



mCASH Merchant Form

Complete every part of this form in BLOCK letters

Seller Code

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Merchant Code (to be assigned by the Bank)

Merchant Trade Name _____

Business Location: Store Front Office Home Others

RC Number (if any) _____

Office/Store Address _____

LGA _____ State _____

Name of Contact Person _____

Mobile Phone _____ Email Address _____

Category of Merchant's Business:

- Store/Supermarket Restaurants Wholesale/Distributor Telecoms
- Fuel Station Fast Food Hotel/Guest House Logistics (Courier)
- Church/NGO Hospital Airlines Travel Agencies
- Embassy Education/Schools Others (Please specify) _____

Settlement Account Details

Bank Account Name _____ BVN

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Account Number

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Settlement mode (Tick One) Bulk Settlements Line by line Settlement (attracts N50 stamp duty).
Transactions from N10, 000 and above attract N50 service charge.

I _____ hereby certify that the Information provided in this form is true and accurate. I agree that the bank reserves the right to take appropriate Measure including legal actions if the information here is discovered to be false.

Signature _____ Designation _____ Date _____

Official Use ONLY (To be completed by the branch)

In line with the Central Bank of Nigeria (CBN) mandate on mCASH deployment, I confirm that proper KNOW YOUR CUSTOMER (KYC) procedures have been conducted on the above-named merchant.

Account Officer

Branch Manager

Name _____

Name _____

Signature _____

Signature _____

Telephone _____

Telephone _____