

BRING BUSINESS, EDUCATION, DEVELOPMENT AND GOVERNMENT TO RURAL INDIA

Under the aegis of the National e-Governance plan of Rural Banking Development Authority of India

Application No 18

M/S BANK MITRA channel partner application form for kiosk banking for any query please call +91 8420423865 or write to: info@bankmitra.org.in

THIS KIT CONTAINS THE FOLLOWING FORMS:

FORM 1: - PERSONAL PROFILE

FORM 2: - INFRASTRUCTURE / FINANCE

(NOTE: Filling of both forms is mandatory. The information furnished by the applicants shall be treated in strict confidence.)

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) Rural&Urban VLE Registration Charge: Rs. 15600/-only
- (b) District Level Channel Partner: Rs 49800/- only
- (c) State Level Channel Partner: Rs 149800/- only

Mode of Payment: -

- (1) By Cash Deposit Method (Please send Xerox copy of cash receipt.)
- (2) By Cheque (3) By RTGS/NEFT/Online transfer

Terms & Conditions: -

- (1) This agreement is only valid for 5 years from the date of initial approval.
- (2) Every channel partner will be awarded by 25% commission on every csp application form.
- (3) Channel Partner will also get 25% Royalty on every transition from concerned CSP Centre.
- (4) Channel partner is also responsible for any type of abnormality related to its concerned KIOSK centre.
- (5) Local audit authority is also concerned with channel partner.

Declaration: -

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Date: -	Applicant Signature



FORM 1 PERSONAL PROFILE

PERSONAL DETA	AILS													
NAME (IN FULL	AND B	LOCK LE	TTERS	S):										
FATHER'S/HUSI	BAND'S	S NAME:												
COMPLETE POS	TALAD	DDRESS:												
CITY/TOWN DIS	STRICT	:												
PIN CODE STATI	E:													
DATE OF BIRTH:														
TELEPHONE No	.: Off_			Resi						Mc	bile_			
Fax			e-1	mail:										
QUALIFICATI	ONS													
DEGREE / DIPLOM	1A/CER	TIFICATE	UNIV	ERSITY/ II	NSTIT	UTI	ON	SUBJE	ECTS	i		YEAR	OF PAS	SING
BUSINESS EX	PERIE	ENCE (if	any)											
NATURE OF INVOLVEMENT		NAME OF ORGANIZATION		NATURE BUSINESS			YEAR(TO)		TURNOVER (Rs.Lac)		.Lac)	:) PRODUCTS		NO.OF EMPLOYEES
						4								
EXPERIENCE	AS EN	MPLOYE	EE (if	relevant							•			
ORGANIZATION	DESIG	INATION	SAL	LARY DRAWN YEAR (TO		AR (TO)			NATURE OF N WORK		MAIN PRODUCTS N		NO.OF EMPLOYESS	
				A										
				(Y)										
FAMILY DETA	AILS (Father N	/othe	r Spous	e Br	:oth	ner/s Si	ister/s	. C	hildren)	ı			
NAME	HLD (AGE	Totile	1, bpous			NSHIP	1500171		QUALIFICAT	IONS		OCCUI	PATION
PLEASE MENTION YOUR BUSINESS DECLARATION I We declare that the belief U DATE:	GOALS	S AND AME	BITION	IS.										
PLACE					Si	gnat	ture							



FORM 2 - INFRASTRUCTURE I FINANCE

STRUCTURE OF THE BUSINESS ENTITY FOR CHANNEL PARTNERSHIP

Proprietorship Organizatio Partnership Firm		rivate Limited Cor imited Company	mpany		
Others (Please specify)					
INVESTMENT CAPABILI	TY				
(A) Rs.15600/-	(B) Rs.49800/-	(C) Rs.149800/-		
(A, B, C are relevant if you w distributor)	ould be interested in I	becoming a channe	el partner in multip	le cities or in bed	coming a master
FINANCIAL STRENGTH FROM OWN SOURCES	I (Please indicate the	e amount to be in	vested)		
NAME		MOUNT AVAILA	BLE FOR INVES	TMENT	
			•		
(NOTE: Please check that the	details are in tune with	the investment requ	nired for the city cho	osen by you.)	
*Subject to terms & condi	tions.				
CHOICE OF DISTRICT/S	STATE FOR DISTR	RIBUTION PURP	POSES		
PROPOSED LOCATION	WITHIN THE CIT	Y			
REASONS FOR CHOICE					
MENTION REASONS FO CURRENT INFRASTRU					
WHETHER HAVING AN		<u> </u>			
	Y				
Owned Rented / Lo		No ownership	Joint	Multiple [
PLEASE FURNISH DETAILS OF T	HE PREMISES				





CENTRALITY OF LOCATION & THE RATIONALE

(Please give details regarding location, proximity to industrial belt I educational institutions I residential localities and the status of the neighborhood etc.)

the status of the heighborhood etc.)
DETAILS OF ADDITIONAL OFFICE INFRASTRUCTURE
Γelephone: □ Yes □ No Fax : □ Yes □ No Internet : □ No
Final Check list:-
 Please provide only correct Information otherwise your application may be Canceled in future. Please provide your Security money in above mention account only. After filling application form please send it to under mention address: -
4. You can also submit your application form online on E-mail: - info@bankmitra.org.in
5. For any further query please contact our customer care executive.
DECLARATION We declare that the details and information provided by me 1 us herein above are true to the best of my knowledge and belief
DATE:
PLACE (Signature)





BRING BUSINESS, EDUCATION, DEVELOPMENT AND GOVERNMENT TO RURAL INDIA

Under the aegis of the National e-Governance plan of Rural Banking Development Authority of India

VLE Registration Form under Rural Banking/Authority

A 1:							
Applica	tion No 181L						
Name o	of Vle						Paste your
Father/	Husband Name						Recent
Blood G	iroup			SCA ID		(Please leave blank)	Passport Size
Product 1	for which VLE wan	ts to apply:	: -			Ω	Photograph
(a) Kios	sk Banking					(b) Recharge	
•	SBI		A	Canara Bank		(c) Tatkal Rupya	
	PNB		Ф	HDFC Bank		(d) Booking	
	ВОВ			IDBI Bank		(e) Booking	
~	СВІ		63	Indian Bank	Ì	(f) Loan under SGH Grou	р 🗌
Ø	ICICI		②	Kotak Bank		(g) AEPS	
*	BOI			Name of Bank (Other	r)		
	Axis Bank						
-	•						
	, Alexander						
		*					
						my knowledge and I decla	
· A.	W-90, W	then Rura	al Ba	nking Development A	Authority	of India will not responsib	le for any type of
cancella	ation,						
Date						Vour fa	ithfully \/LE



1 Location (Village /Town) – Location	on	Di	istrict	State	PIN.	
2. Name (IN BLOCK LETTERS)						
3. Father's/ Husband's Name						
4. Date of Birth						
5. Gender (Please Tick) – Male	Female					
6. Marital Status (Please Tick) – Ma	rried	Unm	arried			
7. Education (Please Tick) - Below (Class X	Class	X \square		Class XII	
Graduat			raduate and abov			
8. Permanent Address – Vill/Moh						
9. Communication Address-Vill/Mo						
			ct	40	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	
10. Telephone No. (With STD Code						
11. E-mail ID, if any						<i>y</i>
12. Bank Account No						
13. IFSC Code						
14. Aadhar card No		card No	0			
15. Cheque Facility (Please Tick) Ava					ot Available	
16. *Proof of Name (Please Tick) – D	•			PA	N Card	
() /	er's ID card			Pass	•	
17. Proof of address (Please Tick) - E	lectricity E3	4000	NSC (Copy)		etter from	landlord
l	IC Policy (Copy)		Telephone Bill (L	.atest)	Gas Conne	ection
18. Present Business I Occupation, if	any					·····
19. Computer Literacy Yes			No			
20. If yes, nature of qualification:						
21. If you already own a business or	are working you	ır reve	nue/income per	month is:		
Less than Rs.1000	Rs.1000 -	Rs.250	0		Rs.2500 - F	Rs.4000
Rs.4000 – Rs.6000	More than	า Rs.60	000			
22. Do you have any experience in se						
If yes give detail						••
23. Languages known (say fluent / n						
)					
Read	Write			Speak		
English				•		
Hindi						
Regional Language (Specify)						
Regional Language (Specify)						
24. No. of years of stay in the town/\	ıillage: 1		2			
25. Do you have any police records?	If yes, give deta	ils				
26. Names address and occupation of	of two people to	whon	n reference can b	e made.		
1		2				
I certify that the above information i	s true to the be	st of m	y knowledge and	l belief		

Signature of the applicant



(Signature)

Address & ID Proof*

PLACE:

*May be obtained from Sarpanch/Mukhiya/Gazatted Govt. Servant /Postmaster/Tahsildar/Police //Govt. Teacher	Inspector
This is to certify that Mr./ Ms./ Mrs	
Foryears and holds a good character in the area His photograph is herewith attested and c Same. His date of birth is	
	Signature)
Name:	
Address:	
Designation (with seal)	
Nearest Bank Details for where vie Apply: Branch Name	
CHECKLIST FOR ENCLOSURES	
1. Please fill the application form carefully, for any help call help line number	
2. Make sure processing fee was paid after getting inquiry number for csp 15600/-	
Mode of Payment: - all payment will be made by following methods	
(a) By RTGS/N EFT/Online Transfer	
(b) By Cash Deposit method (please send cash receipt voucher	
3. Attached self-attested Address and Id proof	
4. Attached photograph where you want to open your CSP outlet	
5. Please provide only correct Information otherwise your application may be Canceled in future,	
6. After processing vie get code after approx. 45 day	
7. After filling application form please send it to under mention address –	
M /s BANK MITRA	
OPP:-UCO BANK NEAR KHUDIRAM METRO STATION,	
BORO BAT TALA, KOLKATA, West Bengal 700084	
You can also submit your application form online on E-mail: info@bankmitra.org.in	
10. For any type of query call to our Help- line Number- +91-8420423865(8x6 Help line number))
Note: VLE can also send the application Form by Emali,	
DECLARATION	
I/We declare that the details and information provided by me/us herein above are true to the best of	of my
/our knowledge and belief	•
DATE:	





Banking Development Authority (Bank Mitra Pvt. Ltd.)

Final Checklist for applying any product under Rural

- 1. Read the Terms & Conditions of every product of BANK MITRA carefully on Brochure
- 2. Before Installation of any software please read the file How to Install or call +91-8420423865
- 3. Fill up the application-form carefully.
- 4. Essential documents -
 - (a) ID Proof
 - (b) Address Proof
 - (c) Demand Draft (For. trading Account)
- 5. Complete fill-up application Form
- 6. Please send the application form by registered post or speed post only.
- 7. Please de not install any software without prior information from SCA
- 8. All software is locking with Password for unblock please call +91-8420423865)
- 9. All Software are procreated by End-user license of Rural Banking Development Authority, so do Not make any type of amendment and share with anyone.
- 10. For more information please visit www.bankmitra.org.in
- 11. For any type of information please write to info@bankmitra.org.in

Declaration:- Please provide only correct information and attached all essential document with your application form ,Rural Banking Development Authority will not Responsible for any type of cancellation due to missing of any Document.

With Best Regard
Dr. A.M. Pedgaonkar
Sr. Advisor-Banking /Micro Finance