

## ONBOARDING OF CUSTOMER SERVICE POINT (CSP)

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

Applicant's recent  
Photograph

### APPLICANT/CSP INFORMATION

1. Name of applicant / CSP\*:

2. Gender\*:  Male  Female  Transgender      DOB\*:

3.  Father Name /  Spouse Name :

4. Category :  General  OBC  SC  ST      Physically Handicapped :  Yes  No

5. Education:   
 Highest Education Qualification:  Under 10th  10th  12th  Graduate  Post Graduate  Others      Date of Passing:   
 Institute Name:   
 Course:  IIBF Advance  IIBF Basic  Certified By Bank  None

6. Name of Establishment:

7. Business Location Address (Operational areas)\*:   
  
 State\*:   
 Country\*:  PIN code\*:  Tel no.:   
 Mobile number\*:  Email\*:   
 Proof of Address :  Voters ID  Drivers License  NREGA Card  Passport Number  Electricity Bill  ID number:

8. Residential address\*:   
  
 State\*:   
 Country\*:  PIN code\*:  Tel no.  Mobile no.\*:   
 Proof of Address :  Voters ID  Drivers License  NREGA Card  Passport Number  Electricity Bill  ID number :

9. Business Information:  
 Alternate Occupation Type\*:  Government  Public Sector  Self Employed  Private  Other  None  
 Aadhaar Card Number:  PAN No.\*:   
 Operating Time\*: From    To   weekly off\*:   
 Device Name:  Laptop  Hand Held      Connectivity Type:  LandLine  Mobile  VSAT  
 Provider:

If you are having similar arrangement with any other Bank, Society or Business Correspondent please provide relevant details:

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10. Banking information: Bank:  A/c type:   
 Ac No:  IFSC code:

### DECLARATION

Applicant / CSP	Partner
I _____ 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  Applicant/CSP signature _____  Name: _____ Date <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/> I request you to appoint me to act as a Customer Service Point in the location of _____	I've met applicant/CSP and the originals of all documents produced have been seen & verified by me.  _____ Signature of the Partner (with official seal)  Name: _____ Date <input style="width: 80px; height: 20px; border: 1px solid black;" type="text"/>

## DECLARATIONS

I hereby submit following declarations as an applicant/CSP of \_\_\_\_\_ who is a Business Correspondent of CCF Banking

- 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 CCF Banking
- f. The CCF Banking 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, CCF Banking may in its sole discretion terminate the CASH POINT business from the above location as and when CCF 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 CCF indemnified against all or any loss, damage, cost, expenses, penalties and charges that may be incurred by and/ or caused to CCF arising out of appointing \_\_\_\_\_ (Name of CSP) as a Customer Service Point of CCF .

Yours faithfully,

Signature of the Applicant \_\_\_\_\_ 

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

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## 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 CCF CASH POINT business form the above mentioned location.

Signature of the Partner (Official) \_\_\_\_\_ 

Name: \_\_\_\_\_ Designation: \_\_\_\_\_ Employee ID no: \_\_\_\_\_