

MERCHANT ENROLLMENT FORM FOR POINT OF SALE SERVICES (POS)

WINDIAN Bank																					
Branch: Branch Code RO CodeDate																					
Kindly fill up all the columns * indicates a foot note																					
1	Merchant Account Name *																				
2	Doing Business Name																				
3	Constitution								orsh leas				p/P	riva	te (Cor	npa	ny/	Pub	olic	
4	Doing business since										•										
5	Name of proprietor																				
	/partners/directors																				
6	Primary Account Number *																				
7	Date of opening of account																				
8	Account Type		SI	B/C	D/C)D/		OL													
9	Average balance in the a/c for the last 12 months *																				
10	Increase in average balance in the account envisaged due to installation of POS terminal *																				
11	Number of POS terminals required *																				

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12	Official/Registered																					
	Address																					
13	Contact Details Contact person 	For technical matters For bank relat												ate	d m	matters						
	name • Contact																					
	number(Landline)																					
	Contact																					
	number(Mobile)							1		-		1				1				1		1
14	Address at which POS terminal is to be installed,																					
	if different from the Official																					
	address:																					
15	Email ID *																					
16	Type of Business		Computer Hardware/Drug Store/ Electrical/ Electronics/ Fuel/ Hospital/Hotel/Jewellery/Restaurant/Stationery/Super market/ Textiles/Tour Operator/Others (Please specify)																			
17	Merchant Type		St	anc		one	/ C	hai	n si	tore								/ Di	strik	outo	r/	
18	Business Hours *										p	m										
19	Expected Turnover of		IN	R .					ре	r tei	rmi	nal	per	mo	nth	1						
	business through the POS terminal *								•				•									
20	Details of existing POS																					_
	terminal details (Bank, No.																					
	of terminals, Transaction																					
	Volume, MDR etc)																					
	If there are no POS																					
	terminals at present, kindly																					
	specify whether you had a																					
	terminal previously and the																					
	reason why the same was																					
	discontinued.																					
21	Sales details:			٠	A	۸nn	ual	sal	es	turn	ove	er: I	NR									
				٠								ard										
				٠								ctio										
				٠						no.	. of	car	d tr	ans	act	ion	s:		• • • •			
					t	ran	sac	tior	าร													

22	% mix of sales through cards:	 Immediate delivery of goods:% Accepting advance and delivery later:% Services:% Others (Please specify):% Total: 100%
23	Premises	 Owned/Leased Stand alone shop / Shopping Complex
24	FIRC Requirement	Yes/No

*

1) As appearing on the Account statement.

6) Primary account is the account which will be credited with the proceeds of POS originated transactions. Charges will be debited to this account.

9) May be ascertained from the branch. If the account is less than 12 months old, say 5 months, average balance for 5 months may be reported. If the account is less than 1 months old, the projected average balance may be reported.

10) If an increase in the average balance is not expected, 'NIL' may be mentioned. Only the increase in average balance that can be attributed to the installation of the POS terminal needs to be reported here. In other words, increase due to other factors like expansion of business, upcoming festival season etc need not be reported.

11) If multiple terminals are requested, the table given below may be used for specifying the Address at which the terminals are to be installed, the Contact details (if different for different locations) and the Account Numbers (if different for different terminals). The accounts can be opened in any our branches as per the convenience of the customer.

15) Transaction statement will be sent to this email ID

18) Bank may choose, at its discretion, to block transactions originating after business hours so as to reduce the incidences of fraud.

19) Bank may decide to levy a nominal charge in case of very large deviations from expected turnover

Additional Locations									
SI	Address	Contact person details	Account Number to be linked						

Merchant declaration

I/We would like to avail The South Indian Bank Ltd's Point of Sales (POS) services and confirm that the information given by me/us is true and complete and forms the basis for enrollment for this service. I/We further declare that I/We have read and agree to be bound by the terms and conditions mentioned in the agreement, which will be executed prior to availing the service, as amended from time to time. If at any stage the Bank comes to know that the information provided herein is incorrect and/or misleading, the Bank reserves the right to terminate the agreement and the service provided under the agreement. I/We authorize the Bank to verify my/our credentials or make any references required in respect of enrollment for POS service. I/We understand that the Bank may from time to time give any credit and other information about me/us, including information on this form, to or receive such information from any credit bureau, reporting agency, person with whom I/We may have or propose to have financial dealings. I/We authorize you to credit/debit our Account with South Indian Bank with the transaction amount, MDR, other charges and service tax as per the agreement. I/We authorize The South Indian bank Ltd. to debit a higher MDR for transactions using premium branded cards like platinum cards etc. I/We confirm that the signatory (ies) of this application has/have the full legal authority to sign this form on behalf of the Merchant Establishment. I/We understand that the Bank reserves the right to reject the application without assigning any reason whatsoever.

Place:	Name of signatory:	Signature with seal:				
Date:	Name of signatory:	Signature with seal:				

For Branch Use

I hereby certify that the merchant is fully KYC compliant. I have personally visited the premises at which the terminals are proposed to be installed and have found them satisfactory. The merchant premises have the potential appearance to attract card holders and appear to be capable of the projected business through POS terminals. Local enquiries have not revealed any adverse feature pertaining to the reputation of the merchant. I have adhered to/will adhere to all the instructions and guidelines mentioned in the bank's POS Merchant acquiring policy. I hereby recommend the deployment of POS terminals as per details given below:

No. of terminals:

MDR:

Monthly rental:

Other charges (if any):

Deviations from POS Merchant acquiring policy, if any:

Remarks (If any):

Date: Name of Principal Officer:

Signature with seal:

For RO Use

Recommendat	ions \rightarrow Number of termina	als:	MDR:	Rentals:	Other charges:				
Recommendat	ion on deviations request	ed, if any	/:						
Remarks, if any	y:								
Date:	Name of Recommend	ing Offic	er:		Signature with seal:				
		<u>For</u>	<u>HO Use</u>						
Sanctioning au	thority:								
Sanction refere	ence:								
Sanction detail	$s \rightarrow$ No. of terminals:	MDR:	Rental	S:	Other charges:				
Profitability→									
Level 1: Direct	profit/loss estimated per	terminal:							
Level 2: Estimated profit/loss if increase in SB/CD balance is also considered:									
Level 3: Estima	ated profit/loss if total bala	ance in S	B/CD balance is	s conside	red:				
Remarks (if an	y):								

Date:

Name of Authorized Officer:

Signature with seal: