



Guaranty Trust Bank plc

# Guaranty Trust Bank

## USSD MERCHANT REGISTRATION FORM

*In Collaboration with*

### SECTION 1 – COMPANY INFORMATION

ACCOUNT NAME \_\_\_\_\_

TRADING NAME (if different from Account Name) \_\_\_\_\_

*Please complete this section with information about your organization.*

ACCOUNT NUMBER (for settlement of transactions):	RC NUMBER:
ADDRESS:	

#### BUSINESS SEGMENT/INDUSTRY

- |   |                                      |  |  |
|---|--------------------------------------|--|--|
| <input type="checkbox"/> Stores/Supermarket     | <input type="checkbox"/> Restaurants | <input type="checkbox"/> Wholesale           | <input type="checkbox"/> Telecoms            |
| <input type="checkbox"/> Fuel Stations          | <input type="checkbox"/> Fast Food   | <input type="checkbox"/> Hotels/Guest House  | <input type="checkbox"/> Logistics (Courier) |
| <input type="checkbox"/> Church/NGO Agencies)   | <input type="checkbox"/> Hospital    | <input type="checkbox"/> Airline (Operators) | <input type="checkbox"/> Airline (Travel)    |
| <input type="checkbox"/> Others (Specify) _____ |                                      |  |  |

Number of cashiercodes required:  kindly go to section 3 to fill in the information for each cashier.

### SECTION 2 – CONTACT INFORMATION

*This section gathers information about the contact person in your organization. All correspondence between Bank and your organization will be addressed to the person(s) below:*

NAME OF PRIMARY CONTACT PERSON:	NAME OF SECONDARY CONTACT PERSON
DESIGNATION:	DESIGNATION:
OFFICE TELEPHONE/EXTENSION	OFFICE TELEPHONE/EXTENSION
MOBILE PHONE NO:	MOBILE PHONE NO:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

I, on behalf of \_\_\_\_\_ hereby certify that the information provided in this form is true and accurate. I agree that Guaranty Trust Bank reserve the right to take appropriate measure including legal action if the information here is discovered to be false. I agree with the terms and conditions in the GTBank Merchant Agreement form.

Signature \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_

### SECTION 3 – CASHIER INFORMATION

*This section gathers information about merchants that require more than one Checkout Code (CC). Transaction receipt will be sent via sms to the phone number and email assigned to the cashier operating the checkout code. Transaction reports will be made available using the information provided.*

**Merchant Name:** \_\_\_\_\_

Note: Kindly fill in the information in clear and legible writing. A duplicate copy of this sheet can be made if the merchant requests more than 25 cashiercodes. *Compulsory fields have been asterisked.*

CC	FIRST NAME/ALIAS	LOCATION OF CASHIER*	GSM NUMBER*	EMAIL ADDRESS	Settlement Account*
01					
02					
03					
04					
05					
06					
07					
08					
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11					
12					
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22					
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24					
25					

**FOR OFFICIAL USE:**

**SECTION 4:** To be completed by Account Officer

ACCOUNT OFFICER NAME: \_\_\_\_\_

BRANCH \_\_\_\_\_

GROUP/DIVISION \_\_\_\_\_

PC CODE \_\_\_\_\_

TEAM EMAIL \_\_\_\_\_

✓ Is KYC (Know Your Customer) in place?  Yes  No

✓ Does customer have any record(s) of fraudulent transactions  Yes  No

Unit Head /Group Head Remark & Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 6 –TO BE COMPLETED BY E-PAYMENT SOLUTION GROUP**

Merchant Type	
USSD Service Code	
Merchant Code	

**Unit Head Remark and Signature** \_\_\_\_\_