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			C A C											_			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 the detection and prev 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 processed and to requ 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					 	 	 					DATE	Ξ	D	D	Μ	Μ	Y	Y	Y	Y
AUTHORISED BY				 							[DATE		D	D	Μ	Μ	Y	Y	Y	Y