

Business name	<input type="text" value="Hews Massage Land"/>
ABN	<input type="text" value="1132441"/>
Type of entity	<input type="text" value="Sole Proprietor"/>
Owners first name	<input type="text" value="Hewy"/>
Owners last name	<input type="text" value="Andlewy"/>
D.O.B.	<input type="text" value="04/02/70"/>
Email	<input type="text" value="hewyandlewy@yopmail.com"/>
Mobile number	<input type="text" value="3451"/>
Are there any other owners of this business that have a 25% or more share?	<input type="text" value="Yes"/>
GST registered	<input type="text" value="Yes"/>
Business address	<input type="text" value="123 Melrose Street, Brooklyn, NY, USA"/>
Business phone number	<input type="text" value="12123"/>
Business email	<input type="text" value="aa@bb.co"/>
Profession	<input type="text" value="Acupuncturist"/>
Nature of business	<input type="text" value="b;ahsf sdf"/>
Association	<input type="text" value="AAMC"/>
Website	<input type="text" value="-"/>
Do you use social media in your business?	<input type="text" value="Yes"/>
Facebook link	<input type="text" value="www.facebook.com"/>

Bank Details

Account name	<input type="text" value="sdfrre"/>
BSB	<input type="text" value="12313"/>
Account number	<input type="text" value="213"/>
Deposit funds frequency	<input type="button" value="Daily"/>

Proof of identity

Owners drivers licence
*Front & back required

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Acceptance

I accept Latpay's [Terms and Conditions.](#)

Name	I accept
<input type="text" value="dfg"/>	<input type="button" value="Yes"/>

10/06/2021