

PoS Machine Installation Merchant Relationship Form

Important Instructions

Please fill all the information in block letters.

Please keep the following documents along with the application form

- ✓ Copy of Registration Certificate under Shops and establishments Act.
OR
- ✓ Copy of GST registration certificates.
- ✓ Copy of Partnership Deed, Memorandum of Association, Articles of Association, Power of Attorney (in case of partnership firms or companies).
- ✓ Copy of Rent receipt or telephone bill or electricity bill.
- ✓ Proof of signature of the authorised signatory.
- ✓ Passport / Voter ID Card/Driving License / PAN Card of the sole proprietor or anyone of the partners / directors.

For filling in information regarding the nature of business please refer to the following list:

- | | |
|---|-------------------------------------|
| ▪ Arts/Handicrafts/Sculptures | ▪ Furriers & Fur Shops |
| ▪ Automobile Service Center/Garages | ▪ Handicrafts |
| ▪ Automobile Spares | ▪ Hardware Store |
| ▪ Automobiles | ▪ Home Appliances/Consumer Durables |
| ▪ Automotive Tyre Stores | ▪ Hotels |
| ▪ Bakeries | ▪ Jeweler/Marbles/Watches |
| ▪ Barber & Beauty Shop | ▪ Leather Goods |
| ▪ Book store | ▪ Novelty/Gift Shop |
| ▪ Candy/Nut/Confectionary Stores/Dry Fruits | ▪ Opticians |
| ▪ College/University | ▪ Photo Developing/Labs |
| ▪ Computers/Computer Peripherals | ▪ Readymade Garments |
| ▪ Cosmetics/Beauty/Health Clubs, | ▪ Restaurant |
| ▪ Crystal/Glassware /Kitchenware | ▪ Sanitary Utilities |
| ▪ Dental/Medical Lab | ▪ Shoe Stores |
| ▪ Departmental Stores | ▪ Stationery |
| ▪ Drug Stores/Pharmacy | ▪ Tailors |
| ▪ Electric Utilities | ▪ Telecommunication Equipments |
| ▪ Electronics | ▪ Textile |
| ▪ Fuel Dealers/Coal/Petrol | ▪ Tours & Travel Operators |
| ▪ Furniture stores | ▪ Others (Specify) |

Branch _____

1. Legal Name of Business Concern (as appearing in registration certificate, partnership deed or certificate of incorporation)

2. Marketing Name (as used in the name of the shop etc.)

3. Type of Business (Please refer list) _____

4. Nature of Ownership (Tick as applicable)

☐ Sole Proprietorship ☐ Partnership Firm ☐ Limited Company ☐ HUF

☐ Govt. Owned ☐ Trust ☐ Franchisee ☐ Other (specify) _____

5. Address of Business Establishment

Building Name _____

Road Name/No. _____

Land Mark _____

City _____ Pin Code _____

State _____ Phone (with STD code) _____

Mobile _____ e-Mail _____

6. PAN Number _____ GSTN _____

7. Shop Ownership Details (Tick as applicable) ☐ Owned ☐ Leased

8. Name of Proprietor/Partners/Managing Director/Directors/Karta (IN BLOCK LETTERS)

a) _____

b) _____

c) _____

d) _____

e) _____

9. Address of Proprietor/Managing Director/Karta/Any one of the Partners (IN BLOCK LETTERS)

Residential Address _____

Building Name _____

Road Name _____

Land Mark _____
City _____ Pin Code _____
State _____ Phone (with STD Code) _____
Mobile _____ e-Mail _____

10. Name of Principal Contact

_____ First _____ Middle _____ Last

11. Existing Jammu and Kashmir Grameen Bank Relationship

Existing Account Number _____
Type of Account _____ Relationship Since ____ years ____ months

12. Relationship with other banks (if any)

Name of the Bank _____
Address of the Bank _____
Type of Account _____ Relationship Since ____ years ____ months
Account No _____

13. Existing POS Machine Details (if applicable)

Date of Commencement of Business _____ Operation in the same premises since _____
Credit Cards already accepted (Tick as applicable) () Visa () MasterCard () RupayCard
() If others please specify _____
Annual Business Turnover (in figures) _____ (in words) _____

Merchant Application, Debit Authorization and Declaration

Merchant Application

I/We wish to enroll under Jammu and Kashmir Grameen Bank Merchant program and hereby agree to be bound by the terms and conditions of the Merchant Establishment Agreement appended to this Merchant Relationship Application Form. I/We confirm that all information provided to Jammu and Kashmir Grameen Bank in this form is correct and accurate. I/We certify that the person signing this application and ME agreement has full authority to do so and thereby binds us to the Merchant Establishment Agreement. Jammu and Kashmir Grameen Bank and/or their representatives

may contact our bankers or any other source to obtain information with regard to the information provided in this form.

Debit Authorization

I/We authorise you to credit/debit our Current/Cash Credit/Merchant Account with Jammu and Kashmir Grameen Bank for all transaction, fees and charges as per the Merchant Agreement with Jammu and Kashmir Grameen Bank.

Our existing Account Number is _____

I/we do hereby authorise the bank to debit without any prior notice our current/cash credit account and raise overdraft thereto for settlement of POS (Point of Sale) installation charges / charge back accounts / excess payments made, if any, at any time, by the bank and / or any other amount(s) becoming incidental thereto during the course of card acquiring business through the POS terminal (s) of Jammu and Kashmir Grameen Bank. By virtue of this authority I/We on behalf of said establishment owe no authority to challenge the bank's absolute discretion to this regard in any court/forum etc.

Declaration

I/We agree to abide by the below mentioned terms and conditions in addition to already signed agreement for installation of PoS Machine. For all transactions above `7500 I/We will follow the following additional validation. The cashier would request the customer to produce a photo identification document.

- The cashier would tally the Name on the Photo ID document with that on the card and verify resemblance with the photo ID document.
- The cashier would note down the ID details in the reverse of the Merchant copy of the charge slip or on the invoice or in our internal systems.
- These details will be stored, for the period charge-slips are required to be stored.
- This procedure would be followed for all VISA, MasterCard and American Express cards, irrespective of Credit, Debit or Prepaid and for both domestic and international cards.

Authorised Signatory / Stamp

Signature & Name

Designation

Signature of Authorised Signatory as appearing herein above is hereby attested

Signature of Branch Head

Name & Code

For Office use only

(To be filled in by Branch)

1. Legal Name of Business Concern (as appearing in registration certificate, partnership deed or certificate of incorporation)

2. Marketing Name (as used in the name of the shop etc.)

3. Type of Business (Please refer list) _____

4. Name of Principal Contact

- First Middle Last
5. Name of Proprietor/Managing Director/Karta/Anyone of the Partners (**IN BLOCK LETTERS**)

Residential Address _____

Building Name _____

Road Name _____

Land Mark _____

City _____ Pin Code _____

State _____ Phone (with STD Code) _____

Mobile _____ e-Mail _____

6. Existing Jammu and Kashmir Grameen Bank Relationship

Nature of Account _____ Existing Account Number _____

Recommendation _____

Documents obtained (Tick as Applicable)

- ☐ Copy of Registration Certificate under Shops and establishments Act. OR
- ☐ Copy of GST registration certificates.
- ☐ Copy of Partnership Deed, Memorandum of Association, Articles of Association, Power of Attorney
- ☐ Copy of Rent receipt/telephone bill/electricity bill.

It is hereby certified that

- The agreement has been executed with notary attestation on Non-judicial stamp paper of Rs.100 or as applicable as per local law.
- Authorised signatory proof is enclosed.
- The Merchant is maintaining account with us for more than last six months and account is running satisfactory or the merchant is/was maintaining account with other bank for more than last six months and account is running satisfactory, statement for more than last six months has been obtained and kept on record along with account opening form.
- The application has been duly filled in.
- All the documents as per KYC Norms have been obtained and kept on record with account opening form.

I undertake to raise overdraft in the account of M/E upon the instructions of IT Department, if balance is not sufficient in the Account of ME for fulfilling the charge back/s or any other charges etc.

Signature of Branch Head

Name & Code

Date _____