BANK ISLAM

Merchant Visitation Form

MERCHANT PARTICULARS

Date Visit: _____ Time Visit : _____ Vendor's Name: _____

Type of Merchant **New / Existing** Merchant ID: _____ **applicable for existing merchant only*

Company Name _____

Address _____

_____

Contact Person _____ Tel: _____

Mobile: _____

Fax No _____

CHECKLIST

Nature of Business:

- ☐ Travel
- ☐ Hotels
- ☐ Medical/Health/Pharmacies
- ☐ Restaurants (Halal only)
- ☐ Retail
- ☐ Amusement Parks/Arcades
- ☐ Car Rentals
- ☐ Car Servicing Workshop
- ☐ Boutique/Clothings
- ☐ Departmental Stores
- ☐ Supermarkets/Hypermarkets
- ☐ Attractions-Zoo, Museum, etc
- ☐ Electronic/Electrical
- ☐ Furniture
- ☐ Fast Food (Halal only)
- ☐ Sundry Shop
- ☐ Bookstore
- ☐ Others (Please Specify)_____

Type of outlet ☐ HQ ☐ Branch ☐ Warehouse ☐ Others (Please specify)_____

Business Area ☐ Residential area ☐ Industrial area ☐ Others(Please specify)_____

☐ Shopping Complex ☐ Business Centre

Security Features: ☐ Security Guard ☐ CCTV ☐ Alarm System

☐ Others(Please specify) _____

Total No. of Staff ☐

Merchant's Authorised Name _____ Vendor's officer Name _____

Authorised Signature _____ Signature _____

Merchant's Company Stamp _____ Date & Time _____

Remarks:
Any comments/Suggestions