



APPLICATION FORM

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

Instructions

1. Complete every part of this form in BLOCK letters.
2. Complete and submit to our Office or by email to support@epay.i.ng
3. Attach photocopies of relevant documents including Certificate of Registration, Utility bill

	Please complete this section with information about your organization.	
	Name of School/Institution:	
	School/Institution's Address:	
	Preferred Domain Name	<input style="width: 500px;" type="text"/>
	This section gathers information about the contact persons in your institution.	
	*Name of primary contact person:	*Name of secondary contact person:
	Designation:	Designation:
	Office Telephone / Extension	Office Telephone / Extension:
	Mobile Phone:	Mobile Phone:
	E mail Address:	E mail Address:
	TRANSACTION ACQUIRING BANK DETAILS	
	Please complete this section with information about your chosen acquiring bank (s)	
	BANK & ACCOUNT NUMBER(s)	PAYMENT DESCRIPTION
		ITEM CODE

I, (individual's name), on behalf of (name of institution) hereby certify

that the information provided on this form is true and accurate. I agree that InterSwitch/Lufem reserves the right to take appropriate measures including legal actions if the information here is discovered to be false. I agree that I will provide InterSwitch details about any transaction performed on the site upon demand.

Authorized Signature Designation Date