



National Bank of Malawi plc

### Mo626Pay Merchant Application Form

**Merchant Information**

Name of Merchant	
Trading As	
Mailing Address	

Physical Address	
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Phone No		Fax No		Email :	
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Years in Business		How long at this Location		TPIN		Number of Locations	
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Type of Business	Retail <input type="checkbox"/>	Wholesale <input type="checkbox"/>	Lodging <input type="checkbox"/>	Other <input type="checkbox"/>
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Describe the Merchandise sold or services provided	
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Type of Ownership	Sole Ownership <input type="checkbox"/>	Partnership <input type="checkbox"/>	Joint Venture <input type="checkbox"/>	Corporate <input type="checkbox"/>
	Other (Please specify) _____			

**Primary Merchant Contact (Owners or Officers)**

Name		Title/ Designation		Cell Phone:	
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Residential Address	
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**Bank Details**

Account No.		Account Name		Service Centre	
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The MO626 Pay service shall operate in line with the terms and conditions of existing merchant agreement. By signing this form, I.....agree to be bound by the terms and conditions.

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

**For Bank Use**

Merchant Name \_\_\_\_\_  
 Merchant Code \_\_\_\_\_  
 MCC \_\_\_\_\_  
 Suspense/ Ac No. \_\_\_\_\_  
 Terminal ID's \_\_\_\_\_

Input By \_\_\_\_\_  
 Operator Phone \_\_\_\_\_  
 Bank Representative \_\_\_\_\_  
 Account Type \_\_\_\_\_