# UNION BANK MERCHANT SOLUTIONS APPLICATION FORM

|   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       | C     | ATE   |       | D     | D    | 1    | 4 1   | М     | Y    | Y    | ΥΥ |
|---|---------|--------|-------|-----------|-------|-------|-------|------|--------|--------|------|-------|-------|-------|-------|--------------|-------|--------|-------|--------|-------|------|------|-------|-------|-------|-------|-------|------|------|-------|-------|------|------|----|
| MERCHANT INFC   | RM      | ATI    | ON    |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| BUSINESS NAME   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       | Т            |       |        |       |        |       |      |      |       |       |       |       |       | Τ    |      | Τ     |       |      |      |    |
| BUSINESS ADDRESS  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       | T            |       |        |       |        |       |      |      |       |       |       |       |       | Τ    |      |       |       |      |      |    |
| EMAIL ADDRESS   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| MOBILE NUMBER   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| (Country Code)  DESCRIPTION SUPERMARKET PHARMACY HOTELS & GUEST HOUSES COMPUTER & ELECTRONICS BAR & RESTAURANT    |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| OF BUSINESS SPECIFY SATISFIELD SUPERMARKET PHARMACY HOTELS & GUEST HOUSES COMPUTER & ELECTRONICS BAR & RESTAURANT |         |        |       |           |       |       |       |      |        |        |      |       |       |       | NT    |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
|   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| PLEASE TICK THE SERVICE YOU ARE APPLYING FOR VIRTUAL ACCOUNT SERVICE (VAS) POS QR CODE USSD                       |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
|   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| VAS CONNECTION MET  | HOD     | )      | /     | $\rangle$ |       | AP    | I (CC | RP   | ORA    | TE)    |      |       |       | 4     | API ( | (AG          | GRI   | EGA    | TOF   | २)     |       |      |      | ΒA    | SIC   | MEF   | CH    | ANT   | (SE  | ΕTU  | P)    |       |      |      |    |
| NUMBER OF OUT   | LET     | S/L    | .oc   | ΑΤΙ       | 01    | NS F  | REG   | UI   | RIN    | GΡ     | 0    | sт    | ER    | MI    | NA    | LS           | (if ı | more   | thar  | n 3 lo | cati  | ons, | plea | ise s | tate  | belo  | w th  | e for | m)   |      |       |       |      |      |    |
| LOCATION/ADDRESS  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       | Τ            |       |        |       |        |       |      | Τ    |       |       |       |       |       |      |      | Τ     |       |      |      |    |
| LOCATION/ADDRESS  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| LOCATION/ADDRESS  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| BUSINESS OPENING HOURS (Please Specify)   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| PROJECTED COLLECTIONS (Monthly)   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
|   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| FOREIGN CARD ACCEPTANCE REQUEST     FOREIGN CARD     YES     NO   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| BANK DETAILS  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
|   |         |        |       |           |       |       |       |      |        |        |      | -     |       |       |       |              |       |        |       |        |       |      | 1    |       |       |       |       |       |      |      |       | _     | _    |      |    |
| ACCOUNT TYPE  |         |        |       |           |       |       |       |      |        |        |      |       |       |       | -1    | AC           |       | UNT    | NU    | MBE    | R     |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| ACCOUNT NAME  |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| REQUESTING BRAN   | СН      |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
|   |         |        |       |           |       |       |       |      |        | ITC    |      |       | 0.115 |       |       | <b>C A C</b> |       |        |       |        |       |      |      |       |       |       | _     |       |      | ٦.,  |       |       |      | 1    |    |
| INSTANT SETTLEMENT  | / [     | 00 Y0  | 00 \  | WAN       |       | MMEI  |       | ΕC   | RED    | 115    | -01  | RY    | OUF   | < 1 F | RAN   | SAC          | - 110 | JN(S   | s) (A | Appi   | icar  | le t | ees  | WIII  | be    | advi  | sea   | )     |      | Y    | ES    |       |      |      | )  |
| DATA PROTECTI   | ON      | NO.    | тіс   | E         |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      |    |
| Union Bank of Nigeria   |         |        |       |           |       |       |       |      |        |        |      |       |       |       |       |              |       |        |       |        |       |      |      |       |       |       |       |       |      |      |       |       |      |      | n  |
| Act (NDPA) 2023. The<br>the detection and prev<br>services; for direct ma   | /entic  | on of  | frau  | ıd an     | id o  | ther  | crim  | inal | activ  | vities | s wl | hich  | n the | e Ba  | nk i  | s un         | der   | r lega | al ob | oliga  | ition | to   | repo | ort;  | to d  | evel  | ор а  | nd i  | mpi  | rove | e the | Bar   | ık's |      |    |
| For more information,   | pleas   | se rea | ad o  | ur Pr     | riva  | cy No | otice | on   | our    | webs   | site | . Ple | ease  | e no  | te th | nat y        | /ou   | r per  | son   | al da  | ata r | nay  | be   | diso  | close | ed to | o, ex | char  | igeo | d wi | th, c | or pr | oces |      |    |
| by employees of the E<br>processed and to requ<br>undue delay. You also   | iest to | o cor  | rrect | such      | n inf | forma | atior | n wh | iere i | nece   | ssa  | ry. S | Shou  | uld   | the o | data         | а ус  | ou pro | ovic  | led t  | o th  | eВ   | ank  |       |       |       |       |       |      |      |       |       |      | hout | t  |

I/We hereby consent to the processing of my/our Personal Data (within or outside Nigeria), including transfer of my/our Personal Data to any third party for reasons associated with the purpose for which the data is being processed as stated above.



## FEE AGREEMENT

By signing this Form, I hereby acknowledge and agree to the fees associated with the services provided, as detailed in the accompanying contract document. I attest that I have reviewed and accepted the fee structure and terms outlined in the contract.

## **DECLARATION / INDEMNITY**

I hereby apply for Merchant Service Solution with Union Bank of Nigeria Plc. I have read the Terms and Conditions governing acquiring Merchant Service Solutions and those relating to various Products and Services that I have requested for, as stated on the Bank's website http://www.unionbankng.com/merchantservices, and I agree to be bound by them.

I/We agree to provide either alone or jointly an Indemnity/guarantee attached in the form (and signed by me/us). We jointly and severally hereby agree to indemnify you against all claims which may be made upon you in consequence thereof and to pay to you on demand all payments, losses, costs, and expenses made suffered or incurred by you in consequence thereof or arising thereout and we hereby irrevocably authorise you to debit my/our account all such payments, losses, costs and expenses.

We irrevocably authorise you to make any payments and comply with any demands which may be claimed from or made upon you under the said Indemnity/guarantee without any reference to or further authority from me/us and agree that any payment which you shall make in accordance or purporting to be in accordance with the Indemnity/guarantee shall be binding upon me/us as conclusive evidence that you were liable to make such payment or comply with such demand and further that you may at any time determine or give notice to determine your Indemnity/guarantee.

#### AUTHORISED SIGNATORY

NAME

SIGNATURE & DATE

IN THE PRESENCE OF

NAME

SIGNATURE & DATE

FOR BANK USE ONLY

### INSTRUCTION TO RELATIONSHIP MANAGER

Ensure that the form is properly filled. Send a scanned copy of this request form to the merchant services team Verify the customer's signature. File the hard copy of the request form at the branch.

| ACCOUNT OFFICER |          |        |  |      |      |      |      |  |  |  |   |      |   |   |   |   |   |   |   |   |   |
|-----------------|----------|--------|--|------|------|------|------|--|--|--|---|------|---|---|---|---|---|---|---|---|---|
| MOBILE NUMBER   | (Country | (Codo) |  |      |      |      |      |  |  |  |   |      |   |   |   |   |   |   |   |   |   |
| SIGNATURE       |          |        |  |      | <br> | <br> | <br> |  |  |  |   | DATE | Ξ | D | D | Μ | Μ | Y | Y | Y | Y |
| AUTHORISED BY   |          |        |  | <br> |      |      |      |  |  |  | [ | DATE |   | D | D | Μ | Μ | Y | Y | Y | Y |