MERCHANT PARTICIPATION GUIDE

AUSTRALIA

A STEP-BY-STEP ILLUSTRATION

This guide provides a step-by-step overview of how to submit a merchant opt-in request to Mastercard for the Mastercard Installments Program with merchant participation in Australia.

This guide provides a step-by-step overview of the actions to complete a merchant opt-in request in Australia for product code GCS.

Prerequisite – Merchant Participation Form Link

Prior to completing the form, refer to the latest Mastercard Installments Program with merchant participation bulletin announcement in your market

Launch and Complete the Merchant Participation Form

Step 1: Select country.

The following form will help you manage merchant participation.

Select your country:

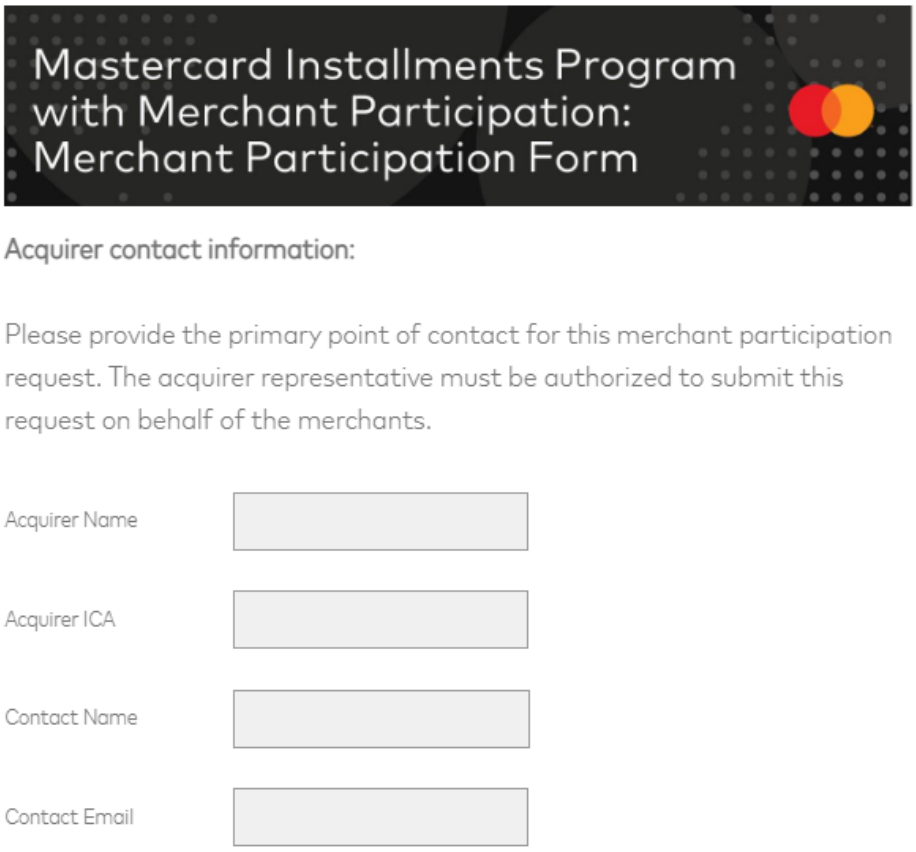
Step 2: Select action (select one).

- Opt-in merchants from Mastercard Installments Program with merchant participation
- Modify prior participation request

Please select an action:

- Opt-in merchants to Mastercard Installments Program with merchant participation
- Reverse the previous opt-in request

Step 3: Provide acquirer representative contact information along with acquirer details.



This contact information is used by Mastercard to confirm the submission and completion of the request. Mastercard will contact acquirer representative regarding any issues with the form.

Step 4: Review required information and formatting and download template file.

The merchant information that needs to be captured on the Merchant Participation Form is provided in the Appendix, including requirements, descriptions, and examples.

Mastercard Installments Program with Merchant Participation: Merchant Participation Form

To opt-in one or more merchants to the Mastercard Installments Program with merchant participation, please download and complete the form linked below and upload the completed form on the next screen.

When filling out this form, please note the following:

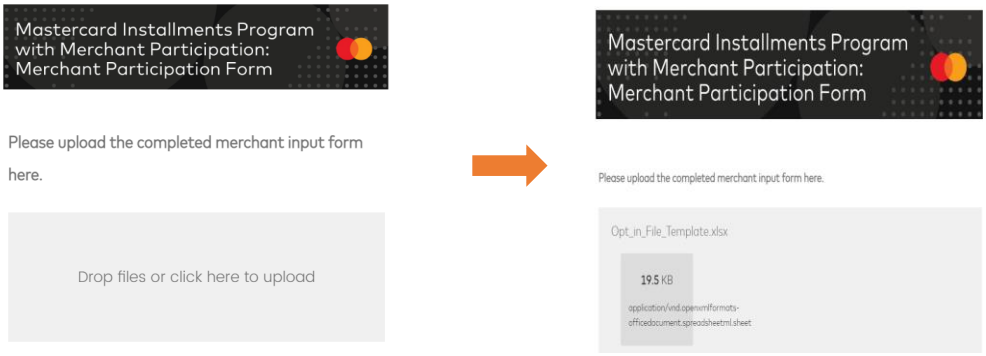
- The merchant entity that may decide to opt-in to the Mastercard Installments Program with merchant participation is the entity that controls or oversees decisions regarding acceptance of Mastercard products for one or more card acceptors (inclusive of Franchisors and Franchisees).
- Mandatory fields in the template are necessary to process the merchant opt-in request
- Merchant address should be spelled out in full words with no abbreviations
  - Example: Broad Street ✓ Broad St ×
- Ensure the ICA corresponds to the licensed Mastercard acquirer and the country - AUS
- Ensure that all merchant participation submissions correspond to the AUS region only. In order to submit merchant participation requests for another country, please navigate to that country's respective merchant participation form via the drop-down menu on the home screen.
- Ensure the information provided in the completed file is accurate and properly formatted
- Please refrain from changing headers and column locations
- Please refrain from deleting worksheet
- The maximum size of the upload file is 20 MB

Click here to download the opt-in merchant input form

Merchant input form (Excel document):

	A	B	C	D	E	F	G	H	I	R	AB
1	Legally Registered Merchant Name	Address Line 1	Address Line 2	City	State/Province	Postal Code	Country	Merchant Website URL	Merchant Doing Business As (DBA) Name	Institution ICA	Merchant Group
2	Test Merchant Name										
3											
4											
5											
6											
7											
8											
9											
10											

Step 5: Upload the completed merchant opt-in file.



Example: The acquirer representative uploads the completed file named as "Opt_in_File_Template.xlsx"

Step 6: Confirm authority to submit the merchant participation request

Step 7: Mastercard confirmation of merchant participation request receipt.

Thank you for your submission. A **Case Number** will be sent to the email address provided.

Your request will be processed within **1-5 working days**, subject to circumstances beyond our control.
You will receive an email confirmation once your request is processed.

A Mastercard representative will contact you in case your file is unable to be processed as submitted.

For further assistance, please contact installments.support@mastercard.com

Step 8: Confirmation of form submission and case number via email.

mastercard

Mastercard Installments Program with Merchant Participation

Thank you for completing the merchant participation request.

Request Case number: **R_2zI5aEXpcLjbc3Q**

Your request will be processed within **1-5 working days**, subject to circumstances beyond our control.

A Mastercard representative will contact you incase your file can not be processed as submitted.

For further assistance, please contact installments.support@mastercard.com

Upon submission of this form, acquirer's representative will receive confirmation via email. Receipt of confirmation does not mean that the opt-in request has been processed. The confirmation email to the acquirer representative will include a case number which is the reference for the case.

Mastercard will confirm the status of an acquirer's submission by email. The response will inform the acquirer of how many records have been successfully processed, as well as any errors which need to be corrected.

Mastercard recommends that the acquirer resubmits erroneous merchant records as a new file rather than correcting those records within the original file. This is to avoid manual handling errors impacting previously successful merchant records to be resubmitted with incorrect details.

Appendix: Required information for processing merchant participation requests

Opt-in Template

- Each mandatory field is highlighted in red in the excel template
- When the merchant's name is entered, the mandatory fields will be highlighted in red
- One or more merchants may be added to the form
- Any update to the merchant record needs to be resubmitted. Use previously submitted form to ensure merchant record correspond.

Field Name	Requirement	Description	Format
Legally Registered Merchant Name	Required	Legally registered name of the merchant	Alphanumeric Special Characters Length: 256
Address Line 1	Required	Legally registered address of the merchant, no abbreviations	Alphanumeric Special Characters Length: 80
Address Line 2	Optional, to be requested from merchant and provided if available	Second address line (if necessary), no abbreviations	Alphanumeric Special Characters Length: 80
City	Required	Legally registered address city	Alphanumeric Special Characters Length: 30
State/Province	Required	Legally registered address state/province (no abbreviations)	Alphanumeric - State Code Length: 2-3
Postal Code	Required	Legally registered address postal code	Alphanumeric Special Characters Length: 30
Country	Required	Merchant Country Code	Select from dropdown. For e.g. SAU

Merchant Website URL	Required	The URL of the merchant supplied to the acquirer Enter N/A if no URL	Alphanumeric Special Characters Length: 100
Merchant 'Doing Business As' (DBA) Name	Required	Trade name used by merchant to conduct business (and is known to the consumer) Enter N/A if no 'Doing Business As' name	Alphanumeric Special Characters Length: 256
Institution ICA	Required	The Acquiring ICA of the acquirer that will be part of the authorization message	Active ICA for acquirer Max 11 digits
Merchant Group	Required	An identifier used to determine the merchant category type to qualify the correct MAID	Alphanumeric Length: 2