



**MERCHANT ENROLLMENT FORM FOR POINT OF SALE SERVICES (POS)**

**Branch:..... Branch Code ..... RO Code .....Date.....**

Kindly fill up all the columns \* indicates a foot note

1	Merchant Account Name *																			
2	Doing Business Name																			
3	Constitution	Individual/Proprietorship/Partnership/Private Company/Public Company/Other(Please specify)																		
4	Doing business since																			
5	Name of proprietor /partners/directors																			
6	Primary Account Number *																			
7	Date of opening of account																			
8	Account Type	SB/CD/OD/CCOL																		
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 *																			

12	Official/Registered Address																												
13	<b>Contact Details</b> <ul style="list-style-type: none"> <li>• Contact person name</li> <li>• Contact number(Landline)</li> <li>• Contact number(Mobile)</li> </ul>	For technical matters	For bank related matters																										
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	Stand alone / Chain store / Company showroom/ Distributor / Other (Please specify)																											
18	Business Hours *	..... am to ..... pm																											
19	Expected Turnover of business through the POS terminal *	INR ..... per terminal per month																											
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:	<ul style="list-style-type: none"> <li>• Annual sales turnover: INR .....</li> <li>• % of sales through cards: .....%</li> <li>• Average card transaction size: INR .....</li> <li>• Daily average no. of card transactions: .....</li> </ul>																											





**For RO Use**

Recommendations → Number of terminals:      MDR:      Rentals:      Other charges:

Recommendation on deviations requested, if any:

Remarks, if any:

**Date:**

**Name of Recommending Officer:**

**Signature with seal:**

**For HO Use**

Sanctioning authority:

Sanction reference:

Sanction details → No. of terminals:      MDR:      Rentals:      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: Estimated profit/loss if total balance in SB/CD balance is considered:

Remarks (if any):

**Date:**

**Name of Authorized Officer:**

**Signature with seal:**