



Collections

Client configuration 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

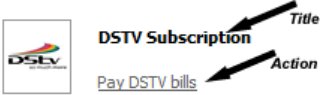
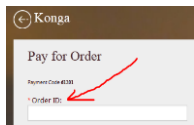
1. Complete every part of this form in BLOCK letters.
2. Attach photocopies of your Certificate of Company registration

QuickTeller I.D. (Assigned by InterSwitch)

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SECTION 1 Company Information	Please complete this section with information about the biller/ merchant/Funds recipient.	
	Name	
	Address	Variant required - See options here <input type="checkbox"/> Quickteller Basic <input type="checkbox"/> Quickteller Standard <input type="checkbox"/> Quickteller Premium <i>*For full PAYDirect, kindly contact our sales team via industryverticals@interswitchng.com.</i>
	Website:	

SECTION 2 Contact Information	This section gathers information about the contact persons in the biller/merchant/ recipient organization	
	Name of primary contact person <i>(Business)</i>	Name of secondary contact person <i>(Technical or Operations)</i>
	Designation	Designation
	Office telephone / extension	Office telephone / extension
	Mobile phone	Mobile phone
	Email address	Email address

SECTION 3 Extended Information	This sections gathers a little more information on your requirements	
	How should your service be displayed on Quickteller 	Title: [maximum of 20 characters] Action: [maximum of 20 characters]
	Customized url [e.g. www.quickteller.com/dstv] WWW.QUICKTELLER.COM/[.....]	
	Customer Reference to validate the payer <i>(This is the description of the unique identifier for payers; e.g. decoder number, order ID, payee ID, phone number, etc.)</i>  [.....]	
	Customer support email address	Customer support phone number

SECTION 4 Settlement Information	This sections gathers information about how you want to receive your settlement
	Settlement frequency Your account will be credited once a week of net values received.
	Bank Name
	Name on Account
	Account Number <i>Note that the account has to be a current account</i>

Company logo

Please provide company logo in .jpg, .gif or .png standard image formats

QuickTeller Terms & Conditions

As a result of the possible attempt by fraudsters to attack unsuspecting cardholders, it has become imperative for your Company/ establishment to agree and execute the following terms & conditions:

1. That you will ensure that all necessary security is put in place to guard against the menace of card and e-payment fraudsters with reference to payments your organization receives via the QuickTeller channel
2. That you will take adequate measures to ensure that only genuine cardholders get value for whatever product or service from which you have received payment via the QuickTeller platform.
3. That for goods that require physical delivery, you will ensure that full and traceable details of the purchaser is acquired and presented upon request by InterSwitch on behalf of any of the participating banks.
4. That in the event that a participating bank on the InterSwitch network reports a transaction as fraudulent before the delivery of a product or service, the delivery of such products or services must be halted if such service has not been delivered. InterSwitch will take responsibility for authorizing the reversal of the initial transaction so the funds can be remitted to the aggrieved party.
5. That you will keep adequate records of all delivery notes and invoice for all products sold and delivered on the QuickTeller platform and furnish InterSwitch with same in the event that a transaction is confirmed as fraudulent.
6. That you will abide by all security standards and regulations that may be released by InterSwitch from time to time.
7. That you confirm and verify that you are the true owner of the settlement account information above and that you have provided full and correct KYC information to your bank and therefore Interswitch

I, on behalf of hereby certify that the information provided in this form is true and accurate. I agree that INTERSWITCH LIMITED reserve the right to take appropriate measure including legal actions if the information here is discovered to be false.

Signature Designation Date.....

Company seal.....

For InterSwitch use only

SECTION 1 Payment Items Information	PRODUCT NAME	PRODUCT SHORT NAME (8 characters max)	CONFIGURED PAYMENT CODE

SECTION 2 Other Information	Customer convenience surcharge		
	Collections fee		
	Collections fee sharing	ISW: _____ Collecting Bank: _____ Lead Bank: _____ ISO: _____	
	Configured biller category		
	Configured risk category		
	Success email template		
	Success SMS template		
	Failed email template		
	Failed SMS template		
	PAYDirect product		
	Payment items	<input type="checkbox"/> Mapped <input type="checkbox"/> Direct	
	Data Exchange Method	<input type="checkbox"/> Manual PAYDirect upload & download <input type="checkbox"/> Generic ESB bundle <input type="checkbox"/> Other (<i>describe</i>) _____	
	Specify additional details to be captured at the point of payment if applicable	Field Name	Is Mandatory?



SYSTEM ACCESS REQUEST FORM

SECTION 1 USER INFORMATION	<p>Name:</p> <p>Full Names: _____</p> <p>Designation: _____ Department _____</p> <p>Email: _____</p> <p>Office No: _____</p> <p>Mobile No: _____</p> <p>Signature: _____</p>
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SECTION 2 SYSTEM REQUIREMENTS	<p>Please indicate the system(s) to which you require access:</p> <p>_____ PAYDirect™</p> <p>_____ Other (please specify): _____</p> <p>If not sure of the system as inquired above, please state what function(s) you would like to gain access to perform. _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Authorised by:

Full Names		Signature	
Designation		Date	

Please fill this form and return to Interswitch. This is to be accompanied by an authorizing letter from your institution signed by a higher ranking officer than yourself

Print more copies of this page if required.