**AMPHI CARD REGISTRATION FORM**


### Please complete this form and provide documentary evidence as appropriate. Submission of fraudulent and false information will lead to refusal of this application and denial of service.

**GENERAL INFORMATION**

Please complete this section with information about your organization. You should also attach a copy of your company’s Certificate of Incorporation.

|  |
| --- |
| Company Name:RC Number: Registration Number:Type of Ownership *(Please tick as appropriate)*Sole Ownership Partnership Public Liability Company NGO Limited Liability Company Government Parastatals Others (*Please specify*) |
|  |
|  | Business Type: Aggregator Regular Merchant (*Please tick as appropriate*) |
|  | Office Address: |
|  | Mobile: | Customer Service Number: |
|  | Website Address: |
| Email Address:Collection Account:  |

Office Address:

|  |
| --- |
| Name of Secondary Contact Person: |
| Designation: |
| Office Telephone/Extension: |
| Mobile Phone Number: |
| Email Address: |

|  |
| --- |
| Name of Primary Contact Person: |
| Designation: |
| Office Telephone/Extension: |
| Mobile Phone Number: |
| Email Address: |

.

1

I, on behalf of hereby certify that the information provided on this form is true and accurate. I agree that ProvidusBank reserves the right to take appropriate action measures including legal actions if the information herein is discovered to be false

Whereas:

1. Pursuant to the Agreement dated between and ( the Agreement) we as Merchant(s) (the service
2. In the course of providing the collection as contemplated under the agreement, it is required that Card data/information of Cardholders are inputted.
3. We are aware that such Card data/information should not be retained on our system. Now we hereby undertake as follows
	1. We (Insert Name of Merchant) hereby undertake that we shall not collect Card data/information belonging to any customer on our website for any reason whatsoever.
	2. We further undertake that we shall be liable for any loss, damage or cost directly or indirectly incurred as a result of the breach of the above undertaking including loss of profit, revenue, goodwill e.t.c

Dated this day of

Signature Designation Date

***Disclaimer:*** *ProvidusBank accepts no liability for negligent or fraudulent use of the Merchant website, Merchant physical store, Merchant's Agents, Employee or Contractor or for misconduct (criminal or otherwise) perpetrated by third party as a result of the negligence or default of the Merchant website the Merchant, Merchant's Agents, Employee or Contracto.*

# FOR PROVIDUS BANK ONLY

List of Received Documents

Request Letter

Merchants’ privacy, Refund and Cancellation Policy

Relationship Manager Name: Signature:

### Compliance Checklist Yes No

Background checks conducted on Prospective Customer:

Checks done on Customer Website/office: