

BUSINESS / MERCHANT REGISTRATION FORM

BUSINESS/ MERCHANT DETAILS	Name	
HEAD OFFICE PHYSICAL LOCATION	Street/Road/ Building	
POSTAL ADDRESS	Box No.	
TOWN	Town	
CONTACT No.	Tel / Mob:	
BUSINESS TYPE	Type	
BUSINESS REG. No.	Reg No	
OFFICE FAX No.	Fax	
COMPANY E-MAIL	E-mail:	
ESTIMATED ANNUAL TURNOVER (\$)		
DIRECTOR'S/OWNER'S NAME & CONTACTS	Name	
	Mobile No.	
	Office No.	
	Email Contact	
CONTACT PERSON NAME (Finance)	Name	
	Mobile No.	
	Office No.	
	Email Contact	
CONTACT PERSON NAME (M-PAiSA)	Name	
	Mobile No.	
	Office No.	
	Email Contact	
QR CODE	Generate QR Code Yes <input type="checkbox"/> No <input type="checkbox"/>	Customer QR Code <input type="text"/>
AUTHORISED COMPANY SIGNATORY	Name	
	Signature	
		Company stamp

For official use only

Date Approved:/...../..... Approved by..... Designation.....

AGENT NUMBER	BUSINESS / MERCHANT NUMBER

Created on:/...../..... By: Designation: