

MTN MOBILE MONEY GENERAL PAYMENT SERVICE - MERCHANT APPLICATION FORM



Mobile Money

Please complete this form in Block Letters.

SECTION A COMPANY INFORMATION	1. COMPANY NAME:	MOBILE CONTENT.COM LTD
	2. MERCHANT TRADE NAME:	
	3. TYPE OF COMPANY:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability <input type="checkbox"/> Public Liability
	4. COMPANY REGISTRATION NUMBER:	C5134972013
	5. VAT REGISTRATION NUMBER:	7246005449
	6. DATE OF INCORPORATION:	25/01/2013
	7. DATE OF COMMENCEMENT OF BUSINESS:	24/01/2013
	8. TAX IDENTIFICATION NUMBER:	C0001410733

SECTION B CONTACT INFORMATION	TRADING/ OFFICE ADDRESS:	NO. 3 OKWEE STREET, DZORWULU	
	OFFICE OWNERSHIP:	<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent / Lease	TIME AT PRESENT LOCATION: _____
	POSTAL ADDRESS:	P.O. BOX KITA, 9312	
		ACCRA	
	CITY OR TOWN:	ACCRA	REGION: ACCRA
	TELEPHONE: _____	MOBILE: 0552557227	E-MAIL: info@mobilecontent.com.gh

Please provide details of key contact persons

DETAIL	PRIMARY CONTACT	SECONDARY CONTACT
NAME	TERRANCE ASARE	MANFRED SETOR
DESIGNATION	EXP. DEV. MGR	COMMERCIAL MGR
TELEPHONE (EXT.)	0302763436	0302763436
MOBILE PHONE	0552557227	0546879992
E-MAIL ADDRESS	terrance@mobilecontent.com.gh	manfred@mobilecontent.com.gh

SECTION C BUSINESS INFORMATION	1. TYPE OF BUSINESS:	<input type="checkbox"/> Store/Super Market	<input type="checkbox"/> Hotel/ Guest House	<input type="checkbox"/> Fast Food Outlet	<input type="checkbox"/> Educational Institution
		<input type="checkbox"/> Airlines	<input type="checkbox"/> Ecommerce/Online	<input type="checkbox"/> Logistics (Courier)	<input type="checkbox"/> Wholesale
		<input checked="" type="checkbox"/> Telecoms	<input type="checkbox"/> Church/ NGO	<input type="checkbox"/> Hospital	
		<input type="checkbox"/> Others (Specify): _____			
	2. AVERAGE MONTHLY TURNOVER (<input type="checkbox"/> ACTUAL OR <input type="checkbox"/> ESTIMATED):	_____			
3. AVERAGE NUMBER OF TRANSACTIONS PER MONTH (<input type="checkbox"/> ACTUAL OR <input type="checkbox"/> ESTIMATED):	_____				
4. AVERAGE AMOUNT OF ONE TRANSACTION (<input type="checkbox"/> ACTUAL OR <input type="checkbox"/> ESTIMATED):	_____				

SURNAME: Totoe
FIRST NAME: John F.
EMAIL: john@mobilecontent.com.gh
MOBILE No: 0244343501 TELEPHONE: _____
SIGNATURE: [Signature] DATE: 01/08/19

URL / WEBSITE: www.mobileContent.com.gh
IP ADDRESS: _____

BANK: ECOBANK
ACCOUNT NAME: MOBILE CONTENT.COM LTD
ACCOUNT NUMBER: 0780264482288101
BRANCH: _____
ACCOUNT TYPE: (☐ CORPORATE ☒ CURRENT ☐ SAVINGS)

SETTLEMENT TYPE: (☒ BANK ☐ WALLET)
SETTLEMENT PERIOD: (☒ DAILY ☐ EVERY OTHER DAY ☐ WEEKLY ☐ FORTNIGHT ☐ MONTHLY)
SETTLING BANK: ECOBANK
WALLET NUMBER: _____
ACCOUNT TYPE: (☐ CORPORATE ☒ CURRENT ☐ SAVINGS)

THE INFORMATION ABOVE IS TRUE AND ACCURATE AND (GHANA) LIMITED IS AUTHORISED TO VERIFY SAME BY REFERENCE TO APPROPRIATE PERSONS OR OFFICES OR TAKING SUCH STEPS AS (GHANA) LIMITED MAY DEEM FIT.

<u>John F. Totoe</u> (AUTHORISED SIGNATORY NAME)	<u>[Signature]</u> (SIGNATURE)	<u>01/08/19</u> (DATE)
<u>I Yanson</u> (AUTHORISED SIGNATORY NAME)	<u>[Signature]</u> (SIGNATURE)	<u>08-01-19</u> (DATE)
_____ (AUTHORISED SIGNATORY NAME)	_____ (SIGNATURE)	_____ (DATE)

DONOT COMPLETE: BACK OFFICE USE ONLY

TYPE OF PAYMENT SOLUTION: _____
SERVICE FEES: _____