FIRST ALLY
MICROFINANCE BANK
RC 208513

MERCHANT ACQUIRING APPLICATION FORM

Please complete this form and provide documentary evidence as appropriate. Submission of fraudulent documentation and false information will lead to rejection of application.

CUSTOMER DETAILS

Customer Name ..... Account Number .....

Address ..... BVN of Signatory .....

Contact Person ..... Merchant ID .....

Email ..... Telephone .....

Number of Operating Outlets ..... Account Type .....

Merchant Solutions (Tick Applicable Solution) POS ☐ Agency Banking ☐ Number of Hardware Devices required (Please indicate number in check boxes) POS ☐

Expected monthly Turnover
(Please note that minimum monthly turnover is ₦500,000)

BUSINESS SEGMENT / INDUSTRY

Airlines ☐	Hotels ☐	Education ☐	Online Stores/Marketplaces ☐
Shipping/Logistics ☐	Telecommunications ☐	Mobile Money Top-Up ☐	Pharmacy ☐
Bill Payments ☐	FMCG ☐	Professional Bodies ☐	Religious Body ☐
Travel Agency ☐	FINTECH/Service Provider ☐	Hospitals ☐	Investment/Insurance ☐

Others ☐ .....

TERMINAL INFORMATION

Location of Terminal(s)	Customer's Contact Person for Terminal(s)	Phone Number(s)	Serial Number of Terminal(s)

....

Customer Name / Authorised Signatory Date

....

Customer Name / Authorised Signatory Date

To be completed by Relationship Manager/Branch

I ..... hereby confirm that the merchant location was visited, nature of business was verified, viability of customer's business for POS and ability to generate the minimum monthly turnover was confirmed. I also confirm that the customer's account with the bank is fully KYC compliant and the customer has been informed of the prevailing transaction commission, transaction settlement timeline and other terms of POS.

....

Date

....

Relationship Manger's Name / Authorised Signatory

....

Branch

Regulatory Stamp Duty of ₦50 for POS and WEB transactions on ₦10,000 and above will be borne by the Merchant.