

ACCOUNT TYPE

Merchant USSD Payments Bulk Payments Other (Specify)

TYPE OF BUSINESS:

Sole Trader Partnership Limited Company Others(specify): _____

1. Business name: _____
2. Trading name (if different from business name): _____
3. Registered address (physical and postal): _____
Tel No: _____ Fax No: _____ Email: _____
4. Registration number: _____ Date of registration: _____
5. Tax registration number/TIN (if applicable): _____
6. Date of Board resolution: _____
Date of memorandum and articles of association: _____
7. VAT Number: _____ Trading license number: _____ Date issued: _____

SERVICE TYPE:

1. Bulk Payments: _____
2. E – payments: _____
3. Other (specify): _____

DIRECTOR 1 / OWNER PERSONAL INFORMATION:

1. Surname: _____ Other names: _____
2. Gender: _____ 3. Nationality: _____
4. Country of residence: _____ Postal Address: _____
4. Current residential address (house number/estate/ plot/building/floor/road/street/LC1 Zone): _____
5. Emergency contact person: _____ Relationship: _____ Contact address: _____
Telephone: _____
7. Identification: Passport copy, driver’s license, other (specify) _____
8. ID number: _____

DIRECTOR 2 / MANAGER’S PERSONAL INFORMATION: (if different from above)

1. Surname: _____ Other names: _____
2. Gender: _____ 3. Nationality: _____
4. Country of residence: _____ Postal Address: _____
5. Current residential address (house number/estate/plot/building/floor/road/street/LC1 Zone): _____
6. Emergency contact person: _____ Relationship: _____
Contact address: _____ Telephone: _____
7. Identification: Passport copy, driver’s license, other (specify) _____
8. ID number: _____

HOW WOULD YOU LIKE TO RECEIVE PIVOT PAYMENTS INFO?

SMS IPN EMAIL

DECLARATION

- I/ We declare that:
- i. The information given on this form is correct to the best of my/our knowledge.
 - ii. I/We pledge to update my/our file whenever the information given to you changes.
 - iii. Any legal consequences arising from what I/we have stated above are my/our responsibilities.
 - iv. I/We shall abide by the Terms & Conditions governing the above Pivot Payments.
 - v. By signing this form, I certify that I have read and agree to the terms and conditions of Pivot Payments.

Date of Enrollment: / /20.....

Signature: