

MTN MoMo

# MTN MoMo

## Registration Form - Agent/Merchant

### BUSINESS DETAILS

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

Trade No./Business Registration No: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Agent Ghana Post GPS Location: \_\_\_\_\_

### BANK DETAILS

Assigned Bank: \_\_\_\_\_

### PROFILE:

Agent:  Tier 1  Tier 2  Tier 3

Merchant:  Bronze  Silver  Gold

Do you have an existing MoMo Merchant/Agent account?  Yes  No

### BUSINESS LOCATION DETAILS

Street Address: \_\_\_\_\_ Suburb/Notable Landmark: \_\_\_\_\_

P. O. Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Agent's Contact No: \_\_\_\_\_ Alternative Contact No: \_\_\_\_\_

### BUSINESS OWNER'S DETAILS

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ ID Type: \_\_\_\_\_ ID No: \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Mobile No: \_\_\_\_\_ Signature: \_\_\_\_\_

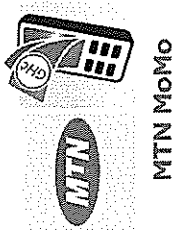
Next of kin: \_\_\_\_\_ Next of Kin's Mobile No: \_\_\_\_\_

### For back office use only

Agent No: .....

Agent SIM Serial: ..... POS No(s): .....

Submitted By: ..... Verified By: ..... Captured By: .....



# MTN MoMo

## Registration Form - Agent Account Handler

### To be completed by Employee

Mr. ( ) Mrs. ( ) Miss. ( ) Dr. ( ) Other ( )

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Place and Country of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Occupation: \_\_\_\_\_

### IDENTIFICATION

Passport ( ) Voter ID ( ) Driver's License ( ) National ID ( ) NHIS ID ( )

SSNIT ID ( ) ID Number: \_\_\_\_\_ Date of Issue \_\_\_\_/\_\_\_\_/\_\_\_\_

Married ( ) Single ( ) Separated ( ) Divorced ( ) Widowed ( )

### RESIDENTIAL ADDRESS

House No.: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb/Area: \_\_\_\_\_

P. O. Box \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone/ Fax: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Account Handler's Signature: \_\_\_\_\_

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

### To be completed by employer

#### EMPLOYER'S DETAILS

Employer/Agent's Trade Name: \_\_\_\_\_

Work Phone No.: \_\_\_\_\_

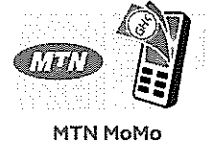
Agent's MTN MoMo No: \_\_\_\_\_

POS No (if applicable): \_\_\_\_\_

Employer's Signature: \_\_\_\_\_

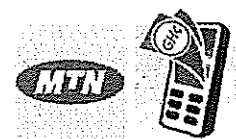
# MoMo Authentication Questions

Please answer any ten (10) questions



1. In which locality were you born?
2. What is your mother's maiden name?
3. What is your mother's first name?
4. In which region did you attend secondary school?
5. In which year did you complete secondary school?
6. In which year did you start secondary school?
7. On which day of the week were you born?
8. Which secondary school did you attend?
9. In which month of the year were you born?
10. What is the first company you worked for after school?
11. What is the colour of the first car you owned?
12. What is your father's first name?
13. How many brothers do you have?
14. How many sisters do you have?
15. What is your date of birth?
16. What is your paternal grandmother's name?
17. What is the date of your first employment?
18. What is the name of your hometown?
19. In which year did you buy your MTN SIM card?
20. What is the name of your favourite local musician?
21. What is your favourite football team?

MobileMoney Limited,  
MTN House, Independence Avenue, Accra.  
P. O. Box TF281, Trade Fair, La, Accra, Ghana.  
Tel: +233 (0)24 4300000 Fax: +233 (0)2231974  
www.mobilemoney.com.gh



*Mobile Money*

**RISK ACCEPTANCE FORM - MOBILE MONEY PARTNER GUI ACCESS**

I

**(Full Name – Owner, Surname first)**

**OF (Residential address. Please describe the nearest identifiable landmark)**

**(Merchant and Agent - Business Name & Wallet Number)**

**Do hereby solemnly acknowledge and accept all responsibilities, for all liabilities that may arise from accessing the MTN Mobile Money Partner GUI via the internet.**

**That;**

- 1. I will be responsible for any financial loss suffered by or through the use of the partner GUI arising from any malpractice or negligence committed directly or indirectly by me or my designate/agents in the course of my duties.**
- 2. In the event of any financial loss committed by ANY of my employees, I voluntarily accept all liabilities.**
- 3. The Merchant and Agent agrees to indemnify MTN from and against all losses, expenses, damages, costs or liability, whether direct or indirect (including, without limitation) legal costs, suffered or incurred as a result of any breach of this Risk Acceptance Form.**
- 4. Merchant and Agent or an entity shall provide one designate responsible for the credentials of the account.**
- 5. Merchant and Agent or an entity shall provide email address, name, photocopy of ID, phone number, house number of designated responsible official for the set up.**
- 6. The main user account shall be restricted to view only whiles all transaction will be done through POS.**

**RISK ACCEPTANCE FORM - MOBILE MONEY PARTNER GUI ACCESS**

SCANCOM LIMITED (MTN GHANA)  
Ridge Towers, 6th Avenue Ridge, Accra, Ghana  
P.O. Box 11281, Trade Fair, La, Accra, Ghana  
Tel: +233 (0)24 4300000  
Fax: +233 (0)24 2221971  
www.mtn.com.gh



**7. Login time restriction shall be applied and set by default to allow access only between 8am and 5pm( Monday to Friday, and off over the weekend) on daily basis except and until otherwise advised by the Merchant or Agent**

**8. Login with OTP shall be enabled to the main account as a standard for all transactions.**

**THE CONTENTS OF THIS FORM HAS BEEN READ AND EXPLAINED TO THE HEARING OF THE MERCHANT BY THE MOBILE MONEY TERRITORY CONTROLLER IN A LANGUAGE THAT HE/SHE UNDERSTANDS AND HE/SHE HAS INDICATED BY HIS/HER MARK THAT HE/SHE HAS UNDERSTOOD SAME.**

**Preferred User Name:**

**MERCHANT/ AGENT SIGNATURE**

**AND**

**DATE**