



POS MERCHANT REGISTRATION FORM

KINDLY NOTE THAT ALL FIELDS ARE MANDATORY. BRANCHES ARE HEREBY ADVISED TO SCAN COMPLETED COPIES AND SEND TO e-business@unitybankng.com FOR PROCESSING.

Merchant Information

Name of Merchant Company: _____

Address of Merchant Company (Line 1): _____

Address of Merchant Company (Line 2): _____

State & Local Government Area of Merchant Business: _____

Number of POS Terminals required

Merchant Business Type:

- Stores/Supermarket Restaurants Wholesale Telecoms Fuel Stations
 Fast Food Logistics (Courier service) Hotels / Guest Houses Church/NGO
 Hospital Airline (Operators) Airline (Travel Agencies)
 Others (Specify) _____

Name of contact persons at merchant location

Name of primary contact person	Name of secondary contact person
Designation	Designation
Office Telephone	Office Telephone
Mobile Phone	Mobile Phone
E-mail Address	E-mail Address

Merchant Account Details

Account Name: _____

Merchant Account Number (Old Account Number):

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Merchant New Account Number (NUBAN 10 Digits): _____

Type of Account: Current Account Savings Account

Bank Branch: _____

Customer's Signature & Date: _____
(Branch verifies the customer signature)

I, on behalf of hereby certifies that the information provided in this form is true and accurate. I agree that.....reserves the right to take appropriate measure including legal actions if the information here is discovered to be false.

Signature _____ Designation _____ Date _____

For official (Head office) use only	For Branch use only
TO BE COMPLETED BY ACQUIRING BANK	TO BE COMPLETED BY BRANCH
Merchant ID:	Name of Branch:
Terminal ID:	Relationship officer Name:
Terminal ID:	Relationship officer signoff:
Terminal ID:	Date:
Terminal ID:	
Terminal ID:	
Terminal ID:	
Terminal ID:	

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