

MERCHANT REGISTRATION FORM

Merchant Registration Number (To be assigned by Merchant Acquirer)

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

<input type="checkbox"/> Stores / Supermarkets	<input type="checkbox"/> Restaurants	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Telcoms
<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)	<input type="text"/>		

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:

	PRIMARY CONTACT PERSON	SECONDARY CONTACT PERSON RESPONSIBLE FOR TERMINALS
Name	<input type="text"/>	<input type="text"/>
Designation	<input type="text"/>	<input type="text"/>
Office Telephone / Extension	<input type="text"/>	<input type="text"/>
Mobile Phone	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

SECTION 3 - BUSINESS INFORMATION

Description of products, goods and services:

Number of POS Terminals required

SECTION 4 - TERMINAL INFORMATION

Location of terminal	Contact person responsible for Terminal	Phone number
<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"/>

SECTION 5 - ACQUIRING BANK INFORMATION

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

Name of preferred acquiring bank
(Must be selected from list of bank 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

D	D	M	M	Y	Y	Y	Y

FOR OFFICIAL USE ONLY - TO BE COMPLETED BY ACQUIRING BANK

Name of PTSP Terminal Type

Assigned Branch Code

TRANSACTION TO BE SUPPORTED ON THE POS TERMINAL (Please tick as appropriate)

<input type="checkbox"/> Cash back	<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
<input type="checkbox"/> Pin Change	<input type="checkbox"/> Transfer	<input type="checkbox"/> Mini Statment	<input type="checkbox"/> Deposit / Cash
<input type="checkbox"/> Cash Advance	<input type="checkbox"/> Others (specify)	<input type="text"/>	

Merchant ID

Security / information zone

Name Signature

Date of integration

D	D	M	M	Y	Y	Y	Y

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

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