

FIDELITY POS AND QR MERCHANT ENROLLMENT FORM



PLEASE READ CAREFULLY AND COMPLETE ALL RELEVANT SECTIONS.

MERCHANT DETAILS

FIDELITY POS: ☐

QR: ☐

NEW MERCHANT: ☐

EXISTING MERCHANT: ☐

MERCHANT NAME:

ACCOUNT NAME:

ACCOUNT TYPE: CURRENT ☐

ACCOUNT NUMBER:

SAVINGS ☐

ACCOUNT BRANCH:

BUSINESS ADDRESS:

(PLEASE INDICATE
LANDMARKS IF
POSSIBLE)

EMAIL ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER:

NATURE OF BUSINESS:

NO. OF OUTLETS:

BUSINESS REG NO:
(ENCLOSE A COPY OF
CERTIFICATION)

CONTACTS

PRIMARY CONTACT (E.G MANAGER)

NAME:

DESIGNATION:

TELEPHONE NO:

EMAIL ADDRESS:

SECONDARY CONTACT

NAME:

DESIGNATION:

TELEPHONE NO:

EMAIL ADDRESS:

CONTACT AT MERCHANT LOCATION

NAME:

TELEPHONE NO:

EMAIL ADDRESS:

LOCATION:

CONTACT AT MERCHANT LOCATION

NAME:

TELEPHONE NO:

EMAIL ADDRESS:

LOCATION:

DECLARATION

"I, _____ on behalf of _____ agree to the terms and conditions herein stated and do hereby certify that the information provided in this form is true and accurate. I agree that Fidelity Bank Ghana Limited reserves the right to take appropriate measures including legal action if the information provided here is discovered to be false. By signing this form I confirm that I have read, received and agree to be bound by the Bank's POS and QR Merchant Service."

NAME:

DESIGNATION:

SIGNATURE:

DATE:

NAME:

DESIGNATION:

SIGNATURE:

DATE:

FOR BANK USE ONLY

NO. OF TERMINALS:

LOCATIONS:

MSC:

ON-US	
OFF-US	
GH-LINK	

MERCHANT LIMIT CATEGORY:

COLLECTIONS ACCOUNT NUMBER

BUSINESS APPROVAL

RELATIONSHIP MANAGER

NAME:

TELEPHONE NUMBER:

SIGNATURE:

DATE:

BRANCH MANAGER / HEAD OF DESK

NAME:

TELEPHONE NUMBER:

SIGNATURE:

DATE:

TRADE & TRANSACTION BANKING APPROVAL

SALES PERSON

NAME:

SIGNATURE:

DATE:

TEAM LEAD

NAME:

SIGNATURE:

DATE:

E-BANKING OPERATIONS

MERCHANT INTEGRATION

TERMINAL ID:

NAME:

SIGNATURE:

MERCHANT ID:

DATE:

MERCHANT MAINTENANCE (FLEXCUBE)

OFFICER	SUPERVISOR
NAME: <div></div>	NAME: <div></div>
SIGNATURE: <div></div>	SIGNATURE: <div></div>
DATE: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	DATE: <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

E-BUSINESS OPERATIONS SIGN OFF

NAME:

DESIGNATION:

SIGNATURE:

DATE: