATION			
Complete all of Section E			
Name: _____	Designation: _____		
Contact Tel: _____	HP: _____	Email: _____	
FOR OFFICIAL USE ONLY			
DATE RECEIVED	PROCESSED	REFERENCE NUMBER	

Request for Transaction Fee Rate Review Form v0.5.doc

Please send us your request with this prepaid business reply folder.

1. Fold along the dotted lines.
 2. Fold and insert this form and any other required document(s) into this prepaid business reply folder.
 3. Seal along the edges of this prepaid business reply folder with clear tape (do not staple).
 4. Drop your sealed prepaid business reply folder into the nearest post box.
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Postage will be
paid by
addressee. For
posting in
Singapore only

**BUSINESS REPLY SERVICE
PERMIT NO. 07792**



Network For Electronic Transfers (Singapore) Pte Ltd
298 Tiong Bahru Road
#04-01/06 Central Plaza
Singapore 168730

