



Merchant Application Form

Please complete this form and provide documentary evidence as appropriate. Submission of fraudulent documentation and false information will lead to refusal of this application and denial of service.

Instructions

1. Complete every part of this form in BLOCK letters.
2. Complete and Submit two (2) copies of this form
3. Attach photocopies of relevant documents including Certificate of Company's registration

Merchant I.D. (for official use only)

**SECTION 1
GENERAL INFORMATION**

Please complete this section with information about your organisation. You should also attach a copy of your company's certificate of incorporation

Company Name:

Type of Ownership:

- | | |
|--|--|
| <input type="checkbox"/> Sole Owner | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Organization / NGO |
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Religious Organisation |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other (Specify)..... |

Business Location:

- | |
|---|
| <input type="checkbox"/> Store Front |
| <input type="checkbox"/> Office |
| <input type="checkbox"/> Home |
| <input type="checkbox"/> Other (Specify)..... |

Office Address:

Postal Address:

RC Number*

Date Registered

Number of Branches:

Staff Strength:

Company Website Address:

e-mail Address:

Office Telephone

Customer Service Phone:

Business Fax:

**SECTION 2
CONTACT INFORMATION**

This section gathers information about the contact persons in your organisation. All correspondences between InterSwitch and your organisation will be addressed to the persons specified below.

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 3
E-COMMERCE WEBSITE INFORMATION**

Please supply information about the website you intend to connect to InterSwitch Payment Gateway, WebPAY. Submit one set of form per site;

Website Name:

Website URL

Targetted Go-live Date

Product(s) and Services sold on the site:

Website Development Platform:

- | |
|--|
| <input type="checkbox"/> Java/JSP |
| <input type="checkbox"/> PHP |
| <input type="checkbox"/> Microsoft .NET |
| <input type="checkbox"/> Active Server Pages (ASP) |
| <input type="checkbox"/> Coldfusion |
| <input type="checkbox"/> Other (Specify)..... |

Shopping Cart Solution Provider

.....

Provider Website

.....

Customer Refund Policy:

- | |
|--|
| <input type="checkbox"/> Refund within 30 days |
| <input type="checkbox"/> Exchange Only |
| <input type="checkbox"/> other (specify) |

Number of days until products/services is delivered

Method of Goods/Service Delivery (Please attach additional sheets if possible):

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> By Courier | <input type="checkbox"/> Online download | <input type="checkbox"/> Other (Give details) |
|-------------------------------------|--|--|

SECTION 4 ACQUIRING BANK	Complete this section with information about the bank where you want payments on your website to be deposited. Note that you can only choose one bank from the list of banks on the InterSwitch Network	
	Name of Preferred Acquiring Bank	Complete this part if you already have a corporate account in the name of your company with the bank Account Number: <input type="text"/> Account Name: <input type="text"/> Type of Account: <input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account Bank Branch: <input type="text"/>

SECTION 5 OTHER INFORMATION	Provide any other information in the space below.
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I, on behalf of (name of company here) hereby certify that the information provided on this form is true and accurate. I agree that InterSwitch reserved the right to take appropriate measures including legal actions if the information here is discovered to be false.

Signature Designation Date

For InterSwitch Use Only	
LIST OF DOCUMENTS RECEIVED	SIGN-ON FEE PAYMENT DETAILS
<input type="checkbox"/> Copy of Certificate of Incorporation <input type="checkbox"/> Corporate Bank Account Details <input type="checkbox"/> Evidence of Service Delivery <input type="checkbox"/> Cheque/Draft for Sign-on Fee	Cheque/Draft #: Payment Date: Amount Paid:
	INTEGRATION DETAILS
Comments and Other Information	Integrator: Start Date: End Date:
	GO-LIVE DETAILS
	Go-live Date:



BANKS ON INTERSWITCH NETWORK

The following banks are currently live on InterSwitch Network

1. United Bank for Africa
2. First Bank of Nigeria
3. Zenith International Bank
4. Universal Trust Bank
5. Standard Trust Bank
6. Guaranty Trust Bank
7. Prudent Bank
8. Oceanic Bank
9. Wema Bank PLC
10. Afri Bank PLC
11. Chartered Bank
12. Platinum Bank
13. Bond Bank
14. Gulf Bank
15. National Bank
16. FCMB

The following banks are currently being integrated to the network and are due to go-live soon;

17. Continental Trust Bank
18. EIB International Bank
19. Magnum Trust Bank
20. Equitorial Trust Bank
21. Union Bank
22. Diamon Bank

Please visit www.interswitchng.com for more information