

ePAYMENT APPLICATION FORM

D	D	M	M	Y	Y	Y	Y

A: CORPORATE DETAILS (To be filled by the requesting organisation)

Organisation Name:

Address (Not P.O. Box):

RC No (where applicable):

Type of Institution (Corporate or Govt?):

Website Address: (where available):

Organisation Administrator	Either	Or
Name (Surname First):	<input type="text"/>	<input type="text"/>
User ID (suggested by User):	<input type="text"/>	<input type="text"/>
Mobile Tel. Number:	<input type="text"/>	<input type="text"/>
E-mail Address:	<input type="text"/>	<input type="text"/>

Organisation Authorised Signatory (PIN Recipient)	Either	Or
Name (Surname First):	<input type="text"/>	<input type="text"/>
User ID (suggested by User):	<input type="text"/>	<input type="text"/>
Mobile Tel. Number:	<input type="text"/>	<input type="text"/>
E-mail Address:	<input type="text"/>	<input type="text"/>

For CPAY only Organisation Admin Authoriser	Either	Or
Name (Surname First):	<input type="text"/>	<input type="text"/>
User ID (suggested by User):	<input type="text"/>	<input type="text"/>
Mobile Tel. Number:	<input type="text"/>	<input type="text"/>
E-mail Address:	<input type="text"/>	<input type="text"/>

Transaction Limit: Daily Limit ₦ Batch Limit ₦

Please indicate below the details of your Company Account(s)

S/N	Account Name	Account Number	Bank
<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"/>

TOKEN AUTHENTICATION Required for: File Upload Verification Approvals

(Please tick as appropriate)

Transaction Charge to be borne by: Beneficiary Corporate

NOTE: The Administrator can add more users, create intermediate approving officers, set up approval limits and define approval workflow. These actions will be approved by the Authorised Signatory before it can become functional on the Platform.

The following represents extracts from the FirstPay Terms and Conditions. It is advised that you take time to review the full document.

By using FirstPay Services we agree:

1. The Customer shall comply with all instructions, formats and specifications designated by the Bank from time to time.
2. The Customer shall pay the fees stipulated by the Bank for the provision of the Service; and the Bank is hereby authorised to debit its account(s) for the payment of any such fee as and when due.

- The Customer shall protect and ensure the safety of its access information, password(s), token(s), Personal Identification Number (PINs), user profiles, access, security or confidential details in respect of the Service ("the Security Details"). Customer assumes responsibility for the integrity and security of the Security Details of all Users.
- The Customer takes full responsibility for the Users created on FirstPay for the Service. The Customer confirms that the Users are of high integrity and good character, and shall be set up for their respective roles in accordance with Customer's approved policies.

The Bank is hereby exonerated (but not prohibited) from conducting any checks on any User. The Customer shall provide the Bank with any information and/or document required for this purpose.
- Customer understands and agrees that any Instruction sent using the Service need not be subject to any other mandate or confirmation requirements on the part of the Bank. The Bank may however decide to seek further confirmation if it deems it necessary or prudent.
- The Customer understands that payment instruction(s) made via any other means other than the Service will continue to be subject to the Customer's subsisting mandate instructions and confirmation rules.

We, the undersigned on behalf of hereby certify that the information provided in this form is true and accurate. We agree to use FirstPay in accordance with its terms and conditions and that First Bank of Nigeria Limited reserves the right to take appropriate measure including taking legal actions if the information here is discovered to be false.

Authorised Signatories to the Account(s)

Signature			
Name			
Position			
Date			

FOR OFFICIAL USE ONLY

Received by: (FirstBank Relationship Manager)

Name

Staff No Mobile Telephone

Signature Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INSTRUCTION TO THE ACCOUNT OFFICER: Please forward completed forms to Cash Management – Transaction Banking Group.

Authorising Bank Officials

	Business Manager	BDM/GH	RICO/CCO
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Product Manager E-Product Settlement Team (Shared Services)

Name

Signature Date

D	D	M	M	Y	Y	Y	Y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Recommended Platform REMITA FAPX EPS CPAY AUTOPAY