BNI

POS MERCHANT REGISTRATION FORM

KINDLY NOTE THAT ALL FIELDS ARE MANDATORY. BRANCHES ARE HEREBY ADVISED TO SCAN COMPLETED COPIES AND SEND

Merchant Information

Name of Merchant Company: _____

Address of Merchant Company (Line 1): _____

Address of Merchant Company (Line 2): _____

State & Local Government Area of Merchant Business: _____

Number of POS Terminals required ☐

Merchant Business Type:

☐ Stores/Supermarket ☐ Restaurants ☐ Wholesale ☐ Telecoms ☐ Fuel Stations

☐ Fast Food ☐ Logistics (Courier service) ☐ Hotels / Guest Houses ☐ Church/NGO

☐ Hospital ☐ Airline (Operators) ☐ Airline (Travel Agencies)

☐ Others (Specify) _____

Name of contact persons at merchant location

Name of primary contact person	Name of secondary contact person
Designation	Designation
Office Telephone	Office Telephone
Mobile Phone	Mobile Phone
E-mail Address	E-mail Address

Merchant Account Details

Account Name: _____

Merchant Account Number (Old Account Number): ☐☐ ☐☐☐ ☐☐

Merchant New Account Number (NUBAN 10 Digits): _____