MERCHANT REGISTRATION FORM

SECTION 1 - COMPANY INFORMATION

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

Name of Merchant / Company

RC Number

Trading Name

Address

Business Segment / Industry
- Stores / Supermarkets
- Restaurants
- Wholesale
- Telcoms
- Fuel stations
- Fast Food
- Hotels / Guest Houses
- Logistics (Courier)
- Church / NGO
- Hospital
- Airline (Operators)
- Airline (Travel agencies)
- Others (specify)

SECTION 2 - CONTACT INFORMATION

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

<table>
<thead>
<tr>
<th>PRIMARY CONTACT PERSON</th>
<th>SECONDARY CONTACT PERSON RESPONSIBLE FOR TERMINALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Designation</td>
<td></td>
</tr>
<tr>
<td>Office Telephone / Extension</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
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</tbody>
</table>

SECTION 3 - BUSINESS INFORMATION

Description of products, goods and services:

Number of POS Terminals required

SECTION 4 - TERMINAL INFORMATION

<table>
<thead>
<tr>
<th>Location of terminal</th>
<th>Contact person responsible for Terminal</th>
<th>Phone number</th>
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</table>
SECTION 5 - ACQUIRING BANK INFORMATION

TRANSACTION AQUIRING BANK DETAILS. Please complete this section with information about your chosen acquiring bank.

Name of preferred acquiring bank

(Must be selected from list of banks on NIBSS network)

Complete this part if you already have a corporate account in the name of your company with the bank

Account Number

Account Name

Type of Account [ ] Current Account [ ] Savings Account

Swift Code

Bank Branch

SECTION 6 - OTHER INFORMATION

Please provide any other information that will aid your application in the space below.

SECTION 7 - DECLARATION

I, ............................................................................................. on behalf of ............................................................................................. hereby certify that the information provided in the 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 ACQUIRING BANK

Name of PTSP

Assigned Branch

TRANSACTION TO BE SUPPORTED ON THE POS TERMINAL

( Please tick as appropriate)

[ ] Cash back [ ] Purchase [ ] Reversal / void [ ] Refund

[ ] Airtime vending [ ] Bill Payment [ ] Loyalty [ ] CashCard Loading

[ ] Pin Change [ ] Transfer [ ] Mini Statment [ ] Deposit / Cash

[ ] Cash Advance [ ] Others (specify)

Merchant ID

Security / information zone

Name

Signature

Date of integration [ ]

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

Terminal ID

For all enquiries call: 0700FIRSTCONTACT (0700-34778-2668228); 01-4485500; 0708-062-5000

Email firstcontact@firstbanknigeria.com  Web www.firstbanknigeria.com  RC 6290

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