



E-ZWICH MERCHANT REGISTRATION FORM

_____ BRANCH

NAME OF MERCHANT:

NAME OF BUSINESS:
[IF DIFFERENT FROM ABOVE]

TYPE OF BUSINESS:

UNIQUE SLIP MESSAGE:

POSTAL ADDRESS: _____

CANTACT PERSON:

CONTACT PHONE NUMBERS

OFFICE:

FAX:

MOBILE:

E-MAIL: _____

PHYSICAL LOCATION: _____

EQUIPMENT (QTY):

MERCHANT NOMINATED ACCOUNT NO.:

ACCOUNT TYPE: CURRENT SAVINGS

SIGNATURE OF MERCHANT: _____

FOR BANK USE ONLY

CAPTURED BY: _____ SIGNATURE: _____ DATE: _____

MERCHANT REF. NO.: _____ MERCHANT USN: _____

SERIAL NO. POS DEVICE: MERCHANT CARDS QTY.: _____

SERIAL NO. OF BASE:

PHONE COMPANY: TIGO ONE TOUCH MTN MOBILE NO.

MANAGER / ASST. MANAGER: _____