

Type of Request (select one option):

New Application	Amendment	De-registration
<input type="checkbox"/> SGQR Registration (for new SGQR request/new outlet /storefront address)	<input type="checkbox"/> Change of Outlet/Storefront Name <input type="checkbox"/> Change of SGQR Payment Reference <input type="checkbox"/> To add PayNow to my/our SGQR label <input type="checkbox"/> Change of PayNow Proxy <input type="checkbox"/> SGQR Expiry Date	<input type="checkbox"/> To cancel my existing SGQR (for cessation of business/outlet /storefront)

All fields to be completed in BLOCK LETTERS. Please indicate "N.A." where non-applicable.

1. Business Details

Corporate name

Business registration number

2. Contact Person

Name of requestor

Email Address
(for follow up on SGQR matters and sending PDF copies of the SGQR)

Contact Number +
Country code

3. SGQR ID (if applicable)

Existing SGQR

4. Paynow Corporate – SGQR Details

Name on Label
(Max 25 characters including spaces)

PayNow Proxy
(UEN + Suffix)
 +

Payment Reference (optional)
(Max 25 characters including spaces)

SGQR Expiry Date
(Indicate NA if not required)
 2 0 N.A.

Outlet/Storefront Address
(Indicate: Unit Level, Unit Number, Postal Code)

SGQR Label Printed Labels (Display at Outlet/Storefront) Number of SGQR Labels required:

Mailing Address

Additional Outlets/Storefront*
(*complete the Annex provided)
 No Yes: Please indicate number of annexes provided with this request form

**5. Debiting Account for Additional Labels
 (If left blank, charges will be deducted from PayNow linked account)**

Debiting Account Number

PayNow Corporate SGQR Request Form

6. Declaration, Acceptance and Consent

I / We would like to apply for your services to facilitate my / our registration herein and / or update of my / our PayNow Corporate proxy with the central repository for SGQR (the “**CR**”), and application for such other related services in relation to facilitating payments from my / our customers to me / us through the SGQR scheme.

With the submission of this application form, I / we, represent, warrant and undertake as follows:

Declaration

I / We do hereby declare and confirm that the information and documents given in this application are true, accurate and complete.

I / We do hereby understand that the bank is under no duty or obligation to verify and authenticate any information and documents provided by me / us and that I / we bear all responsibility in respect of any errors and all matters relating to my / or application for the services and arising from any untrue, inaccurate or incomplete information.

Terms and Conditions

By signing and submitting this form, I / we have read and understood and do hereby agree to be bound by the “RHB Merchant SGQR Terms and Conditions” (the “**Terms**”) governing the SGQR services, a copy of which is attached hereto Terms used in this application which are defined in the Terms shall bear the same meanings herein unless otherwise advised by the Bank.

Personal Data

I / We consent to you collecting, using, archiving, storing and/or disclosing any and all information and Personal Data (as defined under the Personal Data Protection Act 2012) which I / we provide to the bank or which arises from my / our use of the Services or Transactions (the “**Data**”) for any and all purposes relating to my / our use of or participation in the Singapore Quick Response Code (SGQR) Scheme (the “**Scheme**”) and/or your provision of any services to me / us.

Without limitation to the foregoing, I / we do hereby authorise and consent to:

- (a) the bank disclosing to the operator of the Scheme (the “**Operator**”) and the SGQR Scheme owners (the “**Owners**”) the Data for the purpose of providing, maintaining and enhancing the Scheme and related services;
- (b) the bank uploading the Data to the CR;
- (c) the disclosure to the public (by the Operator, Owners or the bank) of any of the following as may be derived or generated from the Data:
 - (i) my / our SGQR quick response code;
 - (ii) my / our unique identification(s) in the CR, comprising such information and particulars as required by the bank and/or the Operator from time to time; and
 - (iii) any file or output as provided by the Operator to the bank or generated by the bank in such format approved by the Owners;
- (d) the bank, the Operator or any third-party service providers of the Operator or Owners disclosing, processing and using the Data for conducting analysis to understand market behaviour, preferences and trends, and to review, develop and improve the quality of any services; and
- (e) the Operator receiving, processing, archiving and retransmitting the Data to all members of the Scheme, their affiliates and customers.

I / We confirm the truthfulness, accuracy and completeness of the Data provided to the bank and where Personal Data or information of any other person is provided to the bank, I / We confirm that I / we have provided notice to and procured such person’s consent for disclosure and use of such Personal Data and information for the purposes stated above.

I / We undertake to inform the bank promptly in writing where there are any changes in the Data.

My / Our consent and authorisation herein shall be without prejudice to and does not limit or derogate from any other consent or authorisation given to the bank pursuant to any other agreement.

PayNow Corporate SGQR Request Form

Authorised Signatory

The person(s) signing and submitting this application (the “Signatory”) has / have been duly authorised by me / us to do so and I / we have passed, obtained and/or executed all necessary internal and / or corporate resolutions, authorisations and other action in accordance with my / our constitutional documents for the Signatory to sign and submit this application and to be my / our sole representative to you in all matters relating to the agreement comprised herein and in the Terms.

Indemnity

I / We undertake to indemnify the bank for any and all losses, liabilities, damages, costs, charges and expenses (including legal costs), actions, demands and proceedings including those incurred or sustained in connection with any enquiry, investigation, action, suit, proceeding, claim, demand, judgment, award, order or settlement, arising from any breach of my / our obligations herein.

Delivery, Despatch or Mailing of SGQR code(s)

Where I / we are applying for an SGQR code, I / we consent to the bank sending the SGQR code(s) to my / our mailing address in the bank records by delivery by hand, courier or mail as the bank deem fit and shall not hold the bank liable in the event such delivery, despatch or mail is delayed, intercepted, lost or fail to reach us or if its contents, including the SGQR code(s), are disclosed to any third party during the process of delivery, transit and/or service.

Testing

I / We undertake to test the SGQR code(s) upon receipt of the same from the Bank and to test that the designated account is accurately linked with the SGQR code(s) before the SGQR code(s) is deployed and activated for actual commercial use.

Authorised Signatory / Approving Person

Signature	Name	<input type="text"/>
	Designation	<input type="text"/>
	Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="2 0"/> <input type="text" value="Y Y"/>

Authorised Signatory / Approving Person

Signature	Name	<input type="text"/>
	Designation	<input type="text"/>
	Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="2 0"/> <input type="text" value="Y Y"/>

Authorised Signatory / Approving Person

Signature	Name	<input type="text"/>
	Designation	<input type="text"/>
	Date	<input type="text" value="D D"/> <input type="text" value="M M"/> <input type="text" value="2 0"/> <input type="text" value="Y Y"/>

PayNow Corporate SGQR Request Form

ANNEX (where applicable and required for Processing)

Details of Outlet

1. SGQR ID (if applicable)

Existing SGQR

2. Paynow Corporate – SGQR Details

Name on Label
(Max 25 characters including spaces)

PayNow Proxy
(UEN + Suffix) +

Payment Reference (optional)
(Max 25 characters including spaces)

SGQR Expiry Date
(Indicate NA if not required) DD MM 2 0 YY N.A.

Outlet/Storefront Address
(Indicate: Unit Level, Unit Number, Postal Code)

SGQR Label Printed Labels (Display at Outlet/Storefront) Number of SGQR Labels required:

Contact Details
(*complete the Annex provided) Name

Contact Number

Email Address
(email address is used for sending notification on the status of the request and pdf copy of the SGQR) Email Address 1

Email Address 2

Email Address 3

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