

G-kala Payment Service Bank Merchant Application Form

Authorized
Officer Two (2)
Passport Size
Photographs

1. Business Profile

BUSINESS/LEGALNAME:

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TRADING/OUTLET NAME: *(provide a separate sheet if more than one, indicating outlet name, location, telephone number and contact person)*

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OWNER NAME: *(provide a separate sheet if more than one, indicating outlet name, location, telephone number and contact person)*

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BUSINESS DETAILS

Address											
Street / Road	Bus Stop										
Town											
LGA											
State											
Email address											
Outlet Mobile No.											
Years in Business						Annual Turnover					
Registered Company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>							RC No. (If Yes)
TIN & VAT Number (if Any)	TIN Number:					VAT Number:					
Registration Phone Number	+234	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Attached copies of Business Registration Details/Documentation

2. Please indicate your type of business

- Sole proprietor
 Partnership
 Private Ltd Company
 Public Ltd Company
 Limited Liability Company
 Association
 Community Based Organization
 Charitable Organizations
 Club/Society
 Individual

Other _____

3. Identification Details

ID Type	National ID	<input type="checkbox"/>	Driver's License	<input type="checkbox"/>	International Passport	<input type="checkbox"/>	Voters Card (Permanent)	<input type="checkbox"/>
ID Number								



4. BANK DETAILS

Bank Name:	Branch Name:
Bank Account Name:	Bank Account no:
Bank Verification Number (BVN):	

5. BUSINESS SEGMENT/INDUSTRY

- Stores/Supermarket Restaurants Saloons/Parlour Telecom
- Fuel Stations Fast Food Hotels/Guest House Logistics (Courier)
- Church/NGO Hospital Airline (Operators) Agencies
- Others (Specify) _____
- Number of Tills/QR code Requested: _____

6. DECLARATION

In this declaration:

- (i) G-kala Limited, a Mobile Financial Services company incorporated under the laws of the Federal Republic of Nigeria, with its registered office at 21 Adeola Odeku, Victoria Island, Lagos
 - (ii) **'Customer'** means the applicant named above
 - (iii) **'Parties'** means MoneyMaster PSB and Client.
1. Client certifies that all the information supplied above is correct and accurate. If any of the information provided is found to be false, either before or after a service is provided, the contractual agreement will be deemed to have come to an end without further formalities and all sums due to G-kala shall become due and payable immediately.
 2. Client agrees that G-kala may carry out any relevant and necessary checks into this application and reserves the right to decline this application as appropriate.
 3. Under Declaration and herewith attached to this form apply to the services set out on this application form
 4. The Client agrees that it has read and understood the terms and conditions referenced in clause 3 above, and understands that any breach of those terms and conditions may allow G-kala to suspend or terminate the services, charge any applicable termination fee, and exercise any other legal rights that it has under those terms and conditions or at law.
 5. Client acknowledges and agrees that G-kala may change its rates and terms of service from time to time.
 6. The Parties agree that where the Client requires additional mobile services from G-kala, it may make a request in writing, and subject to any new prices for the additional services the terms of this agreement shall apply to and remain binding on the additional services from the time the service is provisioned by G-kala. This agreement shall be updated accordingly.

Kindly visit www.gkala.com for Terms and Conditions



7: Next to Kin details

YES I / We wish to nominate (as per below details)

NO I / We wish to nominate (as per below details)

I/We nominate the following person to whom in the event of my /our/ minors death the amount of the above opened Account, may be returned by MoneyMaster PSB

This Nomination will be applicable for Individual

Sole Proprietor

Personal Details: Next to Kin

Name																											
Address																											
Street / Road														Bus Stop													
Town																											
LGA																											
State																											
Email address																											
Nominee Mobile No.																											
Relationship with														Age			Date of Birth of Nominee			D	D	M	M	Y	Y	Y	Y

To receive the amount of the account on behalf of the nominee in the event of my/minor's death during the minority of the nominee

Signature/Stamp.....

Date.....

8. Contact Person Information

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

NAME OF PRIMARY CONTACT PERSON: (Responsible for MoneyMaster)	NAME OF SECONDARY CONTACT PERSON (If required)
DESIGNATION:	DESIGNATION:
MOBILE PHONE : (Primary Number)	MOBILE PHONE : (Alternate Number)
E-MAIL ADDRESS :	E-MAIL ADDRESS :



I, (Individual's name) _____ on behalf of (name of company/Business owner) _____, hereby certify that the information provided in this form is true and accurate.

I agree that **G-kala** reserve the right to take appropriate measure including legal action if the information here is discovered to be false. I agree with the terms and conditions in the **G-kala** Agreement form.

Authorized Signature..... Designation.....

Date.....

9 : For MoneyMaster Payment Service Bank use Only

Please confirm that appropriate KYC has been performed on this merchant and that registration is attached as an online merchant can continue.

YES NO Select requisite actions taken: References Site Visitation

Is KYC (Know Your Customer) in place? Yes No

I, (Officer's name)..... on behalf of (**G-kala**)

..... hereby certify that merchant complete KYC is done.

Signature..... Date.....

