

REGISTRATION FORM

Agent Merchant Distributor

**PLEASE CHECK BOXES WHERE APPROPRIATE
PLEASE USE UPPER CASE LETTERS**

BIODATA:

Title:
 Dr. Mr. Mrs. Miss Other (specify_____)

First Name: _____

Last Name: _____

D.O.B (DD/MM/YY): (____ / ____ / 20____)

Marital Status:

Married Single Separated Divorced
 Widowed

Business Tel/Mobile No: _____

Business Email: _____

ID Type (select):

Passport Voter ID Driver's License
 National ID NHIS ID SSNIT ID

ID Number: _____

Date of Issue: _____

BUSINESS DETAILS

Reg. Business Name/Trade Name: _____

Business Reg./Trade No: _____

Business Location:

Region: _____

City: _____

Town/Locality: _____

Street: _____

GPS Location: _____

Notable Landmark: _____

Postal Address: _____

BUSINESS OWNER CONTACT DETAILS:

Country of Residence:
 Ghana Other (specify_____)

Region: _____

City: _____

Town/ Locality: _____

Street: _____

Postal Address: _____

Personal Email: _____

Telephone/Mobile No: _____

Next of kin: _____

Next of Kin's Mobile No: _____

POS QR Request: Yes No Not sure

Signature: _____

(Business Owner- Information supplied is accurate)

Date (DD/MM/YY): (____ / ____ / 20____)

Assigned No: _____

Assigned POS No: _____

MoneyCard

ID _____

Signature _____

Date (DD/MM/YY): (____ / ____ / 20____)