

Form - (To be filled by Department to integrate with RPP)

Merchant On-boarding form for Online Funds Collection through RPP**Organization/Department Details**

Name of Department / Organization					
Type	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Board <input type="checkbox"/> Other (Please specify) _____				
GST Number (*)					
Address					
City		State		Pin Code	
Official e-Mail Id					

Nodal Officer Details (For any type of Communication)

Name			
Designation			
Mobile No		Tel No	
Official e-Mail Id			
SSO ID (If any)			

Subscription Details (To be filled by RPP)

Encryption Method	<input type="checkbox"/> No Encryption <input type="checkbox"/> AES 256 <input type="checkbox"/> 3DES
Checksum Method	<input type="checkbox"/> MD5 <input type="checkbox"/> SHA256 <input type="checkbox"/> SHA512
e-Mail alerts	<input type="checkbox"/> Yes / <input type="checkbox"/> No
SMS alerts	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Annexures (Copy of Documents):

<input type="checkbox"/>	Certificate of Incorporation
<input type="checkbox"/>	Bank Account details (Where funds are to be Credited [duly sealed & signed by Bank])
<input type="checkbox"/>	PAN / TAN Card of Organization/Department or Corporate Office
<input type="checkbox"/>	GST Registration No of Organization/Department or Corporate Office
<input type="checkbox"/>	ID Proof of Nodal Officer
<input type="checkbox"/>	PAN Card of Nodal Officer
<input type="checkbox"/>	_____(Specify if anything else)

Note:- () marked fields are mandatory.*

Signature and Seal of the HOD/ Project OIC
Date: _____