

CSP code*: Service required*: ☐ DMT ☐ AEPS

Device Information (for AEPS) IMEI no.*: Type*:

Entity Type: ☐ Sole Proprietor ☐ Partnership Firm ☐ Individual

Applicant's recent
Photograph

1. Name of applicant / CSP*:																															
2. Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		DOB*:		D	D	M	M	Y	Y	Y	Y																				
3. <input type="checkbox"/> Father Name / <input type="checkbox"/> Spouse Name :																															
4. Category : <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST		Physically Handicapped :		<input type="checkbox"/> Yes <input type="checkbox"/> No																											
5. Education:																															
Highest Education Qualification:		<input type="checkbox"/> Under 10th <input type="checkbox"/> 10th <input type="checkbox"/> 12th <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others		Date of Passing:		D	D	M	M	Y	Y	Y	Y																		
Institute Name:																															
Course: <input type="checkbox"/> IIBF Advance <input type="checkbox"/> IIBF Basic <input type="checkbox"/> Certified By Bank <input type="checkbox"/> None																															
6. Name of Establishment:																															
7. Business Location Address (Operational areas)*:																															
		State*:																													
Country*:												PIN code*:						Tel no.:													
Mobile number*:												Email*:																			
Proof of Address : <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> NREGA Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Electricity Bill <input type="checkbox"/> ID number:																															
8. Residential address*:																															
		State*:																													
Country*:												PIN code*:						Tel no.:													
Mobile no.*:												Proof of Address : <input type="checkbox"/> Voters ID <input type="checkbox"/> Drivers License <input type="checkbox"/> NREGA Card <input type="checkbox"/> Passport Number <input type="checkbox"/> Electricity Bill <input type="checkbox"/> ID number :																			
9. Business Information:																															
Alternate Occupation Type*: <input type="checkbox"/> Government <input type="checkbox"/> Public Sector <input type="checkbox"/> Self Employed <input type="checkbox"/> Private <input type="checkbox"/> Other <input type="checkbox"/> None																															
Aadhaar Card Number:												PAN No.*:																			
Operating Time*: From <table border="1"><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table> To <table border="1"><tr><td>H</td><td>H</td><td>M</td><td>M</td></tr></table> weekly off*:		H	H	M	M	H	H	M	M	<table border="1"><tr><td></td><td></td></tr></table>																					
H	H	M	M																												
H	H	M	M																												
Device Name: <input type="checkbox"/> Laptop <input type="checkbox"/> Hand Held		Connectivity Type: <input type="checkbox"/> LandLine <input type="checkbox"/> Mobile <input type="checkbox"/> VSAT																													
Provider:																															
If you are having similar arrangement with any other Bank, Society or Business Correspondent please provide relevant details:																															
10. Banking information: Bank:												A/c type:																			
Ac No:												IFSC code:																			

Date

D	D	M	M	Y	Y	Y	Y
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DECLARATIONS

I hereby submit following declarations as an applicant/CSP of _____ who is a Business Correspondent of RBL Bank Ltd.

- a. I have not been found/pronounced to be of unsound mind by any competent authority and declared/adjudicated as insolvent by any competent court;
- b. I have not been found guilty of any criminal offence by any court of competent jurisdiction;
- c. I have neither been found guilty of any criminal offences in the course of any investigation nor have I participated in or connived at any fraud, dishonesty or misrepresentation against anyone .
- d. I have not violated the code of conduct of any bank or declared a willful defaulter by any bank or/financial institution.
- e. I promise not to share the customer details with others and use only for the purpose of canvassing business of RBL Bank Limited.
- f. The RBL Bank Limited Business Facilitator/Business Correspondent scheme shared by _____ has been read by me and I/We accept the same as binding upon me.
- g. I hereby declare that all the information provided is true and correct to the best of my knowledge and belief. I understand that my application is liable to be rejected if it does not satisfy internal verification of the Bank as per the Bank norms. Notwithstanding anything contained in this declaration, RBL Bank may in its sole discretion terminate the CASH POINT business from the above location as and when RBL Bank deems fit.
- h. I have all the necessary permission and I am legally allowed to do business at the above mentioned address/premises.
- i. I hereby irrevocably and unconditionally undertake to indemnify and keep the RBL Bank indemnified against all or any loss, damage, cost, expenses, penalties and charges that may be incurred by and/ or caused to RBL Bank arising out of appointing _____ (Name of CSP) as a Customer Service Point of RBL Bank .

Yours faithfully,

Signature of the Applicant _____ 

Date: _____

Name: _____

Place: _____

FOR PARTNER USE / LOCAL INTELLIGENCE FORM

- a. Applicant(s) interviewed for the purpose of approving the applicant(s) to act as Business Facilitator/Business Correspondent on _____
- b. Particulars of identification verified with the originals and copies obtained :
 KYC Documents (Submit self-attested documentation proof for one of each of three below)
 Identity Proof: Passport, Pan Card, Voter ID, Aadhaar Card, Driving License, Others (specify) _____
 Address Proof: Passport, Voter ID, Aadhaar Card, Driving License, Latest Bank Statement, Latest Electricity Bill, Others (specify) _____
 Shop & Establishment form : Yes / No _____
- c. I/we have met the above CSP in Person and visited the establishment. I/we hereby confirm the Identity of CSP and address of establishment mentioned in this form is as per the documents submitted by the CSP. CSP has necessary permission and legally allowed to conduct business in premises mentioned above.
- d. I/we have done thorough due diligence of above specified CSP and shall be liable to indemnify RBL Bank and its officials from any unforeseen events and consequences arising due to CSP not having valid permission to run its business including but not limited to business registration certificate such as 'Shop and Establishment License' etc.
- e. CSP is operating this business for last _____ months/Years and have been found suitable to conduct the RBL Bank CASH POINT business form the above mentioned location.

Signature of the Partner (Official) _____ 

Name: _____ Designation: _____ Employee ID no: _____