

Registration form for Individual Only

Application No : (online registration number)

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Applicant's recent
Photograph

Not for UID operators / only if Kiosk Banking service is required

Bank Name: _____

Nearest Bank Branch: _____ Code: _____

A) APPLICANT INFORMATION

1. Name of Applicant:

2. Gender Male Female

Education: _____ DOB: _____

3. Name of the Shop/Establishment:

4. Outlet Address:

Landmark: _____ City: _____ State: _____

PIN _____ Tel no: _____ Mobile number _____ E-mail _____

Rented/Owned: _____

Years in Location (Proof to be attached): _____

(If Applicant is an existing retailer of **Mahagram** for more than 6 months, then no proof required for verifying 'Years in Location').

5. Residential address:

Landmark: _____ City: _____ State: _____

PIN _____ Tel no: _____ Mobile number _____ E-mail _____

Rented/Owned: _____ Years in Location: _____

6. Reference 1: (Name, Address, Contact Details)

7. Reference2: (Name, Address, Contact Details)

8. Business Information:

Description of services at present Outlet: _____

Applicant PAN No. _____ No. of people working at outlet: _____

Nearest Bank name: _____ Location: _____

Operating Hours: _____ Weekly off: _____

If you are having similar Arrangement with any other Bank, Society or BC please provide relevant details: _____

9. PAN No : _____

10. Banking information

A/c with bank _____ A/c type _____ (Saving/Current)

A/c No: _____ IFSC Code _____

B) KYC DOCUMENTS(submit self-attested documentation proof for one of each of three below)

Identity Proof

- Passport
- PAN Card
- Voter ID Card
- Adhaar Card
- Driving License
- Other (Specify)

Address Proof

- Passport
- Voter ID Card
- Adhaar Card
- Latest Bank statement
- Latest Electricity Bill
- Diving License
- Other (Specify)

Signature Proof

- Passport
- PAN Card
- Driving License
- Bank attested signature
- Other (Specify)

Declaration:

I _____ hereby declared that all the statements made by me in this application form are true and complete to the best of my knowledge.

Applicant's signature (with seal)

Authorized signatory
(Mahagram)

Name : _____

Name: _____

Date : _____

Date : _____

I /We request you to appoint me/us to act as a Business Facilitator/ Business Correspondent / Retailer / Permanent Enrolment Centre for the period of one year.

Declarations

I am hereby submitting following declarations as an applicant of Retailer of M/s Mahagram Payments Pvt Ltd.

- I. I have not been found/pronounced to be of unsound mind by any competent authority and declared/adjudicated as insolvent by any competent court;
- II. I have not been found guilty of any criminal offence by any court of competent jurisdiction;
- III. I have not been found guilty of or to have knowingly participated in or connived at any fraud, dishonesty or misrepresentation against a banker or an insured in the course of any judicial proceeding relating to any bank or in the course of an investigation of the affairs of a Banker.
- IV. I have not violated the code of conduct specified of any bank or declared a wilful defaulter by any bank or/financial institution. – I promise not to share the customer details with others and use only for the purpose of canvassing business of The Mahagram Payments Pvt Ltd.
- V. The Mahagram Payments Pvt Ltd Retailer/Operator/PEC scheme has been read by me and I/We accept the same as binding upon me.
- VI. I hereby declare that all the information provided is correct to the best of my/our knowledge and belief.
- VII. I understand that my application is liable to be rejected if it does not satisfy internal verification of Mahagram as per the government norms. I will cooperate with Mahagram official during the documentation process for allotment of authorized code/access to the services.
- VIII. I/We agree to enter into this MOU with Mahagram Payments Pvt. Ltd., and execute the required documents at my/our cost in the event of selection for appointment as Mahagram Retailer
- IX. I/We undertake to complete all the formalities required by the Mahagram within 7 days from the date of appointment and in case I/We fail to do so, I/We agree that Mahagram shall have the right to cancel the appointment and forfeit the application money.

Yours faithfully,

Signature & thumb impression of the Applicant

Name:

Date:

Place:

FOR OFFICE USE ONLY

1. Applicant(s) interviewed for the purpose of approving the applicant(s) to act as Retailer or BC Agent or PEC on / / [e.g. 05/10/2014]

2. Particulars of identification verified with the originals and copies obtained (As per Bank's KYC policy)

3. Recommendation

Signature of the Mahagram Official.....

Name

Designation.....

Employee ID No.....