

# ELECTRONIC COLLECTIONS MERCHANT REGISTRATION FORM



Guaranty Trust Bank Ltd

## 1. COMPANY INFORMATION

Merchant ID

Please complete this section with information about your organization.

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

## 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>
<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"/> Java/JSP PHP
	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what basic information is provided to you?)	<input type="checkbox"/> Microsoft.Net
	<input type="checkbox"/> Name <input type="checkbox"/> Phone No.	<input type="checkbox"/> Active Server pages (ASP) Coldfusion
	<input type="checkbox"/> Address <input type="checkbox"/> Email address	<input type="checkbox"/> Other (Specify) .....
	<input type="checkbox"/> DOB <input type="checkbox"/> Security Question	<b>Customer Refund Policy:</b>
	<input type="checkbox"/> Picture	<input type="checkbox"/> Refund within 30 days
	<input type="checkbox"/> Other (Specify).....	<input type="checkbox"/> Exchange Only
		<input type="checkbox"/> Other (Specify)
<b>Number of days until products/services is delivered:</b>		<b>* Value range for goods and services offered on the site (e.g. N50 - N1,000,000):</b>
Method of Good/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):		
.....		

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 cus- tomer'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 Ltd 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 Ltd 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: \_\_\_\_\_