

E-Zwich Smartcard Enrolment Form

Customer Details

Title: Mr. Mrs. Miss Other Titles Gender: Male Female

Initials: _____ Surname: _____ First Name: _____

Date of Birth: _____ Marital Status: Married Single Other

Nationality: _____ Non-National Permit No.: _____

ID Type: _____ ID Number: _____

Contact Details

House Telephone: _____ Work: _____ Mobile: _____

E-Mail Address: _____

Employment Status: Full Time Part Time Contract Unemployed

Employment Location: _____ City/Town: _____ Region: _____

Contact Person: _____ Tel No.: _____

Contact Address/ Location: _____

Salary/Wage Details

Will your salary/pension be paid to your card? Yes No

Do you have an account with Merchant Bank? Yes No Link account to Card? Yes No

Account No.1 _____ Account No.2 _____

Salary split percentage: Income to Card: _____ % Income to Bank Account: _____ %

I/we confirm that the information given above is true and correct. I also agree to abide and be bound by the terms, conditions and contractual provisions governing the operation of e-zwich smartcard provided by Merchant Bank Ghana Limited.

Signature/ Thumbprint:

Date:

FOR BANK USE ONLY

E-Zwich Smartcard USN No. _____ Enroller's Name: _____

Enroller's Signature:

Date:

Branch Administrator's Name: _____

Signature:

Date: