



AGENT REGISTRATION & IDENTIFICATION FORM

BUSINESS INFORMATION

PICTURE PHOTOGRAPH

To be completed by the prospective agent:

Tick your agent category

Agent Aggregator

Sub-Agent

Sole Agent

Full Name _____

Title _____

Business Name _____

Business Address _____

Line of Business _____

FOREMOST GLOBAL FINANCIAL CONCEPT LIMITED



(RC 1577820)

Telephone Number _____

Mobile Number _____

Email Address _____

Gender _____ City _____

Date of Birth _____

Highest Qualification Level _____ TIN NUMBER (TAX NO) (IF AVAILABLE) _____

Agent State
(Location) _____

Agent LGA _____ BVN _____

Home Address _____

Means of Identification with Number _____

Agent's Signature _____ Date _____

AGENT CLASSIFICATION

To be completed by the RM

Community Type (Urban/Rural) _____

Region/Zone _____ State _____

Estimated Foot Traffic _____ Special Note _____

NB: It is the responsibility of the RM to ensure the form is correctly completed before submitting for processing and approval.

FOREMOST RM

Name _____ Signature _____ Date _____

Verified By _____ Signature _____ Date _____

Approved By _____ Signature _____ Date _____

To be completed by RM



AGENT CATEGORY

(A) Limited Liability Company

(B) Enterprise

(C) Individual

AGENT SETUP CHECKLIST

YES

NO

(1) Passport Photograph

2) Copy of Utility Bill (E.g PHCN/LAWMA) _____

(3) Form of Identification _____

(Driver's License, Voter's Card, National ID, Intl Passport) _____

(4) Agreement documents (Duly Signed) _____

(5) Agent Bank account number and details _____

AGENT ASSESSMENT SHEET

This form is to be completed by the RM when visiting prospective agents.

Please note, it is the responsibility of the RM (Agent Aggregator) to ensure this form is correctly completed before submitting for Assessment

1. ELIGIBILITY

Under which Eligibility Criteria is this Agent to be accessed?

FOREMOST GLOBAL FINANCIAL CONCEPT LIMITED



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Corporate Entity _____ Enterprise _____ Established Individual _____ Others _____

2. SUITABILITY

To access the suitability of agent, the RM shall establish the following

2.1 Commercial Activity

Date of Registration _____

Length of commercial activity in current location _____

Opening and Closing Times _____

2.2 Physical Infrastructure and Human Resources

Number of Employees _____

No of Shops _____

Presence of additional security mechanisms _____

Presence of extra/special staff to secure the ATM cards _____

2.3 Location Desirability

Accessibility of Agent Locations

Highly Accessible _____ Fairly Accessible _____ Not Accessible _____

Proximity of Agent location to banks or ATM

Less than 500 metre radius _____ Less than 1Km radius _____ Greater than 1Km radius _____

2.4 Operational Viability

Cash Handling Activities

High (Most payment are cash) _____ Medium (Equal spread of cash/card) _____ Low (Most payments are via bank transfers) _____

FOREMOST RM

Name _____ Signature _____ Date _____

AGENT ASSESSMENT QUESTIONNAIRE

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ALL SECTIONS TO BE COMPLETED

FOREMOST GLOBAL FINANCIAL CONCEPT LIMITED



(RC 1577820)

1. Do you have a Bank Account? Yes _____ No _____
2. What type of Bank Account do you hold? Corporate Account _____ Current Account _____ Savings _____
3. Which Bank do you have account with? List the bank _____
4. Date of business commencement _____
5. Length of commercial activity in current location(Years) _____
6. Opening Time _____ Closing Time _____

7. How many staff do you have working with you? _____
8. Are you prepared to assign a member of staff for the sole purpose of agency banking? Yes _____ No _____
9. What security measures do you have in place to ensure your premise is safe?

10. Is your location on a major road? Yes _____ No _____ Other(Specify) _____
11. Is your location within a dedicated shopping area? E.g Market, Complex, Shopping Mall, Fuelling Station _____
12. Is your location within a residential area? E.g Housing Estate, Face me and Face me _____
13. How many Banks are in your area? _____
14. How many ATM's are in your area? _____
15. How many Microfinance Banks are in your area? _____
16. How do your customers/clients pay for your goods and services?(If you are supermarket) _____
17. How much cash do you handle daily? _____

FOREMOST RM

Name _____ Signature _____ Date _____