

# Merchant Registration Form



## SECTION ONE: MERCHANT DETAILS

Merchant Name	RC Number
Trading Name	Trading Address
<b>Business Segment/Industry</b> <input type="checkbox"/> Fast Foods <input type="checkbox"/> Fuel Stations <input type="checkbox"/> Restaurants <input type="checkbox"/> Wholesale <input type="checkbox"/> Stores/Supermarkets <input type="checkbox"/> Hotels/GuestHouses <input type="checkbox"/> Airlines (Operations) <input type="checkbox"/> Logistics/Courier <input type="checkbox"/> Church/NGO <input type="checkbox"/> Others (Specify)	
Email	Phone Number

## SECTION TWO: ACCOUNT DETAILS

Account Name	Account Number
Type of Account	Savings <input type="checkbox"/> Current <input type="checkbox"/> <i>(Please tick as appropriate)</i>
Transaction Type	International <input type="checkbox"/> Local <input type="checkbox"/> <i>(Please tick as appropriate)</i>

## SECTION THREE: SERVICE REQUIRED

POS <input type="checkbox"/> VAS POS <input type="checkbox"/> MVISA <input type="checkbox"/> MCASH <input type="checkbox"/> NQR <input type="checkbox"/> <i>(Please tick as appropriate)</i>
Please Indicate <b>required</b> number of      POS <input type="checkbox"/> VAS POS <input type="checkbox"/> MVISA Decal <input type="checkbox"/> MCASH Decal <input type="checkbox"/> NQR Decal <input type="checkbox"/>

### FOR POS/VAS POS PLEASE PROVIDE BELOW INFORMATION

Location of Terminal	Contact Person & Phone Number
1.	
2.	
3.	

### FOR MVISA/NQR DECAL PLEASE PROVIDE BELOW INFORMATION

Location of MVISA/NQR DECAL	Contact Person & Phone Number
1.	
2.	
3.	

## FOR MCASH DECAL PLEASE PROVIDE BELOW INFORMATION

Location of MCASH DECAL	Contact Person & Phone Number
1.	
2.	
3.	

We/I, on behalf of.....hereby certify that the information provided is true and accurate. We/I agree that Fidelity bank Plc reserves the right to take appropriate measures including legal actions if the information here is discovered to be false.

We/I agree that Fidelity Bank Plc shall immediately withdraw the POS terminal(s) for any significant circumstances that create harm or loss to the goodwill of Fidelity Bank PLC.

Signature.....                      Designation.....                      Date.....  
 Signature.....                      Designation.....                      Date.....

## FOR OFFICE USE

*I certify that customer visitation and merchant due diligence has been done in accordance to the policy of Central Bank of Nigeria*

Customer ID.....  
 AO/E-banking Sales agent.....Sign.....Date.....  
 Branch Leader Name.....Sign.....Date.....  
 Branch.....Region.....