



Merchant Application



1. Merchant Business Details:

a. Business Name:.....

b. Is Business a:

- Sole Proprietorship
- Partnership
- Limited Liability Company
- PLC

c. Date of Incorporation: Certificate (enclose copy of Certificate if applicable)

d. Current Audited Accounts (enclose copy if available)

2. Number of Employees:.....

3. Opening Hours/Days of the Week:.....

4. Sales Activity:

a. Provide full description of products/services sold

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b. Turnover (actual or estimated)

- i Annual Business Turnover:.....**
- ii Annual Card Turnover:.....**
- iii Average Card Transaction Value:.....**
- iv Maximum Card Transaction Value:.....**
- v Average Card Transaction Value.....**

5. Particulars of Directors/Partners

- a. (i) Names:**
- (ii) Office Address/Phone Number:**
.....
- (iii) Residential Address/Phone Number:**
.....
- (iv) Occupation:**
- b. (i) Names:**
- (ii) Office Address/Phone Number:**
.....
- (iii) Residential Address/Phone Number:**
.....
- (iv) Occupation:**
- c. (i) Names:**
- (ii) Office Address/Phone Number:**
.....
- (iii) Residential Address/Phone Number:**
.....
- (iv) Occupation:**

- d. (i) Names:
- (ii) Office Address/Phone Number:
-
- (iii) Residential Address/Phone Number:
-
- (iv) Occupation:

6a. Merchant Location:

Street Address:

City State

b. Is the Business in a Residential Address? Yes No

c. Number of Outlets/Locations requiring Card Payment facilities

i Location/Address:

.....

ii Location/Address:.....

iii Location/Address:.....

iv Location/Address:.....

7. Merchant Contact information:

a. Telephone Number

b. E-mail Address

c. Website Address

8. Merchant Principal's information:

- i. a . Principal's Name
- b. Street Address:
- c. Telephone Numbers
- d. E-mail:
- ii a . Principal's Name
- b. Street Address:
- c. Telephone Numbers
- d. E-mail:
- iii a . Principal's Name
- b. Street Address:
- c. Telephone Numbers
- d. E-mail:

9. Merchant History:

- a. Date of commencement of Business
- b. State whether previously filed for bankruptcy
- c. Any prior relationship with any acquirer? Yes No
- (i) Is the relationship still in place? Yes No
- (ii) If "No" to c(i): When did it end?
- Why did it end?

- d. Provide details on any other business owned
-
- e. Name(s) of subsidiary(ies) [if any]
 - i
 - ii

10. Financial History:

- a. Gross annual income /operating profit (for the last 3 years)
 - Year 200
 - Year 200
 - Year 200
- b. Loans: State details of any outstanding loans
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11. Bank Details:

- a. Bank
- b. Account Type Savings, Current, Others)
- c. Account Number Bank Branch
- d. Account opening date
- e. Enclose 12 months bank account statements

Note: VNP`s Marketing Team will provide Merchants lists of VISA approved banks.

12. Do you have a Credit and/Return policy that is communicated to customers Yes No

13(i). Do you have a contractual relationship with third parties that may affect the business if the contract is cancelled? Yes No

(ii) If yes to 13(i), provide details

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14. Card Payment Acceptances

a. Do you accept Visa Cards? Yes No

b. State other e-payment card(s) you accept from your customers:

Master Card Amex Diners

Others

c. If you accept International payment cards, state name(s) of your present acquirer(s)

i

ii

15. Tax Details:

a. VAT Registration Number (Please enclose copy)

b. WHT Certificates (Please enclose copies)

c. Corporate Tax (If applicable) (Attach copy of the most recent cert.)

d. Personal Income Tax (If applicable) (Attach copy of the most recent cert.)

DECLARATION

THE INFORMATION ABOVE ARE TRUE AND ACCURATE AND VALUCARD NIGERIA PLC IS AUTHORISED TO VERIFY SAME BY REFERENCE TO APPROPRIATE PERSONS OR OFFICES OR TAKING SUCH OTHER STEPS AS VALUCARD NIGERIA PLC MAY DEEM FIT.

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AUTHORISED SIGNATURE & NAME

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AUTHORISED SIGNATURE & NAME

For Official Use Only

1. Merchant Category Code (MCC)
2. Checklist of Documents Supplied
 - Copy of Certificate of Incorporation
 - Copy of Audited Accounts
 - VAT Registration Certificate
 - 12 Months Bank Account Statement
 - WHT (Copy)
 - Copy of Tax Clearance Certificate (Ltd/Plc)
 - Copy of Tax Clearance Certificate (Personal – for Enterprises)
3. POS Type:
4. Merchant Functions:
5. Terminal Operations:
 - SERVICES
 - GOODS
 - REVERSAL
 - REFUND
 - BALANCE ENQYUIRY

Corporate Contact

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