



AGENT/MERCHANT ACCESS FORM

Authorised Employee Details

First Name: _____
Surname: _____
Title/Designation: _____ Employee ID: _____
Business/Entity: _____
Required Activation Date: _____ Required deactivation Date: _____
Employment Location/ Address: _____

Access Type

- Main Agent Outlet Agent Business/Merchant
 View Access Uploader Admin Access

Agent/Merchant Number: _____

Authorised Employee Disclosure

I agree not to disclose my password to others or grant them privileges to the above services using my account.

Signature: _____
Mobile Number: _____
Email Address: _____ Date: _____

Applicant's Supervisor/Manager Approval

Name: _____
Signature: _____ Date: _____

Official Use Only

- Approve Reject Product Manager Signature: _____
 Approve Reject M-PAiSA Personnel Signature: _____