



आरएमजीबी

R M G B

Application Form for POS terminal

Merchant Establishment Details	
1	Name of Merchant Establishment
2	Address of Merchant Establishment Line 1..... Line 2..... City..... State..... PIN
3	Type of establishment PROP/Partnership/Company
4	Year of establishment (dd-MM-yy)
5	Shop / establishment registration number
6	Sales Tax No
7	TIN (if available)/GST No.
8	PAN
Contact Details	
9	Name of the Person to be contacted & Relationship with the Firm
10	Website (optional)
11	Email id for e-statements etc.
12	Contact numbers(Mobile or Landline with STD Code) LL: Mobile :
Business Activity details	
13	Nature of business & Business Activity
14	Business Timings
15	Turnover during last 3 financial years(in Lacs) _____
16	Projected Turnover next one financial year(in Lacs) _____
Requirement details - POS Terminal and other services	
17	Type and number of POS Terminals to be deployed PSTN _____ DGPRS _____ P GPRS _____ Mobile POS _____
18	Monthly rental to be paid by the Merchant per terminal Desktop GPRS - Rs. _____ Portable GPRS - Rs. _____
19	One time Non-refundable Security Amount to be paid up front Desktop GPRS - Rs. _____ Portable GPRS - Rs. _____
<i>Note: In case of multiple terminals which need to be deployed at an address different from "Merchant Establishment Address", please attach a separate sheet with all the required details (addresses, contact numbers and name of contact person)</i>	
20	In case of PSTN terminals, Phone numbers for all the lines available, with STD facility, for installing POS terminals _____
<i>Note: In case of additional terminals, please attach a separate sheet with all the required phone numbers</i>	
Details of Expected Card Transactions	
21	Average number of Working Days in a month
22	Average No. of Daily Transactions (per terminal)
23	Average transactions size (in INR)
24	Daily Volume of Business expected through Cards
25	Peak Daily Volume of Business expected through Cards
26	Foreign Card acceptance facility required Yes/No
27	Average Stock Level
28	MDR and Settlement Cycle MDR : (ON us%; Off-us % ; Foreign Card Transactions- 2%) + Taxes Settlement Cycle: T+1/2/3
29	Details of outstandig disputes(Chargeback), if any, with existing acquirer
Principal Promoter Details	
30	Name
31	Contact number

32	Residence Address	Line 1..... Line 2..... City..... State..... PIN
33	PAN for Principal Promoter	
Settlement Account Details		
34	RMGB Current Account / Cash Credit Account number	Account Number :

I/We hereby certify that the above mentioned information is true to the best of my/our knowledge. I/We agree to provide rental as mentioned above in case of GPRS terminals and give authority letter to bank for recovery of rental.

Place
Date

Signature with Rubber stamp
(Authorised signatory, Merchant Establishment)

For Office Use Only

Application Review by Branch/Sales Team Official											
Branch Details											
35	Circle	JAIPUR									
36	Network	Rajasthan Marudhara Gramin Bank									
37	Administrative Office	Head Office									
38	Region(RO)										
39	a. Branch Name										
	b. Branch Code(CBS Code)										
Contact Details of Branch											
40	Name of BM										
41	Designation										
42	Mobile no.										
43	Email id										
44	Land line	FAX- Mob:									
Details of Application Sourcing Officer											
45	a.Name of the Official (Branch Manager)										
	b.PF Index(ID Employee)										
Site survey (Name of the Official who has conducted site visit)											
<i>Note: Please complete all the following activities related to Site Survey</i>											
46	Adequate number of Telephone Lines (1 for each terminal with STD facility activated) arranged by the Merchant										
47	Break up between on-us and off-us transactions (Approximate)	_____ % on-us transactions									
48	Details of any existing POS terminals at the Merchant Establishment	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____									
_____	_____	_____									
_____	_____	_____									
Document checklist											
<i>Note: Please select all the relevant documents that have been collected</i>											
49	KYC satisfied/ updated										
50	Establishment certificate										
50	Trade licence										
51	Letter of sole proprietorship (in case of Proprietorship)										
52	Partnership deed (in case of partnership firms)										
53	Articles of association (in case of Company)										
54	Board resolution (in case of Company)										
55	PAN card copy for the Merchant Establishment										
56	PAN card copy for the principal promoter										
57	Address proof of merchant establishment										
58	Address proof of the principal promoter										

Place
Date

Signature

(Branch/Sales Team Official visiting the Merchant Establishment)

For Office Use Only

Merchant Assessment and Recommendations from Branch Manager/MPST		
Background information And Assessment		
57	Settlement Account number	A/C No. _____ (Verified in CBS)
58	Date of opening of the account with the branch (dd-mm-yy)	
59	Any posting restrictions on the merchant account	Yes/No
60	Average Quarterly Balance (AQB) for last quarter (INR)	
61	Value of relationship for RMGB (Interest income and Commission income during last 12 months) (INR)	
62	Conduct of account	Satisfactory/Unsatisfactory
63	Total Deposit (Principal) held by the Merchant(As on Last Month)	Rs. _____
64	Borrowing Limit of the Merchant	Yes/No
65	If yes, value of the Borrowing Limit	Rs. _____
66	Date of Receipt of Letter of Authority/Application in case of GPRS terminal	
67	ME agreement execution date (dd-mm-yy)	
Branch manager recommendations		
68	Type and number of POS Terminals to be deployed	_____ _____ _____
69	MDR Recommended	(ON us% Off-us % Foreign Card Transactions- 2%) + Taxes
70	Settlement Cycle proposed	T + ____ Days
71	Daily Txn Limit	Rs.
72	Acceptance of Foreign Cards	____ Yes/No
73	Remarks of Recommending Authority	We hereby recommend installation of PSTN/Desktop GPRS/Portable GPRS POS terminal at this Merchant Establishment, as per operating guidelines for on-boarding of merchant.

Place
Date

Signature
(Branch Manager)

Approval By Nodal Officer , Head Office		
Merchant assessment		
74	CIBIL score for the Principal Promoter/Merchant	
75	Type and number of POS Terminals to be deployed	_____ _____ _____
76	MDR Approved	(ON us% Off-us % Foreign Card Transactions- 2%) + Taxes
77	Settlement Cycle Approved	T + ____ Days
78	Daily Txn Limit Approved	Rs.
79	Acceptance of Foreign Cards	Yes/No
80	Remarks of Approving Authority	Installation of PSTN/Desktop GPRS/Portable GPRS POS terminal is approved at this Merchant Establishment, as per operating guidelines for on-boarding of merchants.

Place Jodhpur
Date

Signature
Nodal Officer (HO)