



Anioma MicroFinance Bank Ltd

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USSD MERCHANT REGISTRATION FORM

In Collaboration with

SECTION 1 - COMPANY INFORMATION

ACCOUNT NAME _____

TRADING NAME (If different from Account Name) _____

ACCOUNT NUMBER (for settlement of transactions):

RC NUMBER

ADDRESS:	

BUSINESS SEGMENT/INDUSTRY

- | | | | |
|---|--------------------------------------|--|--|
| ☐ Stores/Supermarket | ☐ Restaurants | ☐ Wholesale | ☐ Telecoms |
| ☐ Fuel Stations | ☐ Fast Food | ☐ Hotels/Guest House | ☐ Logistics (Courier) |
| ☐ Church/NGO Agencies | ☐ Hospital | ☐ Airline (Operators) | ☐ Airline (Travel) |
| ☐ Others (Specify) _____ | | | |

Number of cashier codes required: kindly go to section 3 to fill in the information for each cashier.

SECTION 2 - CONTACT INFORMATION

This section gathers information about the contact person in your organization. All correspondence between Bank and your organization will be addressed to the person(s) below:

NAME OF PRIMARY CONTACT PERSON:	NAME OF SECONDARY CONTACT PERSON
DESIGNATION:	DESIGNATION:
OFFICE TELEPHONE/EXTENSION	OFFICE TELEPHONE/EXTENSION
MOBILE PHONE NO:	MOBILE PHONE NO:
E-MAIL ADDRESS:	E-MAIL ADDRESS:

I, on behalf of _____ hereby certify that the information provided in this form is true and accurate. I agree that Anioma MF Bank Limited reserve the right to take appropriate measure including legal action if the information here is discovered to be false. I agree with the terms and conditions in the GTBank Merchant Agreement form.

Signature _____ Designation _____ Date _____

SECTION 3 - CASHIER INFORMATION

This section gathers information about merchants that require more than one Checkout Code (CC). Transaction receipt will be sent via sms to the phone number and email assigned to the cashier operating the checkout code. Transaction reports will be made available using the information provided.

Merchant Name: _____

Note: Kindly fill in the information in clear and legible writing. A duplicate copy of this sheet can be made if the merchant requests more than 25 cashiercodes. Compulsory fields have been asterisked.

CC	FIRST NAME/ALIAS	LOCATION OF CASHIER*	GSM NUMBER*	EMAIL ADDRESS	Settlement Account*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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22					
23					
24					

FOR OFFICIAL USE:

SECTION 4: To be completed by Account Officer

ACCOUNT OFFICER NAME: _____

BRANCH _____ GROUP/DIVISION _____

PC CODE _____ TEAM EMAIL _____

✓ Is KYC (Know Your Customer) in place? ☐ Yes ☐ No

✓ Does customer have any record(s) of fraudulent transactions ☐ Yes ☐ No

Unit Head/Group Head Remark & Signature _____ Date _____

Section 6: TO BE COMPLETED BY E-PAYMENT SOLUTION GROUP

Merchant Type
USSD Service Code
Merchant Code

Unit Head Remark and Signature _____