

more  
than  
money



# NAB eCommerce Merchant Solutions

Making eCommerce safer with EMV 3-D Secure  
cardholder authentication.

Registration Form



# Registration for EMV 3DS Authentication

Please send completed form to Merchant.Fulfilment@nab.com.au

Complete this form to confirm your participation in the EMV 3DS Authentication procedures. Your participation in the authentication procedures is governed by your Merchant Agreement Terms and Conditions.

NAB may use a third party to provide EMV 3DS Authentication to you. If you use a NAB accredited third party payment gateway, that gateway may charge you a fee for creating an authentication request or for use of their 3-D Secure Service Provider.

Please check the relevant fees with your third party payment gateway provider accordingly.

## Merchant Details

Merchant ID: (You will find this on your merchant statement)

EB number: (NAB specific 8 digit number used by your payment gateway)

Payment domain name (e.g. abc.com.au, pay.abc.com.au) Please nominate only one domain name.

Which facility are you currently connected to?

NAB Transact

NAB Transact Client ID: (Only required for NAB Transact accounts)

3rd Party Gateway

Name of 3rd Party Gateway

## Contact Details

Contact name:

Company's trading name:

Company's full legal name:

Customer's postal address:

  
  

State

Postcode

Telephone or Mobile Number:

Email address:

## Additional Information

NAB Account Manager's Name: (if applicable)

Are you currently registered to use NAB's 3DS1 service:

Yes  No

If you're using NAB Transact XML API, Direct Post or Hosted Payment Page, an additional \$5.50 monthly fee will apply. (This fee is payable from the month we complete your enrolment). You will also be charged an additional fee of \$0.05 per transaction.

If you use NAB Transact Direct Post, additional update may be required on your website for EMV 3DS to work. Please contact your website provider to ensure the required updates have been made before submitting this form.

By signing and/or submitting this form by email, we hereby register to participate in the authentication procedures in connection with our NAB merchant facility.

Signature

Signature

Full Name (BLOCK LETTERS):

Full Name (BLOCK LETTERS):

Director/Secretary:

Director:

\*Please tick here if you are signing as the sole Director and Company Secretary. If not, either two Directors, or a Director and a Company Secretary, must sign this form.

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

NAB Account Manager to return form to Merchant.Fulfilment@nab.com.au