



MMG Partner Registration Form

Account Type: Agent Merchant Biller Disbursement Corporate Subscriber

A. Customer Information

Owner Name* _____
Address* _____
Country* _____
Nationality* _____
Identification No.* _____
Date of Birth _____
Contact Number* _____
Email* _____

B. Business Information

Business Name* _____
Business Address* _____
Country* _____
Business License _____
Business Tin/Vat _____
No. Years in Business* _____
Purpose of Account* _____
Monthly Sales* _____

C. Account Information

1. Mobile number for Account Registration*	
2. Number for MMG Website*	
3. Notification Email for Account*	
4. Login Email for Account	Same as Notification: <input type="checkbox"/> Different: _____
5. GPS Coordinates (Agent accounts):*	
6. Opening Hours*	Mon-Fri: _____ Saturday: _____ Sunday: _____ Holidays: _____

D. General Information

1. Monthly Transaction Forecast	Count: _____ Value: _____
2. Company Website	
3. Nature of operations	
4. Do you have other agency facilities	No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, state: _____

E. Banking Information (If applicable)

Bank: GBTI Republic Bank ScotiaBank Demerara Bank Citizens Bank

1. Other Bank:	
2. Bank Account Number:	
3. Transit Number:	
4. Name on the Account:	
5. Account Type:	Savings <input type="checkbox"/> Chequeing <input type="checkbox"/>
6. Bank Branch:	

Customer Signature: _____ Date: _____

Customer Signature: _____ Date: _____