**INFINIPAY – CUSTOMER SET-UP FORM**

Company / Group Name: .............................................................................................................................................................................................................................................................................................

Company / Group Physical Address: ........................................................................................................................................................................................................................................................................

Postal Address: ...............................................................................................................................................................................

Postal Code: ..................................................................................................

Telephone Number: ......................................................................................................................................................................

Fax Number: .................................................................................................

Email Address:

Telephone Number:

Cell - phone:

First Point of Contact Name:

1. **ORGANISATION DETAILS**
2. **POINT OF CONTACT DETAILS**



**INITIATORS**

|  |  |  |  |
| --- | --- | --- | --- |
| **USERNAMES** | **ID/PASSPORT NUMBER** | **EMAIL ADDRESS** | **MOBILE NUMBER** |
|  |  |  |  |
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**APPROVERS/AUTHORISERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **USERNAMES** | **ID/PASSPORT NUMBER** | **EMAIL ADDRESS** | **MOBILE NUMBER** |
|  |  |  |  |
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|  |  |  |  |

**AUTHORISATION MATRIX (tick)**

|  |  |
| --- | --- |
| SUPER USER |  |
| DUAL AUTHORISATION (Any two) |  |
| DUAL AUTHORISATION – (PANEL ie A+A or A+B |  |

1. **CUSTOMER SOURCE ACCOUNTS TO PROCESS BULK PAYMENTS**

|  |  |  |
| --- | --- | --- |
| **ACCOUNT NUMBER** | **ACCOUNT NAME** | **ACCOUNT TYPE** |
|  |  |  |
|  |  |  |
|  |  |  |

**Relationship Manager (validator)**

**Relationship Manager (Inputter/CMA)**

**Confirmation of Set by Digital/RM (Authoriser)**

**6) FOR INTERNAL USE:**

**5) APPROVED BY:**

The approval should be as per the Mandate

I confirm that the information provided above is true and complete to the best of my knowledge.

**Authorised Signatory 1:**

Name

Company Title

Signature

Date

**Authorised Signatory 2:**

Name

Company Title

Signature

Date

**Customer Representative 3:**

Name

Company Title

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date