

Bank Branch:

4: Authorization

FOLARIN CHARLES....., on behalf of PHARMACOSPHERE LTD hereby certify the information provided on this form is true and accurate. I agree that BRINQ AFRICA has the right to take appropriate measures including legal action if the information here is covered to be false.

Authorized Signature:.....

Designation:.....CEO.....

Date:.....14/05/2018.....

5: Required Documentary Support/Evidence (KYC)

Document for due diligence

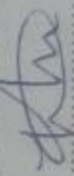
1. Certificate for incorporation *(if applicable)*
2. Form CAC2 *(if applicable)*
3. Form CAC7 *(if applicable)*
4. Memorandum and Articles of Association *(if applicable)*
5. Evidence of Tax Payments (Annual Returns in the immediate 3 year)
6. TIN
7. Utility Bill *(Compulsory)*
8. Govt issued ID *(Compulsory)*

Authorization to On-Board Agent:

Relationship Officer

Name: OLUWAYEMISI OGIDAN

Designation: SALES REPRESENTATIVE

Signature: 

Date: 14/05/2018.....

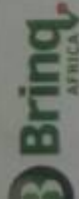
BRINQ AFRICA TECHNOLOGY

Name: ALEX IYANISI

Designation: MANAGER

Signature: 

Date: 14/05/18



BRINQPAY AGENT APPLICATION FORM

Please complete this form and provide documentary evidence as appropriate. Submission of Fraudulent documentation and false information will lead to refusal of this application and denial of service.

AGENT ID:

Section 1: General Information

Agent Name:	PHARMACOSPHERE	<input checked="" type="checkbox"/> Sole Proprietorship
Agent Phone:	08069492205	<input type="checkbox"/> Partnership/Joint Venture
Agent E-Mail:	PHARMACOSPHERE@GMAIL.COM	<input type="checkbox"/> Limited Liability Company
Address:	MODERNTIMES PHARMACY, PENTHOUSE ESTATE, LUGBE, ABUJA	<input type="checkbox"/> Public Liability Company
City/State/Zip code:	EKITI STATE	<input type="checkbox"/> Government
Date of Birth (for individuals)	04/06	<input type="checkbox"/> Non-Profit
No./ Business Name (if applicable):	PHARMACOSPHERE LIMITED	<input type="checkbox"/> Organization/NGO
Date Registered:	03/03/2015	<input type="checkbox"/> Others (specify)

Section 2: Next of Kin Details

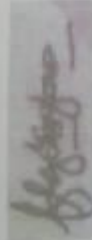
Name of Next of kin:	OLAGBUYIRO PELUMI
Relationship with OK	SISTER
Phone Number:	08069492205
Address:	7, OLUSOGA LANE, OSHINLE QUARTERS, AKURE.

Section 3: Acquiring Bank Details

Apply your Bank Account details here.

Acquiring Bank: DIAMOND BANK	Account Name: PHARMACOSPHERE LTD
	Account Number: 0065456153
	Type of Account: <input type="checkbox"/> Current <input checked="" type="checkbox"/> Savings

Indemnify BRINQPAY in full against action, claim, proceeding loss, expense or damage arising from the product or
made by me in respect of this product further confirm that all my dealings in respect of this product shall not be
constituting law or regulation in force whether in Nigeria or any other country.



DATE 14/05/2018