

RAVINDRA SRIVASTAVA

(A HOUSING OF BANKING SOLUTION)

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ANNEXURE A

Application form for Empanelment of Enforcement Agency (EA)/ Recovery Agent (RA)

| Sr. | Particulars | Details | | | | | |
|-----|--|---|------|-------------|-----|---------------|------------|
| 1. | Name of the Applicant Agency: | | | | | | |
| 2. | Place for which the agency is applying for Empanelment | | | | | | |
| 3. | Contact Details | | | | | | |
| 4. | Constitution:(Whether company / Partnership firm / LLP firm / Proprietorship concern) | | | | | | |
| 5. | Date of Constitution | | | | | | |
| 6. | PAN/ GSTIN No. | | | | | | |
| 7. | Whether Registered for Service Tax, PF, ESIC, etc.(If so, mention numbers & date) | | | | | | |
| 8. | Details of Personnel working in EA :(who are to be engaged in EA activity) | | | | | | |
| | Sr | Description | Name | Contact no. | Age | Qualification | Experience |
| | a | Name of Proprietor / Partners / Director(s) | | | | | |
| | b | Name of key functionaries | | | | | |
| 9. | Area of Expertise (details) | | | | | | |
| 10. | Whether certificate of 100 hours training obtained /completed; | | | | | | |
| 11. | Infrastructure of EA/ No. of persons employed : | | | | | | |
| | Whether Conversant with the activities related to taking possession and sale of assets under the SARFAESI Act? Brief of experience | | | | | | |
| | Whether possess thorough knowledge of the extant RBI guidelines and also instructions/ circulars issued by RBI/IIBF/IBA from time to time. | | | | | | |
| | | | | | | | |
| | Branch Network of EA/RA, if any | | | | | | |

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|-----|---|--------------------------------------|--|
| 12. | Details of existing empanelment with Public sector Banks /FIs: | | |
| | Name of the Banks /FIs | Date of assignment undertaken | Detail of assignments completed with Brief detail |
| | | | |
| | | | |
| 13. | Brief details of preceding 3 years' experience in EA/RA activity. (especially with PSBs)/Financial Institutions/NBFC (if any): | | |
| 14. | References (Details of other Banks/Financial Institutions/NBFCs), if any 1. 2. 3. | | |
| 15. | Details of Bank account | | |
| 16. | Whether the applicant was de-listed from any Banks Panel. If so, furnish details; | | |
| 17. | Whether the entity has been black-listed by IBA/any public sector bank/Government organization or any of its clients for breach of applicable laws/violation of regulatory prescriptions or breach /deficiency of services. If so, furnish details? | | |
| 18. | Additional information, if any: | | |
| 19. | <p style="text-align: center;"><u>UNDERTAKING</u></p> <p>I/We,.....(name) Son/Daughter of Shri....., Proprietor/Partner/ Director of M/s....., state that the information furnished above is true and correct to the best of my/our knowledge. I/We agree, that in the event that any concealment/distortion of facts furnished above is brought to notice of the Bank subsequent to empanelment/appointment by Bank of Baroda, Bank of Baroda would be at liberty to terminate the said empanelment/appointment without notice or damages whatsoever.</p> <p style="text-align: right;">(Signature) To be signed by authorized signatory Designation</p> <p>Enclosures: Self-Attested copy of following documents 1. Certificate issued by IIBF for 100 hours trainings. 2. Certificates proving Educational qualifications. 3. Experience Certificate. 4. Letter of empanelment issued by Banks/FIs.</p> | | |

| | |
|--|---|
| | 5. Copy of Registration of firm/company as applicable. 6. Copy of PAN Card / GSTIN, etc. 7. Identity Proof/Address proof. 8. Memorandum / Articles of Association/ Certificate of Incorporation/Partnership Deed/Proprietorship deed, as the case may be. 9. Board resolution, in case of Company. 10. Any other relevant documents. |
|--|---|

| <u>Undertaking from EA/RA</u> |
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| <p>I,son/daughter of, am authorized by the (firm/company) to furnish the below undertaking on behalf</p> |
| <p>(Firm/company).I, on behalf of (firm/company) do hereby solemnly affirm and state that :</p> |
| <p>i. The Firm/Company (also known as “Agency”) is an entity constituted under Indian Law and the promoters/partners/key personnel are Indian citizens.</p> |
| <p>ii. There has been no disqualification such as removal /dismissal of the agency from service earlier.</p> |
| <p>iii. The Agency/promoters/partners/key personnel - have not been convicted of any offence and sentenced to a term of imprisonment.</p> |
| <p>iv. The Agency/promoters/partners/key personnel have not been found guilty of misconduct in professional capacity, or offence involving moral turpitude or otherwise,</p> |
| <p>v. The Agency's promoters /partners/key personnel are not a un-discharged insolvent,</p> |
| <p>vi. The Agency has not been blacklisted by any bank nor any complaint filed against the firm/company before CBI / Serious Fraud Investigation Cell / Court.</p> |
| <p>vii. The Agency shall ensure that there is no any conflict of interest in the assignments entrusted by the Bank and if the Agency comes to know of any such conflict of interest, they shall disclose the same immediately to the Bank.</p> |
| <p>viii. The Agency have carried out the verification of the antecedents of their employees, which may include pre-employment police verification, as a matter of abundant caution and such verification will be done on periodical basis. Agency will not employ/engage any personal who is having Criminal background.</p> |
| <p>ix. I, on behalf of..... (firm/company) undertake to keep the Bank informed of any event or happening which would make the agency ineligible for empanelment as an Enforcement Agency/ Recovery Agent.</p> |
| <p>x. I have not concealed or suppressed any material information, facts and records and I have made a complete and full disclosure.</p> |
| <p>xi. The Agency and its Director/Prop/Partner is not related to any Director/Officer/Employee of the Bank.</p> |

| | | | |
|---|--------|--------|----|
| Solemnly affirmed at | on the | Day of | 20 |
| (Authorised Signatory) | | | |
| Deponent Identified By Me Notary Public | | | |

Business Continuity Plan (BCP) undertaking

To,
The Regional Manager
Bank of Baroda
_____Region

Dear Sir,

It is to certify that in case of requirements we have the business continuity plan:

1. We write to inform you that we have engaged.....number of employees in our (Nature of Services) at (Name of the outsourced agency).
2. We have sufficient no. of employees to take-over the work at any point of time in case of replacement or any emergency.
3. We also confirm that we have sufficient infrastructure to provide training to the employees.
4. Our Agency is having sound financial status to provide wages and other benefits to the employees in case of delayed payment from Banks.
5. We have sufficient manpower to supervise the guards deployed in Bank of Baroda (in case of service provider deploys the guard in the bank).
6. We are prepared enough to face any type of challenges or risks and we assure to provide our services without hindrance.
7. We evaluate the BCP/Contingency capabilities and practices/testing of our services offered to Bank of Baroda on regular basis.
8. We have the ability to invoke statutory, contractual or other rights as needed to ensure that the functions / services continue to be provided.
9. We have a robust framework for documenting, maintaining and testing business continuity and recovery procedures.
10. We tests our own business continuity and recovery plans periodically. Bank of Baroda can also jointly test Business Continuity / Contingency Plan with us occasionally.

11. We are able to isolate the bank's information, documents and records, and other assets from any other institution.
12. To ensure customer data remains secure and inaccessible to any other unauthorized person/organizations, we implement best practices such as employees' trainings, etc. to protect customer data.

Thanks & Regards,

Authorized Signatory
(Proprietor/Partners/Director of the Vendor)

Certificate in respect to the due diligence of the employees including police verification and KYC completion.

This is to certify that we M/Shave carried out the due diligence, and completed the KYC verification along with their police verification who are employed by us. Copies of their KYC and Police verification report is kept on record and will be made available to the Bank of Baroda and/or their Regulator as and when required. Further we also undertake to update and submit the required information on quarterly basis (for any termination and/or new employment.)

Letter for Number of employees/Agents engaged by Service providers

I/We Prop/Director/Partner hereby certify that there are Total number of persons employed by our firm and onlyno of employees is engaged in Performing NPA recovery activities and have completed training of 100 hours certified by the Indian Institute of Banking & Finance (IIBF).

Declaration: Ms.....(Service provider) and its Proprietor is not related to any director / officer / employee of the bank.

Authorised signatory/ies of service provider

Name:

Designation: Proprietor/partner/Director

Date:

