



**DECLARATION FORM BY:**

\_\_\_\_\_  
(Name of company – hereon referred to as 'Merchant')

**Instructions:**

- Information in this Form must be neatly and clearly written/ typed.
- Please complete this Form and submit to \_\_\_\_\_.
- Please contact \_\_\_\_\_ if you have any query.

Item	Answer	Details
(i) Merchant has read and understood and agrees to comply with all PCI DSS and PA-DSS requirements imposed by Visa and/or MasterCard. Please refer to the following links for reference :  AIS – <a href="http://www.visa.com.my/merchants/riskmanagement/accountsecurity.shtml">http://www.visa.com.my/merchants/riskmanagement/accountsecurity.shtml</a> SDP – <a href="http://www.mastercard.com/us/sdp/index.html">http://www.mastercard.com/us/sdp/index.html</a> PCI Security Council– <a href="https://www.pcisecuritystandard.org/merchants/index.php">https://www.pcisecuritystandard.org/merchants/index.php</a>	Yes/ No <sup>1</sup>	
(ii) Merchant only uses PA-DSS compliant payment applications.	Yes/ No <sup>1</sup>	
(iii) Merchant will not perform double swiping. Double Swiping is act of a second swipe of a payment card at a POS terminal after the first swipe to obtain initial authorization from the bank.  *If the answer is 'No', please: <ul style="list-style-type: none"><li>• indicate the purpose of double swiping under 'Details', and</li><li>• proceed to answer (iv).</li></ul>	Yes/ No <sup>1</sup>	
(iv) Merchant confirms that the POS system where double swiping is performed is PA-DSS certified.  *Indicate NA if answer in (iii) is 'Yes'.	Yes/ No/ NA <sup>1</sup>	

Note:-

<sup>1/</sup> Strike through whichever not applicable

Merchant confirms that all the information given in this Form is accurate, true and complete. Merchant agrees and undertakes to indemnify RHB Bank against all claims or penalty suffered by RHB Bank arising from false declaration in this Form and violation of PCI DSS and/or PA-DSS requirements as imposed by Visa and/or MasterCard. Merchant hereby agreed to inform RHB Bank in writing of any changes in the information disclosed in this Form.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name in Block Letters)

\_\_\_\_\_  
(Company Stamp)