

## PAYMENTS API CLIENT FORM

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### Company Details

<p>Company Name <i>*Please attach certificate of incorporation</i></p> <p><b>a)</b></p>	
<p>Physical Company Address</p> <p><b>b)</b></p>	
<p>Postal Address E.G. P.O Box 00000-000100</p> <p><b>c)</b></p>	
<p>Telephone 1</p> <p><b>d)</b></p>	
<p>Telephone 2</p> <p><b>e)</b></p>	
<p>Email Address</p> <p><b>f)</b></p>	
<p>PIN Number <i>*Please attach your PIN</i></p> <p><b>g)</b></p>	
<p>What Industry are you in?</p> <p><b>h)</b></p>	
<p>How long have you been in operation?</p> <p><b>i)</b></p>	
<p><b>j)</b></p> <p>B2C</p> <p>C2B</p> <p>B2B</p>	<p>Reason for Payments API</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>k</b> Brief description of use</p>	

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**CONTACT DETAILS**

Kindly fill in the contact of the contact person in your organization and a financial contact

**Key Contact**

- a) Name of contact person
- b) Telephone Number
- c) Email Address
- d) Position
- e) Signature

**Finance**

- a) Name of contact person
- b) Telephone Number
- c) Email Address
- d) Position
- e) Signature

**Key Administrator** *\*The person that will interact most with the API*

- a) Name of contact person
- b) Telephone Number
- c) Email Address
- d) Position
- e) Signature

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**PAYMENT DETAILS**

Do you have a paybill number?

a)

Yes

☐

No

☐

If so would you like us to register on your behalf?

Y/N

Registered Paybill number

b)

Name of registered Paybill

c)

Registered ID number

d)

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**REFEREE****Key Contact**

a)

Referee Name

b)

Telephone Number

c)

Email Address

d)

Organization

e)

Position

**Company Stamp**

