

Instructions:

- Complete only sections that apply to your business needs in **BLOCK** letters
- Attach photocopies of relevant documents including Certificate of Company Registration, CO7, CO2 and a Government Issued Identification. **(REQUIRED)**.
- All fields are mandatory except otherwise stated.

SECTION 1	Complete this section with information about your organization and attach copies of supporting documents.				
	Merchant Name:				
	Merchant Location/office Address:				
	Merchant Email Address:				
	Merchant Activity/ Line of Business:				
	Name of Principal Owner 1:		Residential Address:		
	Occupation:		Office/ Mobile No:		
	Name of Principal Owner 2:		Residential Address:		
	Occupation:		Office/ Mobile No:		
	Name of Principal Owner 3:		Residential Address:		
	Occupation:		Office/ Mobile No:		
	Have you held or holding any political position before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	If yes, please specify:				
	OWNERSHIP TYPE				
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Public Liability Company <input type="checkbox"/> NGO <input type="checkbox"/> Government <input type="checkbox"/> Partnership/Joint Venture <input type="checkbox"/> Religious Organization <input type="checkbox"/> Other (If others please specify.....)					
Date of Incorporation:		Date of Business Commencement:		RC Number:	
SECTION 2	Tick the appropriate price range of your product and/or service Below N1,000 () N1,000 - N4,999 () N5,000 - N9,999 () N10,000 - N19,999 () N20,000 - N49,999 () N50,000-N99,999 () N 100,000 and above()				
	MERCHANT HISTORY				
	A. Have you previously filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state reason(s) and date				
	B. Any prior relationship with an Acquirer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state reason(s) for terminating the relationship C. Provide details of any other Business owned				

SECTION 4	TAX DETAILS		
	<p>A. Tax Identification Number:</p> <p>B. Tick the appropriate Tax paid. Please provide copies of recent certificates <input type="checkbox"/> WHT <input type="checkbox"/> Corporate <input type="checkbox"/> Personal Income</p>		
SECTION 5	ADDITIONAL INFORMATION (FOR WEB MERCHANTS)		
	<p>State the delivery policy for the product(s)/service(s) you offer for sale, as it or would appear on your website (For E-Commerce Merchants Only)</p> <p>1</p> <p>2</p> <p>3</p>		
	Do you have an existing website?	Open Internet <input type="checkbox"/>	3D Secure <input type="checkbox"/>
	Please list your range of product(s)/Service(s) A..... B..... C..... D.....	Website URL:	Customer Service Contact Phone # (Landline): E-mail:
		Financial History: Daily Sales (Count & Value)	
		Monthly Sales (Count & Value)	
		Annually Sales (Count & Value)	
<p>A. Do you have a credit and return policy that is communicated to customer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>B. Is your Organization Payment Card Industry Data Security Standard (PCIDSS) compliant? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>Please Provide any other Specific Information that you want the Solution to address</p> <p>1</p> <p>2.....</p>			
SECTION 6	SETTLEMENT DETAILS		
	<p>Bank Name:</p> <p>Account Name:</p> <p>Account Number:</p> <p>Account Type.....</p> <p>Bank Swift Code.....</p> <p>Please tick or indicate the settlement currency for International card acceptance: <input type="checkbox"/> Naira <input type="checkbox"/> Dollar</p>		
SECTION 7	CARD ACCEPTANCE TYPE		
	<p>Local <input type="checkbox"/> International <input type="checkbox"/></p> <p>No of terminals Requested <input type="checkbox"/></p>	<p>Please specify acquiring group.</p> <p>1.....</p> <p>2.....</p> <p>3.....</p>	

DECLARATION A - BRICK AND MORTAR MERCHANTS

I On behalf of
(Individual's Name) (Company's Name)

I hereby certify that :

- i. Every information provided on this form is true and accurate and that Unified Payments reserve the right to take appropriate measures including legal actions if any of the information here is discovered to be false.
- ii. I will provide Unified Payments with the details about any transaction performed or any other information requested upon demand.
- iii. I agree to also comply with the provisions of the amended Money Laundering Prohibition Act (MLPA) of 2011.

Authorized Signature Designation Date.....

DECLARATION B – WEB MERCHANTS

I On behalf of
(Individual's Name) (Company's Name)

I hereby certify that :

1. In compliance with the amended Money Laundering Prohibition Act (MLPA) 2011, we undertake:
 - i. Not to use or permit any 3rd party to use the 3D secure authentication medium to launder money.
 - ii. To bear full liability for any act of money laundering perpetuated through the use of the 3D secure authentication, as deployed by Unified Payment Services Ltd.
2. We promise to respond to all emails and phone calls from our cardholders who make purchases through the use of 3D secure authentication medium.
3. We shall keep any of our cardholder's information that may become available to us by virtue of his/her purchase interaction with us via the 3D secure authentication service with utmost confidentiality.
4. We will not sell display or pornographic materials on our website.
5. We further undertake not to offer gambling services on our website.

Authorized Signature Designation Date.....

FOR OFFICIAL USE ONLY

CARD SCHEME ACQUIRING BIN (To be filled by Relationship Manager)



MCC

NAME

SIGNATURE

DATE

Department Head

Group Head

Group Head, ERM.....

Group Head, Solutions Support

Director