

APPLICATION FORM FOR CUSTOMER SERVICE POINT (CSP)

1.Location (Village / Town)- Location		, District		
	State		,P	IN
2.Name (IN BLOCKLETTERS)				
3.Father's / Husband's Name				
4. Date of Birth &Age -		211	076	
Gender (Please Tick) -	Male	Fema	le	
6. Marital Status (PleaseTick) -	Married_	Unmar	ried	70%.
7. Education (Please Tick) -	Class X	Class XII	Graduate	Post Graduate and above
3. Permanent Address-	Mohalla/	Village		
	Post		Γehsil	A
	District		State	
	PinCode			
). Communication Address -	Mohalla/	Village		
5. Communication Address -	Post			Tehsi
	District			
	PinCode		State	6-//
0. Telephone No. (With STDCode	e) –Reside	nce		Office
	Mobile_		- II) //
11. Email ID – Ifany -		BAN	1	
12. CurrentlyBanking with (Bank) -				
13. Bank Account Number, if any -				
14. Cheque Facility (Please Tick)-	Available		Not Availab	le
			PANCard	
15.*Proof of Name (Please Tick)-	Voter's l		Driving Licer	nse
16 (a) *Proof of old (Place Ti-		Electricity Bill(Latest)		
16. (a) *Proof of address (Please Tic		Telephone Bill(Latest)		C(Copy) Policy(Copy)
16. (b)PanNO.		Letter fromLandlord		sConnection



17.	Present Business / Occupa	non, if any		*************		
18.	Computer Literacy -	Yes	No.			
19.	If yes, nature of qualificat	ion				
	Less than Rs. 5000 – Rs. 10 – Rs. 30000 More than Rs.	000 Rs. 10000 - Rs. 20000 R		ding pension if any is		
1.	Do Youhave any experien	ce in selling financial produ	ncts? If yes, givedetails.			
2	Language known (say flue	ent / not so fluent)		•		
22.	Read Write	Speak				
23.	No. of years of stay in the	town/village	Intown	InVillage		
4.	Do you have any police re	cords? Ifyes, give details.		5/_		
5.	Name, address andoccup	The state of the s	4	7//		
٥.	Of two people to whom re		7	//		
6.	Political Affiliation, if any:		NKO			
7.	Default if any to Banks / Fi	nancial Institutions:	. 11			
8.	Infrastructure available: (Office, area, location, computer, Internet, Tel No, etc):-					
9.	Name of the office from w	hich retired. :-				
0.	Position at the time of retire	ement. :-				
	(Plz. give brief of various p	ositions held androle)				

you can also submit your application form online on E-mail:-info@paypoint.ind.in



31	Any disciplinary action taken against you while in service	
	(if Yes, please give details. Please enclose a certificate of Conduct from your	r last the employer)
32.	Particulars of liabilities:-	
2.2		
33. 34.	Particulars of movable property and Investment.:, Village	-71/1
54.		
	Survey/PattaNo	,Area
35.	Are you willing to invest in the POS/Kiosk machine and other equipment requ	ired for carrying out
	transactions as CSP/ KO of Business Correspondents?	
	36. What is the cash balance you are ready to invest for making cash payments	/ receipt of deposits as
	Business Correspondent?	A CONTRACTOR OF THE CONTRACTOR
	37. Product For which VLE (Bank Name) want to Apply:-	
		Paste your recent
		Passport
		Size Photograph
Icert	ify that the above information is true to the best of my knowledge and belief.	
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Date		
Place	e:	
	Signatu	re of the Applicant



SCORING SHEET FOR CUSTOMER SERVICESPOINT / VLE / FRANCHISEE

Name of the Applicant: -
Category of Applicant: -
DETAILS OF INVESTMENT TO BE MADE BY CHANNEL PARTNERS IN STOCKS
The investment to be made by Channel Partners is based on the District/state level partner, Details are as under
(a)VLE Registration Charge:- Rs.15800/-only (b)District Level Channel Partner:- Rs 49800/- only (c) State Level Channel Partner:- Rs 149800/- only
Mode ofPayment:-
(1) By Cash Deposit Method (Please send Xerox copy of cash receipt.)
(2)By Cheque
(3)By RTGS/NEFT/Online transfer
(4) Payment accepted by company accountant manager to confirm in
Verification department .
Terms &Conditions:-
 This agreement is only valid for 5 years from the date of initial approval. Every channel partner will be awarded by 25% commission on every CSP Application form. Channel Partner will also get 25% Royalty on every transition from concerned CSP Centre. Channel partner is also responsible for any type of abnormality related to its concerned KIOSK centre. Local audit authority is also concerned with channel partner.
Declaration:-
I have read and understand all information/terms & conditions and signed this agreement
Date:- ApplicantSignature

under

VLE Registration Form

Name	Email
Father's Name _	
Date Of Birth _	Gender M F
Contact No	
Aadhar No	
PAN No	
Social Category	General OBC SC/ST
Physically Handicap	ped Yes No
Residential Address	
Village/Town	CONTRACTOR OF THE PARTY OF THE
Block	8 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	
State	1 2 2 2 2 2 2 2 2
Pin Code	
Office Address	
Village/Town	CRANK
Block	DAN
City	
State	
Account Name	
Bank Name	
IFSC Code	
Bank Account No.	
Link Branch Name	