


## ONBOARDING OF CUSTOMER SERVICE POINT (CSP)

CSP code\* :  Service required\* :  DMT  AEPS  Both  
 Device Information (for AEPS) IMEI no.\* :  Type\* :   
 Entity Type\* :  Sole Proprietor  Partnership Firm  Individual

### APPLICANT/CSP INFORMATION

<p>1. Name of applicant / CSP* : <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/></p> <p>2. Gender* : <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender</p> <p>3. DOB* : <input style="width: 100px;" type="text"/></p> <p>4. <input type="checkbox"/> Father Name* : <input style="width: 100%; height: 20px;" type="text"/></p> <p>5. <input type="checkbox"/> Spouse Name : <input style="width: 100%; height: 20px;" type="text"/></p> <p>6. Category : <input type="checkbox"/> General <input type="checkbox"/> OBC <input type="checkbox"/> SC <input type="checkbox"/> ST</p> <p>7. Physically Handicapped : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. 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</p> <p>9. a. Course* : <input type="checkbox"/> IIBF Advance <input type="checkbox"/> IIBF Basic <input type="checkbox"/> Certified By Bank <input type="checkbox"/> None          b. Institute Name: <input style="width: 100%; height: 20px;" type="text"/>          c. Date of Passing: <input style="width: 100px;" type="text"/> (9b &amp; 9c to be filled only if any course selected)</p> <p>10. Name of Establishment: <input style="width: 100%; height: 20px;" type="text"/></p> <p>11. Business Location Address (Operational areas)* : <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/> State* : <input style="width: 50px;" type="text"/>          Country* : <input style="width: 100px;" type="text"/> PIN code* : <input style="width: 50px;" type="text"/> Tel no.: <input style="width: 100px;" type="text"/>          Mobile number* : <input style="width: 100px;" type="text"/> Email* : <input style="width: 100px;" type="text"/>          Proof of Address : <input type="checkbox"/> Shop License <input type="checkbox"/> Rent Agreement <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Electricity Bill <input type="checkbox"/> Others (specify) <input style="width: 100px;" type="text"/>  <input type="checkbox"/> ID number : <input style="width: 100px;" type="text"/> Expiry Date : <input style="width: 100px;" type="text"/></p> <p>12. Residential address* : <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/>  <input style="width: 100%; height: 20px;" type="text"/> State* : <input style="width: 50px;" type="text"/>          Country* : <input style="width: 50px;" type="text"/> PIN code* : <input style="width: 50px;" type="text"/> Tel no. <input style="width: 50px;" type="text"/> Mobile no.* : <input style="width: 100px;" type="text"/>          Proof of Address : <input type="checkbox"/> Voters ID <input type="checkbox"/> Aadhaar Card <input type="checkbox"/> Telephone Bill <input type="checkbox"/> Drivers License <input type="checkbox"/> NREGA Card <input type="checkbox"/> Passport <input type="checkbox"/> Electricity Bill  <input type="checkbox"/> ID number: <input style="width: 100px;" type="text"/> Expiry Date <input style="width: 100px;" type="text"/></p> <p>13. a. 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          b. Alternate Occupation Description: (if selected others) <input style="width: 100%; height: 20px;" type="text"/></p> <p>14. Aadhaar Card Number : <input style="width: 100%; height: 20px;" type="text"/></p> <p>15. PAN No.* : <input style="width: 100px;" type="text"/></p> <p>16. Operating Time* : From <input style="width: 50px;" type="text"/> To <input style="width: 50px;" type="text"/></p> <p>17. Weekly off* : Day : <input style="width: 50px;" type="text"/> None <input type="checkbox"/></p> <p>18. Device Name* : <input type="checkbox"/> Laptop <input type="checkbox"/> Hand Held</p> <p>19. a. Connectivity Type* : <input type="checkbox"/> LandLine <input type="checkbox"/> Mobile <input type="checkbox"/> VSAT          b. Provider: <input style="width: 100%; height: 20px;" type="text"/></p> <p>20. If you are having similar arrangement with any other Bank, Society or Business Correspondent please provide relevant details:  <input style="width: 100%; height: 20px;" type="text"/></p> <p>21. Banking information* : Bank: <input style="width: 100%; height: 20px;" type="text"/> A/c type: <input style="width: 50px;" type="text"/>          Ac No: <input style="width: 100px;" type="text"/> IFSC code: <input style="width: 100px;" type="text"/></p>	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;">  </div>
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\* Fields with asterix are compulsory to be filled in.

### DECLARATION

Applicant / CSP	Partner																
<p>I _____</p> <p>hereby declare that all the statements made by me in this application form are true and complete to the best of my knowledge. I also declare that signature below belongs to me</p> <p>Applicant/CSP signature _____</p> <p>Name: _____</p> <p>Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table></p> <p>I request you to appoint me to act as a Customer Service Point in the location of _____</p>	D	D	M	M	Y	Y	Y	Y	<p>I've met applicant/CSP and the originals of all documents produced have been seen &amp; verified by me.</p> <p>_____</p> <p>Signature of the Partner (with official seal)</p> <p>Name: _____</p> <p>Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table></p>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										

- II.** 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: \_\_\_\_\_