

OFFICIAL USE ONLY

Authorized By



DATE

ORGANIZATION NAME:			WALLET NUM	BER:	
	Account Oper	rator Re	gistratio	on Form	
1. Operator Details					
*First Name:	Other Name:	Other Name:		*Last Name:	
*Date of Birth:		*Ger		nder:	
*Email:		*Nat	*Nationality:		
*Mobile Number:			*ID Type:		
*ID No.:		*Dat	*Date of Issue:		
ID Expiry Date (Where Applicable):					
2. Residential Addre	SS				
House No.:					
Digital Address:					
Suburb/Area:			Street Name:		
conditions w	and agreed to G-Money privill apply (Please refer to Te			ase of modification, these terms and eaf).	
DATE:					

Signature