



GLOBALPAY APPLICATION FORM



Please complete this form in Block Letters and return to our Customer Service Personnel in your local branch of Zenith Bank (Ghana) Limited.

Select required channel: Card Mobile Money MPGS - Direct Integration (PCIDSS Certificate required)

SECTION A COMPANY INFORMATION	COMPANY NAME		
	MERCHANT TRADE NAME		
	TYPE OF COMPANY <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Public Liability <input type="checkbox"/> Government <input type="checkbox"/> Religious Organization <input type="checkbox"/> Non-Profit Organization / NGO <input type="checkbox"/> Other (specify) _____		
	DATE OF INCORPORATION		DATE OF COMMENCEMENT OF BUSINESS
	COMPANY REGISTRATION NUMBER		VAT REGISTRATION NUMBER
	NUMBER OF BRANCHES	OTHER BUSINESSES	

SECTION B CONTACT INFORMATION	TRADING OFFICE ADDRESS				
	OFFICE OWNERSHIP	<input type="checkbox"/> Own <input type="checkbox"/> Rent / Lease	BUSINESS LOCATION	<input type="checkbox"/> Store Front <input type="checkbox"/> Office <input type="checkbox"/> Home <input type="checkbox"/> Other (specify) _____	TIME AT PRESENT LOCATION
	POSTAL ADDRESS				
	CITY/TOWN		REGION		
	TELEPHONE			MOBILE	
	E-MAIL				
	<i>Please provide details of key contact persons</i>				
	DETAIL		PRIMARY CONTACT		SECONDARY CONTACT
	NAME				
	DESIGNATION				
TELEPHONE (EXT)					
MOBILE					
E-MAIL					

SECTION C BUSINESS INFORMATION	TYPE OF BUSINESS		<input type="checkbox"/> Store/Super Market <input type="checkbox"/> Hotel/ Guest House <input type="checkbox"/> Fast Food Outlet <input type="checkbox"/> Educational Institution <input type="checkbox"/> Airlines (Operator) <input type="checkbox"/> Airlines (Travel Agent) <input type="checkbox"/> Logistics (Courier) <input type="checkbox"/> Wholesale <input type="checkbox"/> Telecoms <input type="checkbox"/> Church/ NGO <input type="checkbox"/> Hospital <input type="checkbox"/> Payment Aggregator <input type="checkbox"/> Other (Specify) _____			
	STAFF STRENGTH		Any prior relationship with any acquirers?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the relationship still in place?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes/No, please give details _____		
	AVERAGE MONTHLY TURNOVER		<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE _____			
	AVERAGE NUMBER OF TRANSACTIONS PER MONTH		<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE _____			
	AVERAGE AMOUNT OF ONE TRANSACTION		<input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATE _____			
	DELIVERY METHOD (Whether good or service is delivered immediately or future)					

WEBSITE (Applicable Only for Website Intergration)			
SECTION D WEBSITE AND DEVELOPER INFORMATION	WEBSITE NAME		URL
	WEB HOSTING COMPANY		TENTATIVE GO-LIVE DATE
	PRODUCT(S) OR SERVICE(S) SOLD OR PROVIDED ON THE SITE	WEBSITE DEVELOPMENT PLATFORM <input type="checkbox"/> JAVA/JSP <input type="checkbox"/> PHP <input type="checkbox"/> Microsoft.NET <input type="checkbox"/> Active Server Pages (ASP) <input type="checkbox"/> ColdFusion <input type="checkbox"/> OTHER (specify) _____	
	Do you have a credit and/or return policy that is communicated to the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are product/service delivery terms, times and fees communicated to customers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Do you have a contractual relationship with third parties that may affect the business if the contract is cancelled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide detail(s) _____		
	DEVELOPER		
	NAME OF WEBSITE DEVELOPER		
	COMPANY		TELEPHONE (EXT)
	MOBILE		E-MAIL
SECTION E SETTLEMENT	ACCOUNT NAME		
	ACCOUNT NUMBER		BRANCH NAME
	TYPE OF ACCOUNT	<input type="checkbox"/> CURRENT ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT	
	OTHER RELATED ACCOUNT NUMBERS		
	NAME OF RELATIONSHIP OFFICER		
SECTION F DECLARATION	The information above is true and accurate and Zenith Bank (Ghana) Limited is authorised to verify same by reference to appropriate persons or offices or taking such steps as Zenith Bank (Ghana) Limited may deem fit. I agree that Zenith Bank (Ghana) Limited reserves the right to take appropriate measures including legal action if the information here is discovered to be false.		
	_____ (AUTHORISED SIGNATORY NAME)	_____ (SIGNATURE)	_____ (DATE)
	_____ (AUTHORISED SIGNATORY NAME)	_____ (SIGNATURE)	_____ (DATE)
	_____ (AUTHORISED SIGNATORY NAME)	_____ (SIGNATURE)	_____ (DATE)
FOR BANK USE ONLY			
VISITATION: (RSM)	_____ NAME	_____ SIGNATURE	_____ DATE
VERIFICATION: (CSU OFFICER)	_____ NAME	_____ SIGNATURE	_____ DATE
APPROVAL: (BRANCH HEAD)	_____ NAME	_____ SIGNATURE	_____ DATE
REVIEW : (e-BUSINESS OFFICER)	_____ NAME	_____ SIGNATURE	_____ DATE
CONCUR: (HEAD, e-BUSINESS)	_____ NAME	_____ SIGNATURE	_____ DATE