

# Agent Banking Registration Form

For Customer Service Point (Agents)



Agent Till Account:  Agent Code:   
 Zenith Bank Account Number: \_\_\_\_\_ Account Name \_\_\_\_\_

Agent/Business Name: \_\_\_\_\_

Physical Address: Building/House No. \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_

Nearest Bus-Stop/Landmark: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agent Type: Sub:  Sole:

**Type of Business:**

**Business Location:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Sole Proprietorship       | <input type="checkbox"/> Partnership                 | <input type="checkbox"/> Store Front          |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Organization/NGO | <input type="checkbox"/> Office               |
| <input type="checkbox"/> Public Liability Company  | <input type="checkbox"/> Religious Organization      | <input type="checkbox"/> Home                 |
| <input type="checkbox"/> Government                | <input type="checkbox"/> Other (specify).....        | <input type="checkbox"/> Other (specify)..... |

<b>Date of Incorporation:</b>	<b>Date of Commencement of Business:</b>	<b>RC Number:</b>	<b>Number of Outlets:</b>
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Any prior relationship with any agent banking service provider? YES  NO

**Contact Information**

Name of Primary Contact Person: \_\_\_\_\_ Gender: F  M

Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Name of Secondary Contact Person: \_\_\_\_\_ Gender: F  M

Email Address: \_\_\_\_\_ Designation: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Dedicated Merchant Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Declaration: I declare that information provided on this form is true and accurate.

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

**For bank Use Only**

Check the following documents are valid in the customers file. **Please attach a copy.**

[This is to confirm that the proposed agent has met the requirements]

Documents Required	Checked	Waived	Documents Required	Checked	Waived
Proof of Address (Utility Bill)	<input type="checkbox"/>	<input type="checkbox"/>	TIN	<input type="checkbox"/>	<input type="checkbox"/>
Valid Means of Identification	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
Passport Photograph	<input type="checkbox"/>	<input type="checkbox"/>	Memorandum and Article of Association	<input type="checkbox"/>	<input type="checkbox"/>

Name of Branch/RSM: \_\_\_\_\_ Processing Officer: \_\_\_\_\_

Signature and Date: \_\_\_\_\_ Signature and Date: \_\_\_\_\_

Branch Head: \_\_\_\_\_ Approval: \_\_\_\_\_

Signature and Date: \_\_\_\_\_ Signature and Date: \_\_\_\_\_