



Inbound Outbound

BILLER ENROLLMENT FORM

Business Information

| | |
|--------------------------------|--|
| Business Name: | |
| Industry/Business Type: | |
| Business Address: | |
| Contact Person: | |
| Designation/Position: | |
| Email Address: | |
| Contact Number: | |

Data For Initial Evaluation

| | | | | | | |
|----------------------------------|---|---------------------------------|--|------------------------------------|--|-------|
| Biller Type: | <input type="checkbox"/> Payment | | <input type="checkbox"/> Collection | | <input type="checkbox"/> Disbursement | |
| | <input type="checkbox"/> Over the Counter | | Pay thru Palawan Pawnshop - Palawan Express Pera Padala branches | | | |
| | <input type="checkbox"/> PalawanPay App | | Skip the long queue and pay directly using smartphones | | | |
| | <input type="checkbox"/> QR Code | | Make contactless payments with QR Code | | | |
| Frequency of transaction: | <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Bimonthly | | |
| | Volume of Transaction | | | Transaction Amount | | |
| | Pieces: | | Minimum: | | | |
| | Amount: | | Maximum: | | | |
| Area Coverage: | <input type="checkbox"/> Luzon | <input type="checkbox"/> NCR | <input type="checkbox"/> Visayas | <input type="checkbox"/> Mindanao | <input type="checkbox"/> Others: | _____ |

Existing Partners

| | |
|-------------------------------------|--|
| Banks: | |
| Pawnshop/Remittance Tie Up : | |
| E-wallets: | |

Transaction Fee set up

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|-------------------------|--|
| Service Fee: | <input type="checkbox"/> To be paid by Company Beneficiary monthly |
| Convenience Fee: | <input type="checkbox"/> To be paid by payor outright on top of principal amount |

Initial Documentary Requirements

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|--|---|
| <input type="checkbox"/> Company Profile | <input type="checkbox"/> Business Permit/Registration |
|--|---|

| | |
|----------------------|----------------|
| Evaluated By: | Remarks |
| | |
| | |
| Date: _____ | |

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|---------------------|----------------|
| Approved By: | Remarks |
| | |
| | |
| Date: _____ | |