

# MERCHANT FORM

## MERCHANT INFORMATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registered Name: \_\_\_\_\_ Business Type: \_\_\_\_\_

Tin Number: \_\_\_\_\_ Programing Language/Platform: \_\_\_\_\_

Business Registration No: \_\_\_\_\_ Total Capital: \_\_\_\_\_

Registered Business Address: [ City: \_\_\_\_\_ Sub City: \_\_\_\_\_ Kebele: \_\_\_\_\_ House #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Gov't ID #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_ Mobile IMEI: \_\_\_\_\_

## CONTACT INFORMATION

**Business Contact Person**(Full Name): \_\_\_\_\_ Position: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Technical Contact Person**(Full Name): \_\_\_\_\_ Position: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Accounting Contact Person**(Full Name): \_\_\_\_\_ Position: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Contact Person to Receive the Production Account Information

First / last Name: \_\_\_\_\_ Email: \_\_\_\_\_

## BANK ACCOUNT INFORMATION

Account Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Type: \_\_\_\_\_

## APPLICANT SIGNATURE

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

First / Last name: \_\_\_\_\_ First / LastName: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOR MYAMOLE MARKET PLACE OFFICE USE ONLY

Merchant ID : \_\_\_\_\_ Configured by : \_\_\_\_\_

Signature : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I/we \_\_\_\_\_ hereby certify that all the information provided is correct. I/We authorize MyAmole Marketplace to use the information contained herein to process the application.

**NB:** Make sure you attach **Copy of Your Business Licenses, Copy of Your Business Registration & Copy of Your TIN Number document** with this form when you submit.