



CBS Code.....
Zone.....

Branch
Date :

To
Chief Manager
CO: Digital Banking Division (Merchant Acquisition Cell)
Indian Bank Head office
66, Rajaji Salai, Chennai-600001

Through Zonal Office_____

Dear Sir,

Sub: Application for installation of QR code Sound Box

With reference to the above, we forward herewith an application for installation of Sound Box terminal for the following merchant.

Merchant Establishment Name	
Nature of Business	
Name of the Proprietor / Partners / Director / Authorized Signatory	
Account No	
Type of Account	
Turnover during last financial year	
No of Sound Box Required	

In this Connection, we certify that

1. The merchant has been classified as Low Risk Customer based on CIBIL report.
2. The Branch has obtained necessary KYC documents from the merchant and kept with us.
3. all terms and conditions have been communicated and accepted by the merchant.

We recommend for installation of QR code sound Box as requested by the merchant

Yours Faithfully,

Branch Manager.



**CO:Digital Banking Division (Merchant Acquisition cell)
66-Rajaji Salai, Chennai-600001.**

Affix Latest
Passport Size
Colour
Photograph of
Authorized
Signatory

APPLICATION FORM FOR SOUND BOX WITH VIRTUAL PAYMENT ADDRESS (VPA)/UPI QR

Branch through which applied		Zone		
Name of the Establishment				
Address of the Establishment				
Pin Code				
Type of Establishment (Tick the appropriate box)	Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Pvt. Ltd.Co. <input type="checkbox"/> Public Ltd Co <input type="checkbox"/> Trust <input type="checkbox"/> LLP <input type="checkbox"/> CLUB <input type="checkbox"/> NGO <input type="checkbox"/> Other (Please Specify) _____			
Year of Establishment:		Shop & Estt. No:		
PAN:		DOB/DOI(as in PAN):	GST No:	
Name of the Owner/Proprietor/Partners				
Authorized Signatory of Company / Trust / Others (Mandate If any for Proprietor / Partners)				
Email ID		Website (If any)		
Contact Details	Office (Land Line)	Fax		
Mobile Number		Alternate Mobile:		
Office Premises Status (Tick Where applicable)	Self-Owned <input type="checkbox"/>	Rented <input type="checkbox"/>	Lease <input type="checkbox"/>	
	No of Years at Current Location _____			
MERCHANT BUSINESS INFORMATION				
NATURE OF BUSINESS (DEALS IN) (Describe major items sold/line of Business)				
Business Hours:		Weekly Holiday:	Business Income:	
ACCOUNT DETAILS				
Account Type				
Account Number				
Branch name				
IFSC Code				
SOUND BOX CHARGES				
Payment mode type	One time charges	Security deposit	Monthly support fee post 1 st month	SIM and AMC charges per year post 1st year
Rental model	500(including 1 st month rent & GST)	0	120 + GST	0
One time cost model	2000 + GST (SIM charges are included for 1st year)	0	0	1300 + GST
Additional Details				
Select Payment model		One-time Cost Model <input type="checkbox"/> Rental Model <input type="checkbox"/>		
No. of Sound Box Required				
Language (Please tick on required language)		English <input type="checkbox"/> Tamil <input type="checkbox"/> Hindi <input type="checkbox"/>		
UTR No:				
MERCHANT ESTABLISHMENT DECLARATION				
<p>I/We hereby confirm and give my / our consent for enrolling as merchant with INDIAN BANK and share my/our KYC documents with the service provider. I/We shall abide by the terms and conditions of INDIAN BANK and its associates stipulated from time to time including charges. I/We hereby grant my/our consent to the INDIAN BANK to collect security deposit, charges (if any) and other dues payable by me/us from my/our current account for services provided by INDIAN BANK and its associates. All collections made through this mode will be as per Government/Regulatory guidelines. In case of loss of device, partial damage or total damage, I/We agree to pay Rs.1500+GST towards damage charges.</p> <p>Yours faithfully,</p> <p>Place: Date: / / 20.....</p> <p align="right">(Proprietor/Partner/Director/Authorized Signatory)</p>				

For Official use

We recommend for Enrolment and installation of ____ No. of UPI QR Sound Box at the business location of the above ME M/s. _____

Place:

Date : / / 20.....

(Bank Seal)

(Signature of the visiting official / Branch Manager)

Zonal Office Recommendations

Recommended for sanction of ____ No. of UPI QR Sound Box to the above ME M/s. _____.

Zone:

Date : / / 20.....

(Seal)

(Signature) CM / DZM / ZM