



Caribbean Utilities Company, Ltd.
 Customer Service Department
 P.O. Box 38, Grand Cayman KY1-1101
 Tel: (345) 949-4300, Fax: (345) 945-1218
 E-mail: service@cuc.ky Website: www.cuc-cayman.com

Remote Payment Agent Application Form

Business Name:	Business Type:
Physical Address:	
Mailing Address:	Telephone:
Name of Owner:	E-mail:

Note: If requesting tender for multiple locations, please complete one form per each physical location.

Operations

Number of staff:	Parking spaces available:	Average number of customers (daily):
Days of operation:	Opening hours:	
Insurance coverage limits:	Commercial Crime:	Internet connection (Mbps):
Liability:	Cash-in-Transit and on Premises:	
<p>An agent can expect anywhere from 200 to 2,000 customers monthly with peak times occurring on government pay days, disconnection weeks and the end of the month. We also expect frequency of traffic to increase with the introduction of CUC PrePay. Based on your current customer traffic and the anticipated increase of CUC's customers, do you have adequate staffing to cover both your business duties and those of CUC? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>We have specific insurance requirements for liability, cash-in-transit and on premises, and commercial crime. If requirements are higher than your existing coverage, are you willing to increase your insurance policy to accommodate CUC's requirements and incur the cost to do so? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Do you have adequate spacing for the placement of CUC equipment? (computer, computer terminal, receipt printer, invoice scanner and credit card terminal)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>A standard of 10 Mbps minimum internet connection is required. If you do not currently meet this requirement are you willing to increase your internet connection and incur the cost to do so? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Provide a brief description of your current security systems and practices. Please include if there is a safe on the premises:</p>		
<p>Please provide a brief description of your current cash handling practices including how deposits are made:</p>		
<p>We require an armoured vehicle for cash deposits in excess of \$5,000.00. This is organised and paid for by the agent and not CUC. Are you willing to incur this cost? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

Signature of Owner: _____

Date: _____