



## 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](mailto: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 \_\_\_\_\_

<b>For official (Head office) use only</b>	<b>For Branch use only</b>
<b>TO BE COMPLETED BY ACQUIRING BANK</b>	<b>TO BE COMPLETED BY BRANCH</b>
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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