

GHANAPAY REGISTRATION FORM – AGENT/MERCHANT

Select the required set-up:

AGENT

MERCHANT

BUSINESS DETAILS

Business Name:.....

Trade No. / Business Registration No:.....

Trade Name:.....

Type of Business:.....

BUSINESS LOCATION DETAILS

House No:.....City:.....

Email:..... Contact No.:.....

Alternative Contact No.:..... GPS Address:.....

BUSINESS OWNER'S DETAILS

Surname:..... First Name:.....

Date of Birth:..... Ghana Card ID:.....

Name of Next of Kin:..... Mobile No. of Next of Kin:.....

Source of funds:.....

BANK DETAILS

Account Number:..... Branch:.....

AUTHENTICATION

Security Question Answer:

AUTHORISED SIGNATORIES

Name:

Name:

Signature:

Signature:

Date:.....

Date:.....

Income Range:

Below 101 101 – 1,000 1,001 – 5,000 5001 – 10,000 10,001 – 50,000 above 50,000

For Bank Use Only

Agent No.....

Submitted By

Name

Signature

Date

Verified By:

Name

Signature

Date

Processed By:

Name

Signature

Date

GHANAPAY REGISTRATION FORM – AGENT/MERCHANT ACCOUNT HANDLER

To be completed by the wallet handler

ACCOUNT HANDLER DETAILS

Mr. () Mrs. () Dr. () Other ()

Surname:.....

First Name:

Date of Birth:.....

Nationality:.....

Physical Address:.....

City:.....

Landmark:.....

GPS Address:.....

Email:.....

Phone Number:.....

Ghana Card ID Number:.....

.....

Account Handler Signature/Date

To be completed by the wallet owner

Agent Name:.....

GhanaPay Agent Number:.....

AUTHORISED SIGNATORIES

Name:

Name:

Signature:

Signature:

Date:.....

Date:.....