



SEFT

Seychelles Electronic Funds Transfer Service MERCHANT REGISTRATION FORM

Code: SEFT-F MR

Central Bank of Seychelles | P.O. Box 701, Independence Avenue, Victoria, Mahé, Seychelles
Tel: +248 4282000 | Fax: +248 4224958 | Email: enquiries@cbs.sc | Website: www.cbs.sc

Date

Form Serial No

Bank Ref

Company Information *(A copy of business registration certificate should be attached)*

* Business Name	<input type="text"/>
* Business Reg. No.	<input type="text"/>
* Business Type	<input type="text"/>
* No. of Branches	<input type="text"/>
* Main Branch Address	<input type="text"/>

Contact Information *(Person/s to address all correspondences of SEFT between you and your bank)*

* Primary Contact	<input type="text"/>		
* Email Address	<input type="text"/>		
* Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>
* Secondary Contact	<input type="text"/>		
* Email Address	<input type="text"/>		
* Phone No.	<input type="text"/>	Mobile No.	<input type="text"/>

Account Details *(Account details should be identical to records at your bank)*

* Account Name	<input type="text"/>
* Account Type	<input type="text"/>
* Account No.	<input type="text"/>
* SEFT ID	<input type="text"/>

Name:

Name:

Designation:

Designation: