

BUSINESS / MERCHANT REGISTRATION FORM

BUSINESS/ MERCHANT DETAILS

Business Name:

Tax Identification Number:

HEAD OFFICE PHYSICAL LOCATION

Street/Road/Building:

Postal Address:

Town/City:

Province:

Telephone: Mobile:

Business Reg No.:

Office Fax No.:

Company E-Mail:

Estimated Annual Turnover (\$):

BUSINESS TYPE

☐ Sole Trader ☐ Private Company ☐ Limited Liability

☐ Partnership ☐ Franchise ☐ Superannuation

☐ Non-Profit Organization ☐ Government

☐ Others

INDUSTRY TYPE

☐ Airline ☐ Insurance ☐ Electronics/IT

☐ Finance ☐ Education ☐ Hotel/Accommodation

☐ Travel Agent ☐ Internet Service Provider (ISP)

☐ Transport & Logistics ☐ Marketing & Advertising

☐ Real Estate & Property Development ☐ Charity

☐ Import/Export ☐ Retail (e.g. Trade Store, Supermarkets)

☐ Government Entity ☐ Other (specify)

PRINCIPALS INFORMATION

1) Proprietor/Partner/Director Name:

ID Type: ID No.# :

Postal Address:

Town/City:

Personal Contact Details

E-Mail:

Tel/Mob:

2) Proprietor/Partner/Director Name:

ID Type: ID No.# :

Postal Address:

Personal Contact Details

Town/City:

E-Mail:

Tel/Mob:

AUTHORIZED OFFICERS

Contact Person Name (Finance):

Mobile Contact No.:

Official:

Email Contact:

Contact Person Name (M-PAiSA):

Mobile No.:

Official Contact No.:

Email Contact:



vodafone



M-PAiSA

BANK ACCOUNT DETAILS

Automatic Payment Details (All payments will be directly paid to your nominated bank account with a remittance advice being forwarded to the nominated email address)

Bank Name & Branch:

Account Number:

Account Name:

Email Address:

* Account name must match business Registration.

Submit bank statement header as evidence

DOCUMENTS REQUIRED

Please attached below requested document with this application form.

1. ☐ Business Registration
2. ☐ Business TIN
3. ☐ Copy of all Directors ID
4. ☐ Copy of Company Extract

DECLARATION

I hereby declare that the business details and bank account information provided are accurate and correct.

I understand that only the authorized officer listed above will be the direct point of contact with the M-PAiSA team. I will inform the M-PAiSA team immediately of any changes in the authorized officer, business details, or bank account information.

I agree that any information provided in this application will be used by Vodafone to assess this application for a new Merchant sign-up or to update customer information

AUTHORISED COMPANY SIGNATORY

Name:

Signature:

Name:

Signature:



OFFICE USE ONLY

1) Date Verified: Verified by (Name):

Signature: Designation:

Department:

2) Date Approved: Verified by (Name):

Signature: Designation:

Department:

3) Creation Date: Created by (Name):

Signature: Designation:

Department: Business ID:



M-PAiSA