5

APPLICATION

FORM

(COLLECTION WIDGET (MoMo PAY)



FORM A

Account set up:

Account number: \*

Existing account

New account

Merchant Code:

Surname: \*

First name\*:

Gender: \*

Male

Female

Date of Birth\* (DD/MM/YY):

Contact number\*:

Business Address\*:

Business Contact\*:

Nationality\*

Rwanda

Non-Rwandan:

ID Type

Passport

Driver’s License

ID Number:

Work/Residence Permit No.:

Residential Address:

Email Address:

Digital Address\*:

Postal Address:

Business Certificate No.:

Tax Identification No.:

In the event that you want to link your Mobile Money to your bank Account please visit your respective Bank

Business Type

Clinic/Hospital

Supermarket

Eateries

Gaming/Betting

Transport

Religious Organization

Fashion

Fintech

Electronics

Pharmacy

Groceries

Other

Applicant*’*s Next of Kin Details

Surname\*:

First Name\*:

Address\*:

Mobile number\*:

Applicant*’*s Declaration

I/We declare, affirm and confirm that I/We wish to register for the Service based on the terms and conditions.

Signature\*

Date\*

Name\*:

Signature. \*:

Date\*:

\*Mandatory area to be filled

PLEASE NOTE: Attach copies of ID, Business Certificate, Completed forms.

\*Terms and Conditions (”Open API” website)

Internal Use Only: Approved By



National ID

MTN Rwandacell Limited

MTN Centre, Nyarutarama, HQ Office.

P.O Box 262, Kigali, Rwanda

E[mail:MobileMoney\_Dept.RW@mtn.com](mailto:mmsupport.gh@mtn.com)

APPLICATION FORM (INDIVIDUAL/SOLE PROPRIETORSHIP)

Applicants Details

National ID

National ID

FORM B

APPLICATION FORM (CORPORATE)

Mobile Money Account Details - Collection Widget (MoMo Pay)

Fields below are mandatory

Company Name

Business Registration No.

Company Tin Number (Ple

Company Manager /Auth

City of Birth (Company Man

Company Director/Authori

City of Birth (Company Director)

ID Type (Company Manager)

Passport

Driver’s License

ID Number

ID Type (Company Director)

Passport

Driver’s License

ID Number

CONTACT NUMBER

(Company Manager)

Email Address (Company

CONTACT NUMBER

(Company Director)

Email Address (Company

PHYSICAL LOCATION

(Operation of Business Street Address)

City (Operations of Business)

Region (Operations of Business)

**ULTIMATE BENEFICIAL OWNER**

Full Name

Date of Birth

ID Type

Passport

Driver’s License

Voter’s ID

National ID

SSNIT ID

ID Number

Residential Address Phone Number

Email Address

Manager)

Director)

ase attach a copy of your Tin Certificate)

orized Signatory (Full names)

ager)

Date of Birth\* (DD/MM/YY):

zed Signatory (Full names)

Date of Birth\* (DD/MM/YY):

\*Terms and Conditions (”Open API” website)

PLEASE NOTE: Attach copies of ID, Business Certificate, AML Policy Document and Completed Form C.

NOTE:

For Financial Institutions, FinTechs, Gaming/Betting, Insurance and Pensions kindly complete Form C and add a copy of your AML Policy document.

Head Mobile Money Limite d

Business Type

Pharmacy

Groceries

Clinic/Hospital

Supermarket

Eateries

Gaming/Betting

Transport

Religious Organization

Fashion

Fintech

Electronics

Other

Provide an MTN Mobile Number that will be used for your account setup

Declaration:

I/We the undersigned on behalf of the above name/specified business entity do declare, affirm and confirm that the information and supporting documents supplied are correct and true to the best of my/our knowledge. I/We affirm my/our knowledge that it is criminal and civil offence to supply false information under the laws of Rwanda and further undertake to indemnify MML against any loss, liability, claim, damage or injury suffered whatsoever and howsoever pursuant to

information given on this form and supporting documents supplied.

MANAGER / AUTHORIZED SIGNATORY

DIRECTOR / AUTHORIZED SIGNATORY

(Name)

(Name)

(Date)

(Date)

(Signature)

(Signature)

For Internal Use Only

Compliance Officer

KYC Compliance confirmation for the above-named business entity (Select one that is applicable)

KYC Compliant

Non KYC Compliant

(Name)

(Date)

(Signature)

(Name)

(Date)

(Signature)