

E-Payment Application Form

A: CORPORATE DETAILS (To be filled by the requesting organization)

Date

D	D	M	M	Y	Y	Y	Y

Organisation Name:

RC No (where applicable):

Type of Institution (Corporate or Govt?):

Organization Administrator Name (Surname First):

User ID (suggested by User):

Mobile Tel. Number:

e-mail Address:

Final Approver/Authorizer

User ID (suggested by User):

Mobile Tel. Number:

e-mail Address:

TRANSACTION LIMIT:

DAILY LIMIT		BATCH LIMIT		₦	\$	€	£

Please indicate below the details of your Company Account(s)

S/N	ACCOUNT NAME	ACCOUNT NUMBER (NUBAN)	₦	\$	€	£	BANK

TOKEN AUTHENTICATION Required for: ☐ File Upload ☐ Verification ☐ Approvals
(Please tick as appropriate)

Transaction Charge to be borne by: ☐ Beneficiary ☐ Corporate

Recommended Platform: ☐ FIRSTDIRECT ☐ REMITA ☐ PAYROLL
☐ ACCOUNT SERVICES ☐ FAPX

NOTE: The Administrator can add more users, create intermediate approving officers, set up approval limits and define approval workflow. These actions will be approved by the Authorised Signatory before it can become functional on the Platform.

The following represents extracts from the FirstPay Terms and Conditions. It is advised that you take time to review the full document.

By using FirstPay Services we agree:

- The Customer shall comply with all instructions, formats and specifications designated by the Bank from time to time.
- The Customer shall pay the fees stipulated by the Bank for the provision of the Service; and the Bank is hereby authorised to debit its account(s) for the payment of any such fee as and when due.

3. The Customer shall protect and ensure the safety of its access information, password(s), token(s), Personal Identification Number (PINs), user profiles, access, security or confidential details in respect of the Service ("the Security Details"). Customer assumes responsibility for the integrity and security of the Security Details of all Users.
4. The Customer takes full responsibility for the Users created on our Epayment platform for the Service. The Customer confirms that the Users are of high integrity and good character, and shall be set up for their respective roles in accordance with Customer's approved policies.
5. The Bank is hereby exonerated (but not prohibited) from conducting any checks on any User. The Customer shall provide the Bank with any information and/or document required for this purpose.
6. Customer understands and agrees that any Instruction sent using the Service need not be subject to any other mandate or confirmation requirements on the part of the Bank. The Bank may however decide to seek further confirmation if it deems it necessary or prudent.
7. The Customer understands that payment instruction(s) made via any other means other than the Service will continue to be subject to the Customer's subsisting mandate instructions and confirmation rules.

We, the undersigned on behalf of..... hereby certify that the information provided in this form is true and accurate. We agree to use FirstBank's Epayment platform in accordance with its terms and conditions and that First Bank of Nigeria Limited reserves the right to take appropriate measure including taking legal actions if the information here is discovered to be false

Authorised Signatories to the Account(s)

Signature			
Name			
Position			
Date			

FOR OFFICIAL USE ONLY

Received by: (FirstBank Account Officer)

Name		Mobile Telephone																	
Staff number		Group																	
Corporate CIF No		Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y												
Business Units																			
Is customer a FINTECH? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "Yes" attach the customer's PSSP Licenses)																			
Is customer KYC / KYB Compliant? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
Corporate Suspense Account	<input type="text"/>	Signature																	

INSTRUCTION TO THE ACCOUNT OFFICER: Please forward completed forms to Transaction Banking Group

Authorising Bank Officials:

	Relationship Manager	BM/BDM	Group Head/RICO
Name			
Signature			
Date			

Processing Officer (Shared Services):

Name		Signature	
GCIF number		Date	