

Application Form for Installation of POS Machine



The Branch Manager
Tripura Gramin Bank,

_____ Branch

. Sir/Madam

I/We wish to apply for PSTN DESKTOP GPRS PORTABLE GPRS DIGITAL POS MOBILE POS PC-BASED DESKTOP GPRS WITH NFC

No of POS Machine (s) required: -

Name of Establishment: M/s.: _____

Address of Establishment : _____

Road: _____ Landmark: _____ PS: City: _____

PO: _____ Dist: _____ State: _____

PIN Code Establishment Location: _____

Type of Establishment : Proprietor Partnership Pvt.Ltd Public Ltd Company Trust LLP CLUB NGO
 Others _____ (Please Specify)

PAN : GSTIN :

Name of Proprietor/Partners/Directors: _____

Authorized person of the company: _____

Contact Details:

Land Line Mobile No.

Email id:

Type of Business (Deals in): _____

Annual Turnover (Previous financial year): _____ (Attach financial statement)

Name of Account: _____

Name of the Branch: _____ Account No:

MERCHANT ESTABLISHMENT DECLARATION

I/We hereby declare and confirm that all information given to Tripura Gramin Bank in this form is correct and accurate and I/We wish to have an acquiring relationship with TRIPURA GRAMIN BANK. I/We undertake to submit the duly completed merchant enrolment application form & all requisite documents will be submitted by me / us before the POS deployment. I/We also undertake to abide by the Merchant discounting rate (MDR) as agreed upon.
I/We further confirm that I/We have read and understood rules applicable for Merchant Establishment and also acknowledge receipt of copy of Merchant Agreement to be executed between TRIPURA GRAMIN BANK & my/our establishment. The monthly rental as well as the MDR structure are acceptable to us.

Yours faithfully,

Place: _____

Date:

Proprietor/Partners/ Director/Authorized Signatory*
(With rubber stamp of the firm/common Seal of Company)

*Attach mandate in respect of Authorized Signatory
* Agreement is to be signed between Merchant and TRIPURA GRAMIN BANK.

-----For Office Use Only-----

BRANCH RECOMMENDATION

We hereby certify that M/s _____ is having KYC verified _____ account (type) with us since _____ bearing account No. _____ and we confirm genuineness of all the details given in this form. We recommend the applicant firm/company for enrolment with TRIPURA GRAMIN BANK as Member Establishment for accepting Card Payment.

Signature-with stamp of Branch Head / Authorized Signatory:-

Name & Designation :- _____

Signature Serial Number :-

Branch Name : _____

Date:

To be filled in CAPITAL LETTERS



TRIPURA GRAMIN BANK

(A Joint Undertaking of Govt. of India, United Bank of India and Govt. of Tripura)

Head Office: Abhoynagar, Agartala – 799005

Website: www.tripuragraminbank.org,

Phone- 0381-2316987/232-4774/3935/9743/0103 Fax-0381-232-0104/3935

E-mail- hodit@tripuragraminbank.co.in, tgraminbank@gmail.com, tripuragramin@rediffmail.com

CERTIFICATE OF MERCHANT CATEGORY

This is to certify that based on financial statements and / or turn-over in account no.

_____ and / or self-declaration submitted by

M/s _____, the turn-over of the said

Firm / Company / Trust / Organization during the financial year 20 ____ to 20 ____ was

Rs _____ Lakhs.

Based on the above turn-over, the merchant has been categorized as SMALL / OTHER merchant as per HO circular no. _____ dated _____.

(Operations in-charge)

Name:

Designation:

Date: _____

(Branch Head)

Name:

Designation: