

# ELECTRONIC COLLECTIONS MERCHANT REGISTRATION FORM



Guaranty Trust Bank Ltd  
RC 152321

## 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 ON INTEREST (please tick as applicable)

Please select the product your 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.

Website Name:	Website URL:	* Website Development Platform: <input type="checkbox"/> Java/JSP PHP <input type="checkbox"/> Microsoft NET <input type="checkbox"/> Active Server Pages (ASP) Coldfusion <input type="checkbox"/> Other (specify).....
* Description of Product(s) and Services sold on the site:	* Is Customer pre-registration required on the site before proceeding to transaction: <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).....	Customer Refund Policy: <input type="checkbox"/> Refund within 30 days <input type="checkbox"/> Exchange Only <input type="checkbox"/> Other (specify).....
Number of days until products/services is delivered: 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): .....	* Value range for goods and services offered on the site (e.g. N50 – N1,000,000) .....	

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: \_\_\_\_\_