



ECOMMERCE APPLICATION

Section 1: GENERAL INFORMATION.

Business Name: _____

Signatory Name: _____ Position: _____

Signatory Name: _____ Position: _____

Signatory Name: _____ Position: _____

Signatory Name: _____ Position: _____

Business Type: _____

Physical Address (Geo Tag): _____

Postal Address:

Region: _____ City _____

Telephone No: _____ Cell No: _____

Email Address: _____

Website: _____

SECTION 2: LIST OF USERS

NAME	EMAIL	PHONE NUMBER

SECTION 3: FINANCIAL INFORMATION

Annual Turnover: _____

Average Transaction Value: _____

Have you used card payment processing before? Yes: ____ No: ____

Bank Name: _____

Reason for change: _____

Number of Pos terminals required: _____

Agreed MDR: _____

SECTION 4: BANK INFORMATION

Settlement of funds to be done to the following Account:

Account Number: _____

Account Name: _____

Branch Name: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

FOR BANK USE:

KYC confirmation and Merchant screening by:

Branch Manager: _____ Signature: _____

Relationship Manager: _____ Signature: _____

Recruited By: _____ Signature: _____

Checked By: _____ Signature: _____

Merchant Approvals:

Supported By: _____ Signature: _____

Approved By: _____ Signature: _____

Ratified By: _____ Signature: _____

Merchant Registration:

Registration By: _____ Signature: _____

NI Registration Date: _____

Deployment Date: _____

Merchant ID: _____

Terminal ID: _____