

# ELECTRONIC COLLECTIONS MERCHANT REGISTRATION FORM



Guaranty Trust Bank plc  
RC 152321

## 1. COMPANY INFORMATION

Merchant ID

Please complete this section with information about your organization.

<b>Merchant Name:</b>	<b>Business Segment/Industry:</b>
<b>Company Address:</b>	<b>Date of Incorporation:</b>
<b>Corporate CAC Registration Number:</b>	<b>Acquiring Bank (Account Number):</b>
<b>Name and Designation of Primary Contact Person:</b>	<b>Name and Designation of Secondary Contact Person:</b>
<b>Phone Number of primary contact:</b>	<b>Phone Number of Secondary Contact:</b>
<b>Email Address of Secondary Person:</b>	<b>Email Address of Secondary Person:</b>

## 2. PRODUCT OF INTEREST (please tick as applicable)

Please select the product you are applying for.

GTPay  GTCollections  e-invoicing  Flash2Pay  737

## 3. WEBSITE INFORMATION

Please supply information about the website you intend to connect to GTPay/Webpay. Submit one set of forms per site:

<b>Website Name:</b>	<b>Website URL:</b>	<b>* Website Development Platform:</b> <input type="checkbox"/> Java/JSP PHP <input type="checkbox"/> Microsoft.NET <input type="checkbox"/> Active Server Pages (ASP) Coldfusion <input type="checkbox"/> Other (Specify) .....
<b>* Description of Product(s) and Services sold on the site:</b>	<b>* Is Customer pre-registration required on the site before proceeding to transaction:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, what basic information is provided to you?) <input type="checkbox"/> Name <input type="checkbox"/> Phone No. <input type="checkbox"/> Address <input type="checkbox"/> Email address <input type="checkbox"/> DOB <input type="checkbox"/> Security Question <input type="checkbox"/> Picture <input type="checkbox"/> Other (Specify) .....	<b>Customer Refund Policy:</b> <input type="checkbox"/> Refund within 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> Other (Specify) .....
<b>Number of days until products/services is delivered:</b> Method of Goods/Service Delivery (Please attach additional sheets if possible):  By Courier <input type="checkbox"/> Online download <input type="checkbox"/> Direct Credit to Account <input type="checkbox"/> Other (Give details): .....		<b>* Value range for goods and services offered on the site (e.g. N50 – N1,000,000):</b>  .....

Please indicate fields required to be captured for GTCollections

Field Name	Type Text, List of Values, Date. If List of values, kindly provide list.	Required / Optional	Input Type Manual – to be entered by teller Third party – to be fetched from customer's system (integration required)

**4. DECLARATION**

I..... on behalf of ..... hereby certify that the information provided on this form is true and accurate. I agree that GTBank reserves the right to take appropriate measures including legal actions if the information here is discovered to be false. I agree that I will provide GTBank details about any transaction performed on the website upon demand.

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Signature & Date

**5. FOR BANK USE ONLY**

Please confirm that appropriate KYC has been performed on this customer and that registration as an online merchant can continue

YES

NO

Select requisite actions taken:

References

Site Visitation

For Bank Use Only:

Account Officer Name and Signature: \_\_\_\_\_

Group Head Name and Signature: \_\_\_\_\_