

A.B. DIGITAL INDIA PRIVATE LIMITED

SERVICE PROVIDER REGISTRATION FORM



A.B. DIGITAL INDIA
Income ab always

PHOTO

Full Name										
Date of Birth			/			/			Gender(Please Tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Identity and Address Proof	Aadhaar Number _____ (Attach copy of Aadhaar)									
Mobile No.										
Email ID										
BUSINESS DETAILS										
Name of Company/ Firm/ Individual										
Registration Category	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Others (Specify)									
Registered Office Address										
Nature of Business										
PAN Number (Attach copy)										
TIN										
GST Number										

BANK DETAILS		
Account Holder Name:	Bank Name:	Branch:
Branch Code:	IFSC Code:	City:
A/c No.:		
Nature of Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account
Please attach copy of cancel Cheque / Passbook / Bank Statement		
DECLARATION		
<p>i. I have been provided a copy of the detailed terms & conditions.</p> <p>ii. I confirm that the information (s) & particulars supplied by me are correct in all respects.</p> <p>iii. I hereby declare that I do not have a Criminal record.</p> <p>iv. I hereby agree to open an RPTSPL wallet, along with the KYC documents submitted with this form, on my Mobile Number.</p> <p>v. Do not share your Card Details/Expiry Date/OTP/. M PIN to Anyone avoids any financial loss</p> <p>vi. Merchant is advised to collect the Mobile Number, Email ID, ID Proof (PAN Card) And Address Proof of the customer to use Payment Gateway services.</p> <p>vii. Maintain a Register / Ledger for every transaction of Payment Gateway in details.</p> <p>viii. For all transactions, merchant are the sole responsible person. A.B. Digital India Private Limited are not responsible for any Fraudulent/Misuse / Chargeback of card transactions done by you.</p>		
Date :	_____	
Name & Signature (with Seal)		