



# Sterling Bank

## MERCHANT REGISTRATION FORM

Merchant Registration Number  
(To be assigned by PTSP)

SECTION 1  
COMPANY INFORMATION

Please complete this section with information about your organization. You should also attach a copy of your company's certificate of incorporation.

Name of Merchant/Company	RC Number
--------------------------	-----------

Trading Name and Address:

Business Segment/Industry

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Stores/Supermarket | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesale            | <input type="checkbox"/> Telecoms                  |
| <input type="checkbox"/> Fuel stations      | <input type="checkbox"/> Fast Food  | <input type="checkbox"/> Hotel / Guest Houses | <input type="checkbox"/> Logistics (Courier)       |
| <input type="checkbox"/> Church / NGO       | <input type="checkbox"/> Hospital   | <input type="checkbox"/> Airline (Operations) | <input type="checkbox"/> Airline (Travel Agencies) |
| <input type="checkbox"/> Others (Specify)   |                                     |   |  |

### CONTACT DETAILS

This section gathers information about the contact persons in your organization.  
All correspondence between PTSP and your organization will be addressed to the persons below:

Name of primary contact person	Name of secondary contact person responsible for terminals
Designation	Designation
Office Telephone / Extension	Office Telephone / Extension
Mobile Phone	Mobile Phone
E mail Address	E mail Address

SECTION 2  
CONTACT INFORMATION

SECTION 3  
BUSINESS INFORMATION

Description of products, goods and services:	Date of commencement:
	Annual Business Turnover:
Number of POS Terminal required <input type="text"/>	Number of Business outlets <input type="text"/>

SECTION 4  
TERMINAL INFORMATION

Location of terminal	Contact person responsible for terminals	Phone number

SECTION 5  
ACQUIRING BANK INFORMATION

TRANSACTION ACQUIRING BANK DETAILS									
Please complete this section with information about your chosen acquiring bank									
Name of Acquiring Bank: Sterling Bank	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Account Number</td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="padding: 2px;">Account Name</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="padding: 2px;">Type of Account</td> <td style="padding: 2px;"> <input type="checkbox"/> Current Account    <input type="checkbox"/> Savings Account                 </td> </tr> <tr> <td style="padding: 2px;">Bank Branch</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Account Number		Account Name		Type of Account	<input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account	Bank Branch	
Account Number									
Account Name									
Type of Account	<input type="checkbox"/> Current Account <input type="checkbox"/> Savings Account								
Bank Branch									

SECTION 6  
OTHER INFORMATION

Provide any other information in the space below.

I, on behalf of ..... hereby certify that the information provided in the form is true and accurate. I agree that Sterling Bank reserves the right to take appropriate measures including legal action if the information here is discovered to be false.

Signature.....      Designation.....      Date.....

For official use only	
TO BE COMPLETED BY BANK	TO BE COMPLETED BY ACQUIRING BANK
Name of PTSP:.....	Merchant ID:.....
Terminal Type:.....	
TRANSACTION TO BE SUPPORTED ON THE POS TERMINAL	Name and Signature:.....
(Please tick as appropriate)	Date of integration:.....
	Terminal ID:.....
	Terminal ID:.....
	Terminal ID:.....
	Terminal ID:.....
	Terminal ID:.....

  

<input type="checkbox"/> Cashback <input type="checkbox"/> Purchase <input type="checkbox"/> Reversal / void <input type="checkbox"/> Refund <input type="checkbox"/> Airtime vending <input type="checkbox"/> Bill payment <input type="checkbox"/> Loyalty <input type="checkbox"/> CashCard loading	<input type="checkbox"/> Pin Change <input type="checkbox"/> Transfer <input type="checkbox"/> Balance Enquiry <input type="checkbox"/> Mini statement <input type="checkbox"/> Deposit / Cash <input type="checkbox"/> Cash Advance <input type="checkbox"/> Others (specify).....
---	---