



AG/200101

MCC 5462.

Merchant Application Form

To ensure that your application is accepted and processed, we request that you fill in all the fields and provide supporting documentation where required. Please write in BLOCK letters and tick where necessary

N-PAY ALLOCATED QR CODE/TILL NO: _____ LOCATION: _____ DATE: 07-06-19

1. Business Profile

BUSINESS/LEGALNAME:

MOTHERS PRIDE BAKERY

TRADING/OUTLET NAME: (provide a separate sheet if more than one, indicating outlet name, location, telephone number and contact person)

BUSINESS DETAILS

Physical Location	NGOMBE COMPOUND (NEW)	City/Town	LUSAKA
D. Box Number		Postal Code	
Street / Road	MINESTONE	County	
Email address	Muzantani Paul@gmail.com	Official line	
Outlet Mobile No.		ZRA PIN	
Business Permit			
Nature of Business:	BAKERY		

2. Please indicate your type of business

- ☒ Individual ☐ Sole proprietor ☐ Partnership ☐ Private Ltd Company ☐ Public Ltd Company ☐ Club/Society
- ☐ Association ☐ Community Based Organization ☐ Charitable Organizations ☐ Other _____

3. N- Pay Transaction Account

Please indicate the Bank details where you would like to receive payments.

BANK NAME

FIRST NATIONAL BANK

TRANSACTIONING ACCOUNT NUMBER:

62717313481

COMMISSION ACCOUNT NUMBER:

0971633648

4. Number of Tills/QR code Requested: 1 5. Agreed Service Commission: _____ % per Transaction

6. Minimum Amount: _____ 7. Maximum amount: _____

8. Signatory Details

Name	Designation	NRC	PIN No	Mobile No	Signature
Paul Muzantani	PROPRIETOR (individual)	356878/10/1		0971633648	

Two of the above signatories MUST sign all instructions to N-Pay in all future correspondence. Please provide proof of authority where any of the above mentioned does not appear as a signatory in the Memorandum and Articles of Association, a Partnership Deed or their equivalent.

9. Merchant Declaration

I/We wish to subscribe as a N-Pay Merchant and to be registered on SHISH Link. I/We agree that the N-Pay shall reserve the right to approve or reject this application as the N-pay deems fit without assigning any reason. I/We have provided all the business legal documents as required by the N-pay and I/We also do understand that future changes to be communicated to Netone payment systems Limited must be signed by the authorised signatories. I/We confirm that the information I/We have provided here in and the disclosures made are true. I/We have read and understood N-Pay Service Terms & Conditions as stipulated on <http://www.netone.co.zm>, which may be amended from time to time and undertake to comply, observe and be bound by the same.

Name: Paul Muzangwa Signed: PM [Signature] Date: 11/05/19

Name: _____ Signed: _____ Date: _____

10. For Netone payment systems Use Only

Merchant Site Visited and Nature of Business Confirmed Yes ☐ No ☐

GPS coordinates _____

Recruiters Name _____ Signed: _____ Date: _____

Business Category: Tier One ☐ Tier Two ☐ Tier Three ☐

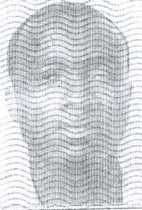


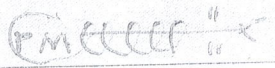
Sales Agent Code	Sales Agent Outlet Code															

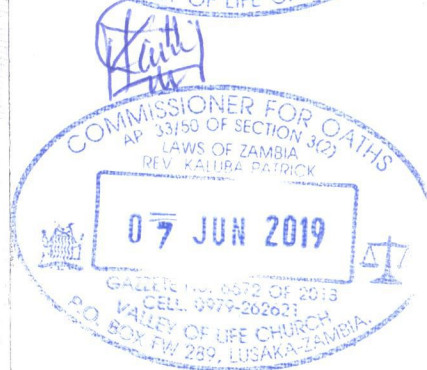
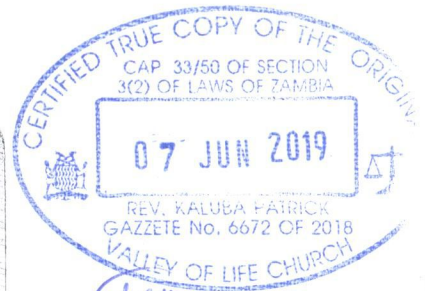
(For sales Agent Use Only)

Name of Operations Manager: _____

Signature & Stamp of Operations Manager: _____

Date: _____

	REGISTRATION NUMBER	356878/10/1
	REPUBLIC OF ZAMBIA	
		
SIGNATURE OF REGISTRATION OFFICER		
SIGNATURE OF HOLDER		
		



REPUBLIC OF ZAMBIA NATIONAL REGISTRATION CARD		CARD No. Z 10259878
FULL NAME PAUL MUZANTANI		
DATE OF BIRTH 9.7.95	PLACE OF BIRTH T. NAMWALA	SEX M
FATHER'S/MOTHER'S PLACE OF BIRTH D. NAMWALA		
VILLAGE SIKALELE	DISTRICT KALOMO	
CHIEF SIMWATACHELA	REGISTRATION DATE 25/11.13	
SPECIAL MARKS NIL	DATE OF RENUNCIATION	
IF THIS CARD IS FOUND, PLEASE RETURN TO NEAREST REGISTRATION OFFICE OR POLICE STATION.		