

MERCHANT REGISTRATION FORM

SECTION A

COMPANY INFORMATION:

| | | |
|---------------------------|-------------------------|----------------------|
| Name of Merchant/Company: | | RC Number |
| Office Address: | Postal Address: | |
| Company Website Address: | | e-mail Address: |
| Office Telephone | Customer Service Phone: | Business Fax Number: |

SECTION B

CONTACT INFORMATION:

| | |
|---------------------------------|-----------------------------------|
| Name of Primary Contact Person: | Name of Secondary Contact Person: |
| Designation: | Designation: |
| Office Telephone/Extension: | Office Telephone/Extension: |
| Mobile Phone: | Mobile Phone: |
| E-mail Address: | E-mail Address: |

SECTION C

BUSINESS INFORMATION:

Description of services required:

- | | |
|---|--|
| <input type="checkbox"/> eTranzact Merchant Service | <input type="checkbox"/> eTranzact B2B |
| <input type="checkbox"/> eTranzact Payment Outlet | <input type="checkbox"/> eTranzact e-Commerce Services |
| <input type="checkbox"/> eTranzact P.O.S | <input type="checkbox"/> eTranzact Telco Services |

SECTION D
TRANSACTION ACQUIRING BANK DETAILS: (Do you have an eTranzact Merchant Account?)

IF YES

Enter your Merchant Code:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

IF NO

Specify Bank:
 (Must be selected from list of banks on eTranzact Network)

Bank Branch:

Account No:

SECTION E **Signature/ Date**
Merchant Code Generated By:

SECTION F
Bank's Stamp Affixed Here:

SECTION G
Other Information:



I, on behalf ofhereby certify that the information provided on this form is true and accurate. I agree that eTranzact International Ltd and..... reserves the
 (If POS, indicate name of ISO here)

right to take appropriate measures including legal actions if the information here is discovered to be false.

Signature..... Designation Date

For Official Use Only

TO BE COMPLETED BY ISO

Name of ISO:

Terminal Type:

Location of terminal:

Terminal ID

Merchant Codes:

| | |
|--|--|
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| | |
| | |

TO BE COMPLETED BY ACQUIRING BANK

Merchant ID:

Date of Integration:

TRANSACTIONS TO BE SUPPORTED ON THE POS TERMINAL
 (Please tick as appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Purchase | <input type="checkbox"/> Pin Change |
| <input type="checkbox"/> Reversal / void | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> Airtime Vending | <input type="checkbox"/> Balance Enquiry |
| <input type="checkbox"/> Bill Payment | <input type="checkbox"/> Mini-Statement |
| <input type="checkbox"/> Others (Specify) | |

