

POS MERCHANT REGISTRATION FORM

In collaboration with

Merchant Registration Number/Merchant Id.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 1 (COMPANY INFORMATION)

Please complete this section with information about your organization. You should also attach a copy of your company's certificate of incorporation

Name of Merchant / Company

RC Number

Trading Name and Address:

Business Segment / Industry

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Stores / Supermarkets | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Wholesale | <input type="checkbox"/> Telecoms |
| <input type="checkbox"/> Fuel Stations | <input type="checkbox"/> Fast Food | <input type="checkbox"/> Hotels / Guest Houses | <input type="checkbox"/> Logistics (Courier) |
| <input type="checkbox"/> Church / NGO | <input type="checkbox"/> Hospital | <input type="checkbox"/> Airline (Operators) | <input type="checkbox"/> Airline (Travel Agencies) |
| <input type="checkbox"/> Others (Specify) | | | |

SECTION 2 (CONTACT INFORMATION)

This section gathers information about the contact persons in your organization
All correspondence between the Bank or PTSP and your organization will be addressed to the persons below:

Name of primary contact person

Name of secondary contact person responsible for terminals.

Designation

Designation

Office Telephone / Extension

Office Telephone / Extension

Mobile Phone 1

Mobile Phone 1

Mobile Phone 2

Mobile Phone 2

E-Mail Address

E-Mail Address

SECTION 3 (BUSINESS INFORMATION)

Description of products, goods and services:

Number of POS Terminals required

SECTION 4 (OTHER INFORMATION)

Provide any other information in the space below.

SECTION 5 (ACQUIRING BANK INFORMATION)

BANK ACCOUNT DETAILS

Complete this part if you already have a corporate account with us

Account Number

Account Name

Type of Account

Current Account

Savings Account

Bank Branch

SECTION 6 (TERMINAL INFORMATION)

Location of terminal	Contact person responsible for terminals.	Phone number

I, on behalf of..... hereby certify that the information provided in this form is true and accurate. I agree that..... reserve the right to take appropriate measure including legal actions if the information here is discovered to be false.

Signature..... Designation..... Date.....

For official use only

TO BE COMPLETED BY PTSP	TO BE COMPLETED BY ACQUIRING BANK
Name of PTSP:.....	Terminal Id: <input type="text"/>
Terminal Type:.....	Security / Information zone:.....
TRANSACTION TO BE SUPPORTED ON THE POS TERMINAL (Please tick as appropriate)	Name and Signature:.....
<input type="checkbox"/> Cashback <input type="checkbox"/> Purchase <input type="checkbox"/> Reversal / Void <input type="checkbox"/> Refund <input type="checkbox"/> Airtime vending <input type="checkbox"/> Bill payment <input type="checkbox"/> Loyalty <input type="checkbox"/> CashCard loading	Date of Integration:.....
<input type="checkbox"/> PIN Change <input type="checkbox"/> Transfer <input type="checkbox"/> Balance Enquiry <input type="checkbox"/> Mini Statement <input type="checkbox"/> Deposit / Cash <input type="checkbox"/> Cash Advance <input type="checkbox"/> Others (specify).....	Terminal Id: <input type="text"/>
	Terminal Id: <input type="text"/>
	Terminal Id: <input type="text"/>
	Terminal Id: <input type="text"/>
	Terminal Id: <input type="text"/>