



POS AGENCY REGISTRATION

For customer service point (agents)

BVN: **TIN:**

Bank Account Number: **Account Name:**

Agent/business:

Physical address building/house No:

Nearest bus-stop/landmark: **Street** **Country**

Mobile phone: **Email address:**

Agent type: **Business Address:**

Settlement Cycle

☐ One Hour ☐ Twelve Hours

☐ Three Hours ☐ 24 Hours

☐ Six Hours

Type of Business:

☐ Sole proprietorship ☐ Partnership ☐ Store front ☐ Limited liability company ☐ Government

☐ Non-profit organization/NGO ☐ Home ☐ Public liability company ☐ Religious organization ☐ Office

☐ Other (specify)

Date of incorporation:	Date of commencement of business:	RC Number:	Number of outlets:
Any prior relationship with any agent banking service provider? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contact information

Name of Agent Admin: **Gender** F ☐ M ☐

Email address **Designation** **Mobile Number**

Name of customer attendant: **Gender** F ☐ M ☐

Business Name: **Designation** **Mobile Number**

Email address:

Declaration: I declare that information provided on this form is true and accurate.

<input type="text"/>	<input type="text"/>
Authorized Signatory	Date

For bank use Only

(This is to confirm that the proposed agent has met requirements)

Check the following documents are valid in the customer file. Please attach a copy.

Documents Required	Checked	Waived	Documents Required	Checked	Waived
Proof of Address (unity Bill)	<input type="checkbox"/>	<input type="checkbox"/>	Tin	<input type="checkbox"/>	<input type="checkbox"/>
Valid Means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Passport Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>



POS COMMITMENT FORM

CONFIDENTIAL

Date: _____

Branch: _____

AGENT AND POS DETAILS

POS Serial No: _____

Agent Account Number: _____

DECLARATION

I here agree to the following:

1. As a condition for Summit Bank Limited providing POS terminal to me, I shall fulfil the obligation to meet a minimum daily target of 50 transactions or as may be specified from time to time by Summit Bank Limited.
2. Where I fail to meet the set transaction target for seven (7) consecutive days and/or any other period Summit Bank Limited may determine, Summit Bank Limited reserves the right and shall be entitled to immediately withdraw its POS terminals from me.
3. Where I am unable/refuse to return the POS device as demanded by the Bank, the Bank reserves the right to deduct the sum of N165,000 (One Hundred and Sixty Five Thousand Naira) from any of my accounts linked to my BVN.
4. The return of my POS to the Bank will include its accessories (batteries and charger). Where the accessories are not present, the Bank reserves the right to deduct the sum of N30,000 (Thirty Thousand Naira) from any of my accounts linked to my BVN.
5. From the date of this Agreement and throughout the duration, I agree to have in place a POS insurance which would automatically renew annually.
6. Willful damage of the POS terminal will automatically attract a debit of N165,000 (One and Sixty Five Hundred Thousand Naira) from any of my accounts linked to my BVN.
7. If I carry out unauthorized repairs of the POS terminal outside the Bank's approved options, the Bank reserves the right to deduct the sum of N165,000 (One Hundred and Sixty Five Thousand Naira) from any of my accounts linked to my BVN.
8. This agreement forms a continuous part of the Agent Banking Agreement.

Summit Agent Name: _____

Signature: _____

Date: _____

FOR BANK USE ONLY

Account Officer: _____

Relationship Officer: _____

Signature & Date: _____

Signature & Date: _____