POS MERCHANT APPLICATION FORM

KINDLY NOTE THAT ALL FIELDS ARE MANDATORY.
Scan copies that have been completed can be processed by sending them to echannel@thrivebank.ng.

Merchant Information

Name of Merchant Business _____

Address of Merchant Business (Line 1): _____

Address of Merchant Business (Line 2): _____

State & Local Government Area of Merchant Business: _____

Number of POS Terminals required ☐

Merchant Business Type:

☐ Stores/Supermarket ☐ Restaurants ☐ Wholesale ☐ Telecoms ☐ Fuel Stations

☐ Fast Food ☐ Logistics (Courier service) ☐ Hotels / Guest Houses ☐ Church/NGO

☐ Hospital ☐ Airline (Operators) ☐ Airline (Travel Agencies) ☐ Mobile Money Agent

☐ Others (Specify) _____

Name of contact persons at merchant location

Name of primary contact person	Name of secondary contact person
Designation	Designation
Office Telephone	Office Telephone
Mobile Phone	Mobile Phone
E-mail Address	E-mail Address

Merchant Account Details

Account Name: _____

Merchant Account Number (NUBAN 10 Digits): _____

Type of Account: ☐ Current Account ☐ Savings Account

Date of Birth _____ BVN _____

Customer's Signature & Date: _____

(verify the customer signature)

DECLARATION

I, on behalf of.....hereby certifies that the information provided in this form is true and accurate. I agree that..... reserves the right to take appropriate measure including legal actions if the information here is discovered to be false.

Signature _____ Designation _____ Date_____

For official use only	
TERMINAL DETAILS	TO BE COMPLETED BY RELATIONSHIP OFFICER
Merchant ID: .... 1. Terminal ID: ..... 2. Terminal ID: ..... 3. Terminal ID: ..... 4. Terminal ID: ..... 5. Terminal ID: ..... 6. Terminal ID: ..... 7. Terminal ID:	Name: ..... Signoff: ..... Date: ..... TO BE COMPLETED BY INTERNAL CONTROL Name: ..... Signoff: ..... Date: .....

TO BE COMPLETED BY MANAGING DIRECTOR

Name: ..... Signoff: ..... Date: .....

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