



# 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 BC channel partner application form for kiosk banking for any query please call +91-8584832111 or write to: [csp@bankmitrabc.net.in](mailto:csp@bankmitrabc.net.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) 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:-

I have read and understand all information/terms & conditions and signed this agreement

Date:-

Applicant Signature

## FORM 1 PERSONAL PROFILE

### PERSONAL DETAILS

NAME (IN FULL AND BLOCK LETTERS): \_\_\_\_\_

FATHER'S/HUSBAND'S NAME: \_\_\_\_\_

COMPLETE POSTAL ADDRESS: \_\_\_\_\_

CITY/TOWN DISTRICT: \_\_\_\_\_

PIN CODE STATE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE No.: Off \_\_\_\_\_ Resi. \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ e-mail: \_\_\_\_\_

### QUALIFICATIONS

DEGREE / DIPLOMA/CERTIFICATE	UNIVERSITY/ INSTITUTION	SUBJECTS	YEAR OF PASSING

### BUSINESS EXPERIENCE (if any)

NATURE OF INVOLVEMENT	NAME OF ORGANIZATION	NATURE BUSINESS	YEAR(TO)	TURNOVER (Rs.Lac)	PRODUCTS	NO.OF EMPLOYEES

### EXPERIENCE AS EMPLOYEE (if relevant)

ORGANIZATION	DESIGNATION	SALARY DRAWN	YEAR (TO)	NATURE OF WORK	MAIN PRODUCTS	NO.OF EMPLOYEES

### FAMILY DETAILS (Father, Mother, Spouse, Brother/s, Sister/s, Children)

NAME	AGE	RELATIONSHIP	QUALIFICATIONS	OCCUPATION

PLEASE MENTION IN BRIEF A FEW DETAILS ABOUT YOUR ACHIEVEMENTS, YOUR TYPICAL DAILY ROUTINE, YOUR BUSINESS GOALS AND AMBITIONS.

### DECLARATION

I We declare that the details and information provided by me /us herein above, are true to the best of my /our knowledge and belief

DATE:

PLACE..... Signature.....

FORM 2 - INFRASTRUCTURE I FINANCE

**STRUCTURE OF THE BUSINESS ENTITY FOR CHANNEL PARTNERSHIP**

Proprietorship Organization  Private Limited Company   
Partnership Firm  Limited Company

Others (Please specify) \_\_\_\_\_

**INVESTMENT CAPABILITY**

(A) Rs. 15600/- (B) Rs 49800/- (C) Rs.149800/-

(A, B, C are relevant If you would be interested in becoming a channel partner in multiple cities or in becoming a master distributor)

**FINANCIAL STRENGTH (Please indicate the amount to be invested) FROM OWN SOURCES**

NAME	AMOUNT AVAILABLE FOR INVESTMENT

(NOTE: Please check that the details are in tune with the investment required for the city chosen by you.)

\*Subject to terms & conditions.

CHOICE OF DISTRICT/STATE FOR DISTRIBUTION PURPOSES \_\_\_\_\_

PROPOSED LOCATION WITHIN THE CITY \_\_\_\_\_

REASONS FOR CHOICE OF LOCATION \_\_\_\_\_

MENTION REASONS FOR INTEREST IN THIS BUSINESS \_\_\_\_\_

CURRENT INFRASTRUCTURE AVAILABLE \_\_\_\_\_

WHETHER HAVING ANY PREMISES

IF YES, NATURE OF PREMISES Yes  No   
Owned  Rented / Leased  Single ownership  Joint  Multiple

PLEASE FURNISH DETAILS OF THE 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.)

### DETAILS OF ADDITIONAL OFFICE INFRASTRUCTURE

Telephone: Yes  No   
Fax : Yes  No   
Internet : Yes  No

#### Final Check list:-

1. Please provide only correct Information otherwise your application may be Canceled in future.
2. Please provide your Security money in above mention account only.
3. After filling application form please send it to under mention address:-  
Bank Mitra BC  
4A Nelson Mandela Marg Salt Lake City,  
Kolkata West Bengal - 70006
4. You can also submit your application form online on E-mail:- [csp@bankmitrabc.net.in](mailto:csp@bankmitrabc.net.in)
5. For any further query please contact our customer care executive.

#### DECLARATION

We declare that the details and information provided by me I 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

Application No. - 181L

Name of Vle .....  
Father/Husband Name .....  
Blood Group ..... SCA ID ..... (Please leave blank)



### Product For which VLE want to Apply

- (a) Kiosk Banking
- (1) SBI
- (2) PNB
- (3) BOB
- (4) CBI
- (5) ICICI
- (6) Vijaya Bank
- (7) Any Other Then
- (8) Name of Bank
- (b) Recharge
- (c) Tatkal Rupya
- (d) Booking
- (e) Booking
- (f) Loan under SGH Group

Permanent Address.....  
Contact Number..... E-mail.....  
Are you in job.....?  
Monthly Income from all sources.....  
Type of Property for CSP outlet.....  
Mode of Payment office.....  
If cash Deposit then cash receipt no.....

Declaration:- Above mention all information about me are true in my knowledge and I declared that if found any wrong information then Rural Banking Development Authority of India will not responsible for any type of cancellation,

Date

Your faithfully VLE

- 1 Location (Village /Town) – Location.....District..... 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) – Married  Unmarried
7. Education (Please Tick) - Below Class X  Class X  Class XII   
Graduate  Post Graduate and above
8. Permanent Address –Vill/Moh..... District..... P.O.....P.S.....  
Tehsil..... State.....
9. Communication Address-Vill/Moh..... District..... P.O..... P.S.....  
Tehsil..... Sate.....
10. Telephone No. (With STD Code)-Residence..... Office..... Mobile.....
11. E-mail ID, if any-.....
12. Bank Account.....
13. IFSC Code.....
14. Aadhar card..... Pan card.....
15. Cheque Facility (Please Tick) Available  Not Available
16. \*Proof of Name (Please Tick) – Driving License  PAN Card   
(Anyone) Voter's ID Card  Passport
17. Proof of address (Please Tick) - Electricity E3 (Latest)  NSC (Copy)  Letter from landlord   
LIC Policy {Copy}  Telephone Bill (Latest)  Gas Connection
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 your revenue/income per month is:  
Less than Rs.1000 Rs.1000 –Rs.2500 Rs.2500 - Rs.4000  
Rs.4000 – Rs.6000 More than Rs.6000
22. Do you have any experience in selling financial products?  
If yes give detail.....
23. Languages known (say fluent / not so fluent)

Read	Write	Speak
English		
Hindi		
Regional Language (Specify)		

24. No. of years of stay in the town/village: 1..... 2.....

25. Do you have any police records? If yes, give details  
.....

26. Names address and occupation of two people to whom reference can be made.

1..... 2.....

I certify that the above information is true to the best of my knowledge and belief

Signature of the applicant

Address & ID Proof\*

\*May be obtained from Sarpanch/Mukhiya/Gazatted Govt. Servant /Post Master/Tahsildar/Police Inspector /Govt. Teacher

This is to certify that Mr./ Ms./ Mrs.....has been a resident of (Complete Address)

.....  
for.....years and holds a good character in the area His photograph is herewith attested and confirm the same. His date of birth is.....

(Signature)

Name: .....

Address: .....

Designation (with seal).....

Nearest Bank Details for where vie Apply: Branch Name.....Branch Code.....

Branch Address.....

**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 BC  
4A Nelson Mandela Marg Salt Lake City,  
Kolkata West Bengal - 70006
9. You can also submit your application form online on E-mail: [csp@bankmitrabc.net.in](mailto:csp@bankmitrabc.net.in)
10. For any type of query call to our Help- line Number- +91-8584832111 (8x6 Help line number)

**Note: VLE can also send the application Form by Fax,**

**DECLARATION**

I/We declare that the details and information provided by me/us herein above are true to the best of my /our knowledge and belief

DATE:

PLACE:

(Signature)

**Final Checklist For applying any product under Rural**

1. Read the Terms & Conditions of every product of Bank Mitra BC carefully on Brochure
2. Before Installation of any software please read the file How to Install or call +91-8584832111
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 do not install any software without prior information from SCA
8. All software is locking with Password for unblock please call +91-8584832111)
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.bankmitrabc.net.in](http://www.bankmitrabc.net.in)
11. For any type of information please write to [csp@bankmitrabc.net.in](mailto:csp@bankmitrabc.net.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 cancelation due to missing of any Document.

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