

Punjab & Sind Bank B/o.



Applicant Photo

Application form for Installation of POS/Bharat QR Code

Date :

Application No. :

MERCHANT ESTABLISHMENT DETAILS

* Company Legal Name

* Postal Address

* Postal Code * City * State

* Contact Person Name Email Id

* STD Code * Telephone Mobile No.

* DBA (Doing Business As) Name

* Postal Address

* Postal Code * City * State

* Contact Person Name Email Id

* STD Code * Telephone Mobile No.

* Type of Business

* Constitutions of the firm Proprietor Firm Partnership Public/Pvt. Ltd HUF
 Govt. Establishments Others

Please specify, if others Company/Firm PAN Number

MERCHANT PARTNERS DETAILS

* Name of Proprietor/1st Partner/Director

* Residential Address

* Postal Code * City * State

* Telephone Mobile No.

* Pan Card No. Email Id

* Name of 2nd Partner/Director

* Residential Address

* Postal Code * City * State

* Telephone Mobile No.

* Pan Card No. Email Id

MERCHANT PAYMENT DETAILS

Beneficiary Name

Bank Name

Branch Name IFSC Code

Direct Credit/NEFT A/C No. Account Type Savings Current

Bank Statement Attached Cancelled Cheque Attached



Merchant Type Carded **Un-Carded**

Product Type mPOS PSTN GPRS **BHARAT QR Code**

COMMERCIALS

Rental wavier (in month) Lifetime Threshold value

Waiver plan Advance Fees Sign-off Fee Monthly Rental

MDR

Debit < INR 2,000/- % Credit (Non Premium) % Credit (Premium) % Debit > INR 2,000/- % International debit %
International credit % Super premium card % AMEX % Others %

Threshold value

Management Fees

MERCHANT INSTALLATION REQUEST DETAILS

Requirement PSTN GPRS MPOS **Bharat QR Code**

Statement Requirement E-Statement Email Id

Additional Location

No.	Location Address	Contact Person	Contact No	CA/MID to be linked

DECLARATION FROM MERCHANT ESTABLISHMENT

I/We confirm that the information given be/us to _____ is true and complete and forms the basis for enrollment as Merchant Establishment. I/We Further declare that I/We have read and agreed to be bound by the terms and conditions mentioned in the Merchant Establishment Agreement entered into with _____. I/We authorize to verify my/our credentials or make any references required in respect of enrollment as a merchant establishment.

I agree that _____ may use the information to establish and maintain my/our relationship with _____ and to offer any services as permitted by law.

FOR MERCHANT

Name _____
Date

Merchant Sign & Stamp
Date

PLEASE TICK AS APPROPRIATE

Sourced by: **Punjab & Sind Bank**

Name of Employee:

Bank Lead: Yes No If Bank lead then Name of Bank:

Demo: Cheque DD Employee DEMO Cheque / DD Number / DEMO transaction ID:

Setup Fee Cheque Details: Cheque No: Cheque Date: Amount: Bank Name:

Exception Case: Yes No Exception Approved: Yes No Free Rentals as per Exception (Tick the appropriate): 1 Month 2 Month

Any Other Exception (Mention details):

OFFICE USE

MID: Maker ID: Checker ID:

Date of Processing in MCC Code: Sourcing Name:



UMRN Date

Tick (✓)

CREATE
MODIFY
CANCEL

Sponsor Bank Code **RATN0TREASU** Utility Code **RATN00003000008249**

I/We hereby authorize **RBL Direct Banking** to debit (tick✓) **SB/CA/CC/SB NRE / SB-NRO/Other**

Bank a/c number

with Bank IFSC or MICR

an amount of rupees ₹

FREQUENCY Mthly Qtly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank

PERIOD

From

To

Or Until Cancelled

Signature _____

Customer Name 1. _____ 2. _____ 3. _____

• This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. • I have understood that I am authorized to cancel/ amend this mandate by appropriately communicating the cancellation/ amendment request to the User entity/ corporate or the bank where I have authorized the debit.

Receipt For Merchant

Sign-up Fee Collected: Rs.

Date:

Date:

Application No.:

Name (Doing Business As):

Cheque Details:

Bank Name: Cheque Number: Cheque Amount:

Name of Employee:

Contact No.: