

**MERCHANT APPLICATION FORM**

Please complete this form and provide supporting evidence as appropriate.

**Note: Submission of fraudulent documents and false information will lead to refusal.**

**Instructions**:

i. Complete only sections that apply to your business needs in **BLOCK** letters

ii. Attach photocopies of relevant documents including Certificate of Company Registration, CO7, CO2 and a Government Issued Identification. **(REQUIRED).**

iii. All fields are mandatory except otherwise stated.

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| **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:** | | | | | | | |
| 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? Yes No  If yes, please specify: | | | | | | | |
| **TYPE OF OWNERSHIP** | | | | | | | |
| **Sole Owner Limited Liability Company Public Liability Company NGO Government Partnership/Joint Venture Religious Organization Other**  **(If others please specify………………………………………………………………………………………)** | | | | | | | |
| **Date of Incorporation:** | **Date of Business Commencement:** | | | **RC Number:** | **Number of Locations:** | | **Staff Strength:** |
| **SECTION 2** | **Complete this section with information on your banking relationship** | | | | | | | |
| **BANK DETAILS** | | | | | | | |
| Bank Name: | | | | | | | |
| Account Name: | | | | | | | |
| Account Number: | | | | | | | |
| Type of Account: Current Saving | | | | | | | |
| **SECTION 3** | **SETTLEMENT DETAILS** | | | | | | | |
| Bank Name: ……………………………………………………………………………………………………...  Account Name: …..……..………………..…………………………………………………………………….  Account Number: ………………………………………………………………………………………………  Account Type…………………………………………………………………………………………..  Bank Swift Code…………………………………………………………………………………………………  **Please tick or indicate the settlement currency for International card acceptance:**  Naira Dollar | | | | | | | |
| **SECTION 4** | **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 ( ) | | | | | | | |
| **SECTION 5** | **Please state your delivery policy/timeline for the product(s)/service(s) you offer for sale, as it appears or would appear on your website (E-Commerce Merchants Only)** | | | | | | | |
| |  |  | | --- | --- | | **SECTION 4** | **Complete this section to indicate your product/ service price range**  Below N1,00 ( ) N1,000-N4,999 ( ) N5,000-N9,999 ( )  N 10,000-N19,999 ( ) N20,000-49,999 ( ) N50,000-N99,999 ( )  N 100,000 and above ( ) |   1 ……………………………………………………………………………………………………………………  2 ……………………………………………………………………………………………………………………  3 …………………………………………………………………………………………………………………… | | | | | | | |
| **SECTION 6** | **MERCHANT HISTORY** | | | | | | | |
| 1. Have you previously filed for bankruptcy? Yes No   If yes, please state reason(s) and date  ………………………………………………………………………………………………………………...   1. Any prior relationship with an Acquirer? Yes No   If yes, please state reason(s) for terminating the relationship  ………………………………………………………………………………………………………………..  c. Provide details of any other Business owned  …………………………………………………………………………………………………….. | | | | | | | |
| **SECTION 7** | **TAX DETAILS** | | | | | | | |
| 1. Tax Identification Number: ………………………………… 2. Tick the appropriate Tax paid. Please provide copies of recent certificates   WHT  Corporate  Personal Income | | | | | | | |
| **SECTION 8** | **ADDITIONAL INFORMATION FOR WEB MERCHANTS** | | | | | | | |
| **Do you have an existing website?** | | | **Open Internet** | | | **3D Secure** | |
| **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)  …………………………………….. | | |
| 1. Do you have a credit and return policy that is communicated to customer?   Yes No   1. Is your Organization Payment Card Industry Data Security Standard (PCIDSS) compliant?   Yes No | | | | | | | |
| **PLEASE PROVIDE ANY OTHER SPECIFIC INFORMATION THAT YOU WANT THE SOLUTION TO ADDRESS**  1 …………………………………………………………………………………………………………………….  2 …………………………………………………………………………………………………………………….  3 ……………………………………………………………………………………………………………………. | | | | | | | | |
| **SECTION 9** | **CARD ACCEPTANCE TYPE** | | | | | | | |
| Local International | | If International, please specify. | | | | | |
| **DECLARATION A - BRICK AND MORTAR MERCHANTS**  I/We ………………………………………….. on behalf of ……………………………………………….  (Individual’s Name) (Company’s Name)  I/We hereby certify that the information provided on this form is true and accurate. I/We agree that Unified Payments reserve the right to take appropriate measures including legal actions if the information here is discovered to be false. I/We agree that I/We will provide Unified Payments details about any transaction performed on the site upon demand. I/We agree to also comply with the provisions of the amended Money Laundering Prohibition Act (MLPA) 2011.  Authorized Signature ……………………. Designation …………………… Date……………………..  Authorized Signature …………………….. Designation …………………… Date……..……………… | | | | | | | | |
| **DECLARATION B – WEB MERCHANTS**   1. In compliance with the amended Money Laundering Prohibition Act (MLPA) 2011, we undertake not to use or permit any 3rd party to use the 3D secure authentication medium to launder money. 2. We undertaker 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. 3. We undertake to respond to all emails and phone calls from our cardholders who make purchases through the use of 3D secure authentication medium. 4. We undertake to keep confidential 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. 5. We undertake not to sell or display pornographic materials on our website. 6. We further undertake not to offer gambling services on our website.   AUTHORISED SIGNATURE: ………………………………………………………………………..………..  NAME: ………………………………………………………………………………………………………..  DESIGNATION: ……………………………………………………………………………………………… | | | | | | | | |

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| **FOR OFFICIAL USE ONLY** |

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| **CARD SCHEME ACQUIRING BIN (To be filled by Relationship Manager)** |
| C:\Users\fnwachi\Documents\download.png C:\Users\fnwachi\Documents\Visa.jpg C:\Users\fnwachi\Documents\Mastercard.jpg C:\Users\fnwachi\Documents\Family\union pay.png C:\Users\fnwachi\Documents\Family\payattitude.png |

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| **NAME**  **SIGNATURE**  **DATE**  **Department Head …………………………………………………………………………………………………….**  **Group Head** ……………………………………………………………………………………………………………  **Chief Risk Officer (CRO)**………………………………………………………………………………………………  **Group Head I.T**………………………………………………………………………………………………………….  **Executive Director / M.D**……………………………………………………………………………………………… |