



MERCHANT REGISTRATION FORM

In collaboration with

Merchant Registration Number
 (To be assigned by Merchant ISO)

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:	Type of Ownership	
		<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Religious Organisation <input type="checkbox"/> Government <input type="checkbox"/> Others (Specify)	
	Number of Branches	<input type="text"/>	Postal Address:
	Staff Strength	<input type="text"/>	
E - Mail Address	<input type="text"/>		
Company Website	<input type="text"/>		

SECTION 2 CONTACT INFORMATION	This section gathers information about the contact persons in your organization. All correspondence between ISO 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	Mobile Phone
	E mail Address	E mail Address

SECTION 3 BUSINESS INFORMATION	Description of products, goods and services:		
	Type of terminals requested: PC POS EFT POS PIN PAD		
	Number of POS Terminals required	PC POS <input type="checkbox"/>	EFT POS <input type="checkbox"/>

SECTION 4 TERMINAL INFORMATION	Location of terminal	Contact person responsible for terminals.	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 <i>(Must be selected from list of bank on Interswitch Network)</i>	Complete this part if you already have a corporate account in the name of your company with the bank Account Number <input type="text"/> Account Name <input type="text"/> Type of Account <input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account Bank Branch <input type="text"/>

SECTION 6 OTHER INFORMATION	Provide any other information in the space below.
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I, on behalf of hereby certify that the information provided in this form is true and accurate. I agree thatreserve 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 ISO	TO BE COMPLETED BY ACQUIRING BANK
Name of ISO:	Merchant ID:
Terminal Type:	Security / information zone:
Location of terminal:	Name and Signature:.....
TRANSACTION TO BE SUPPORTED ON THE POS TERMINAL (Please tick as appropriate)	Date of integration:
<input type="checkbox"/> Cashback	Terminal ID:
<input type="checkbox"/> Purchase	Terminal ID:
<input type="checkbox"/> Reversal / void	Terminal ID:
<input type="checkbox"/> Refund	Terminal ID:
<input type="checkbox"/> Airtime vending	Terminal ID:
<input type="checkbox"/> Bill payment	Terminal ID:
<input type="checkbox"/> Loyalty	Terminal ID:
<input type="checkbox"/> CashCard loading	Terminal ID:
<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).....	

NOW SEND COMPLETED FORM TO INTERSWITCH AND AWAIT CONFIRMATION OF MERCHANT SET – UP WITHIN 48HRS FROM THE TIME FORMS ARE RECEIVED AT INTERSWITCH.