**APPLICATION FORM FOR QR CODE**

(For Cooperative Society / Merchants)

Name of the Nodal Bank (DCCB): **THE KANCHEEPURAM CENTRAL CO-OPERATIVE BANK LTD,**

|  |  |
| --- | --- |
| 1. Name of the Society / Merchant |  |
| Address |  |
| Street 1 |  |
| Street 2 |  |
| Locality |  |
| City |  |
| State &PIN |  |
| 2. Type of institution | Cooperative Society / Proprietor / Partnership / Company |
| 3. Nature of Business | Credit / Sales / ………………………….. |
| 4. GST Number |  |
| 5. QR Code Location |  |
| Address |  |
| Street 1 |  |
| Street 2 |  |
| Locality |  |
| City |  |
| State & PIN |  |
| 6**.** Authorised Signatory details -1 |  |
| Name |  |
| Designation |  |
| Mobile number |  |
| Email |  |
| Address with PIN code |  |
| Authorised Signatory details -2 |  |
| Name |  |
| Designation |  |
| Mobile number |  |
| Email |  |
| Address with PIN code |  |
| 7. Bank Details |  |
| Name of the Bank | The Kancheepuram Central Cooperative Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch |
| Account name |  |
| Account Number |  |
| IFSC code | TNSC0010200 |

I/We confirm that the information given by us to India Transact Services Limited (ITSL) is true and complete and forms the basis of enrolment as Merchant Establishment. I/We further declare that I/We have read and agreed to be bound by the terms and conditions mentioned in the Merchant Establishment Agreement entered into with ITSL. I/We authorize ITSL to verify my/our credentials or make any references requirement in respect of enrolment as a merchant establishment.

Date:

Place: Seal Signature of Authorised Signatory

Encl: 1) **Aadhaar card / Driving license / Passport / PAN Card / Voter's id of Authorised Signatory**

2) GST Number of the Society / Merchant

(To be filled up by the DCCB)

Please provide QR Code to the following Cooperative Society / Merchant :

Name of the Institution : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QR Code location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Place: Seal of the DCCB Signature of Authorised Signatory